Marshall County Board of Education
12380 U.S. Hwy 431 S.
Guntersville, Al 35976
256-582-3171

SUBSTITUTE TEACHER APPLICATION

General Information:

1. Complete the information requested below and on all forms attached.
2. We have implemented a new automated service (AESOP/FRONTLINE) that will greatly simplify and streamline the process of notifying you when your services are needed in the district.
3. You are not eligible to substitute in the Marshall County School System until you are notified by email. A welcome letter from AESOP/Frontline will be emailed to you with your login information.
4. Payroll checks are directly deposited on the last working day of the month.

CLASSROOM TEACHER.....$115.00

Alabama Certified Teacher or Substitute who hold a valid Substitute (License)

1. Copy of social security card and driver's license
2. Copy of your State of Alabama Teacher's Certificate or Substitute Certification
3. Complete a Personal Data card
4. Complete the tax-withholding forms (State A-4 and Federal W-4 forms)
5. Direct Deposit – Must have voided check attached
6. Complete Employment Eligibility Verification
7. Return all material to the Personnel Office

For those who DO NOT HAVE a State of Alabama Teacher's Certificate or a valid Substitute Teacher's (License)

1. Copy of social security card and driver's license
2. Complete a Personal Data card
3. Complete the tax-withholding forms (State A-4 and Federal W-4 forms)
4. Direct Deposit – Must have voided check attached
5. Complete Employment Eligibility Verification
6. Complete the Application for a Substitute Teacher's License
7. $38 – Nonrefundable fee for **Substitute Teacher's License** (valid for 5 years)
   a. Submit a cashier check or **money order** payable to ALABAMA STATE DEPARTMENT OF EDUCATION or you can **pay online at** www.alabamainteractive.org/education
   b. If paying online, please provide a copy of the payment confirmation sheet that you receive
8. **Fingerprint Process: $44.95 (NON-REFUNDABLE) Please follow instructions in first parts of packet with creating an AIM account** https://aim.alsde.edu then register for an appointment.
9. Once you have paid your fee(s) and completed your fingerprints, please return paperwork and verification to the front desk of the Marshall County Board of Education. Please allow 2-3 weeks for processing

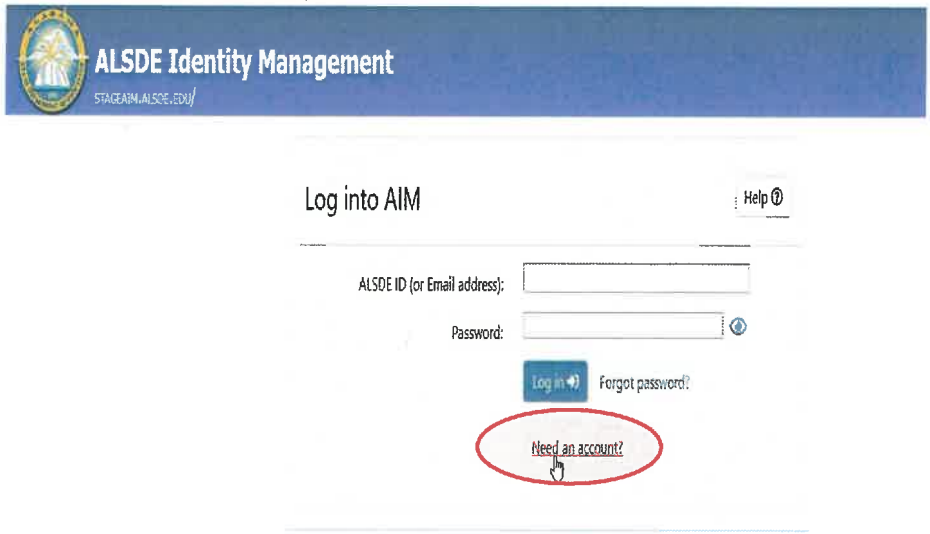
Alabama State Department of Education
Educator Certification Section

Creating an
AIM Account

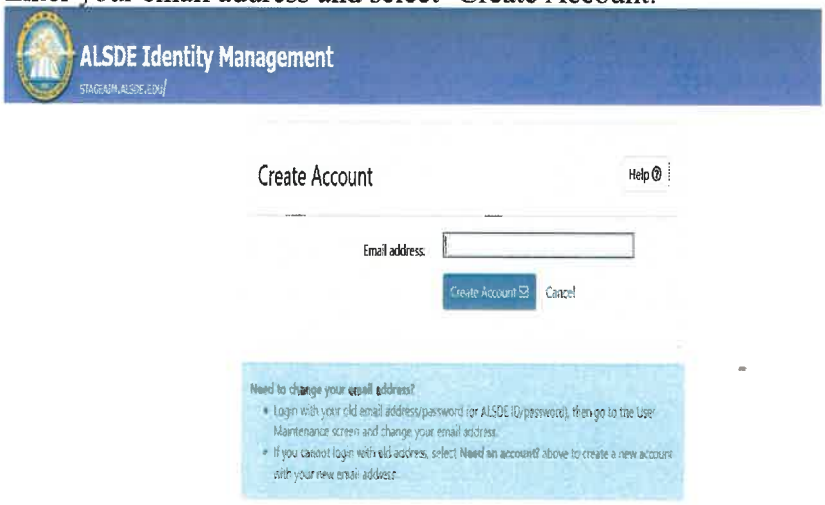
This document is intended to provide basic information and will be updated as needed.

Creating an AIM account

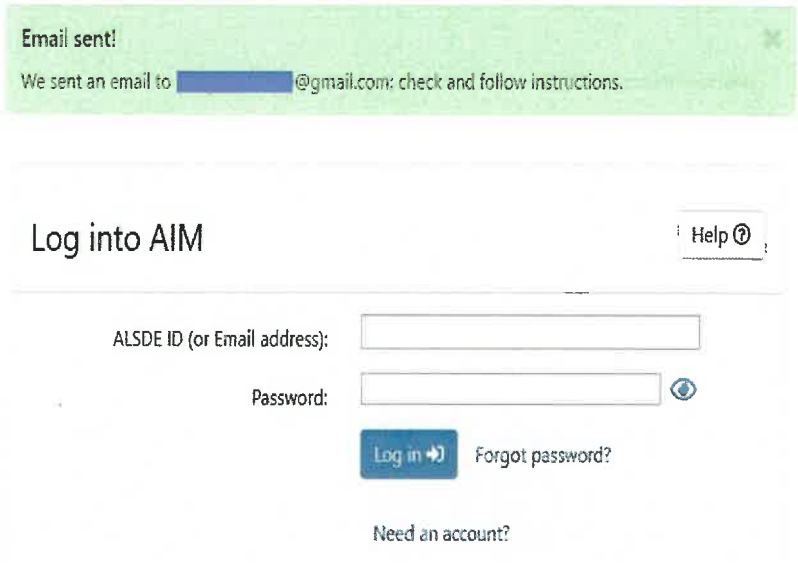
1. Visit https://aim.alsde.edu.
2. Select 'Need an account.'

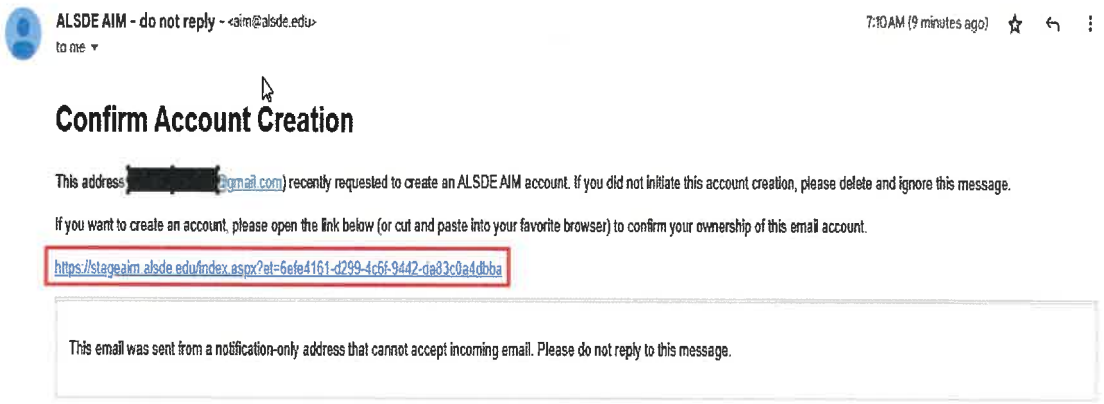


3. Enter your email address and select 'Create Account.'

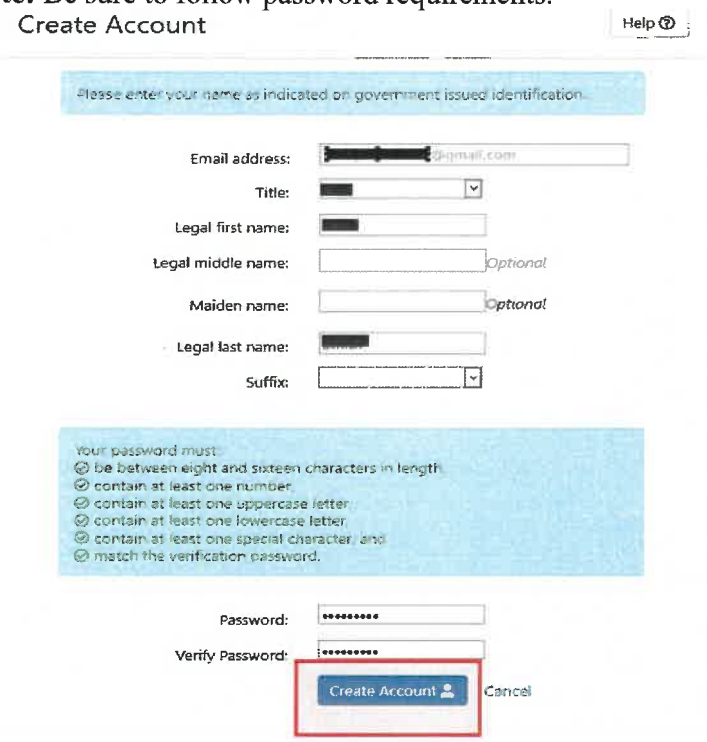


4. AIM will send an email to the address provided; go to your email and click the link.

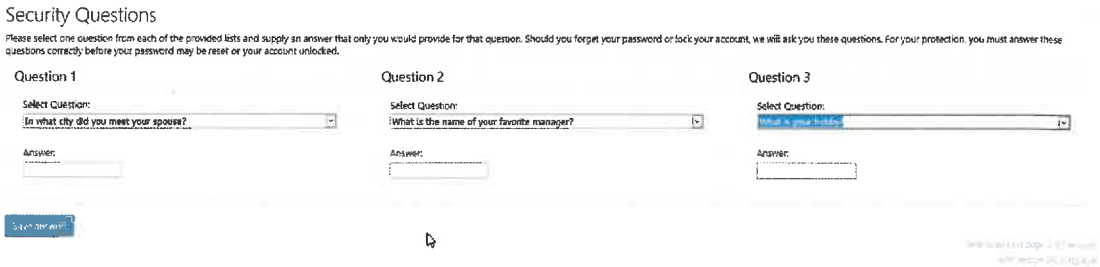




5. Provide required details in the Create Account page and select 'Create Account.'
   Note: Be sure to follow password requirements.

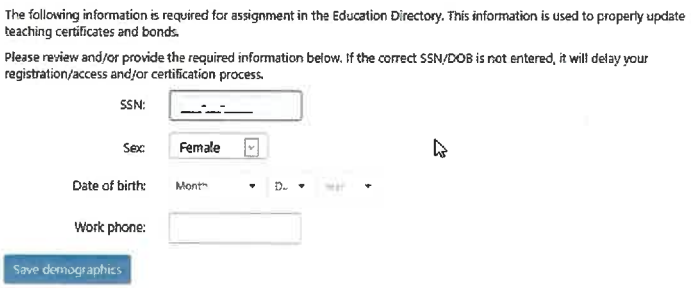


6. Select security questions and answers and select 'Save answers.'
   Note: Remember your answers. They will be needed if you ever need to recover your account.



7. Acknowledge restrictions, agree to the terms of usage, and select 'Yes, continue.'

8. Enter information on Demographics page and select 'Save demographics.'



9. When AIM registration is complete the applicant will be taken to their home page. Select 'Fieldprint Background Check' to start registration for a background check. **Note:** Be sure to make note of your ALSDE ID#. This will be needed to complete registration with Fieldprint.

Alabama State Department of Education
Educator Certification Section

Registering for a Criminal History Background Check with Fieldprint

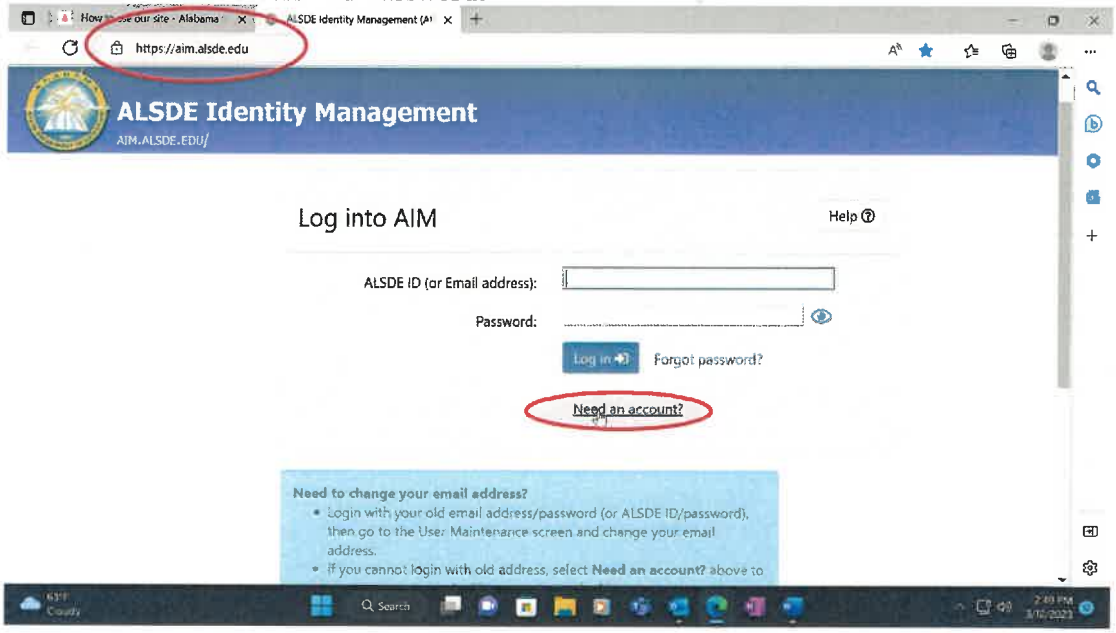
Applicants will need:

- A computer, tablet, or smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of $46.20 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)
- Ability to provide commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)

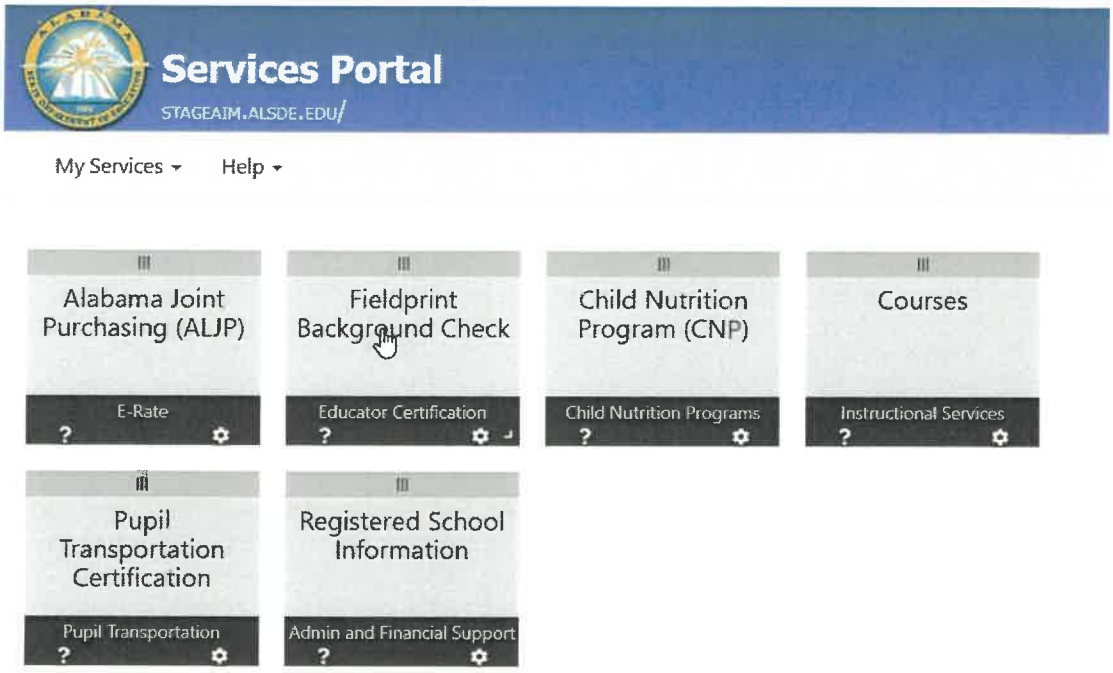
Be sure your applicants follow the required sequence below. If they do not, they will not be able to complete the process successfully.

Step 1: Create an AIM Account
Step 2: Complete Background Check Registration in AIM
Step 3: Create Fieldprint Account
Step 4: Complete authorization forms, schedule appointment, and fee payment
Step 5: Report for fingerprint appointment

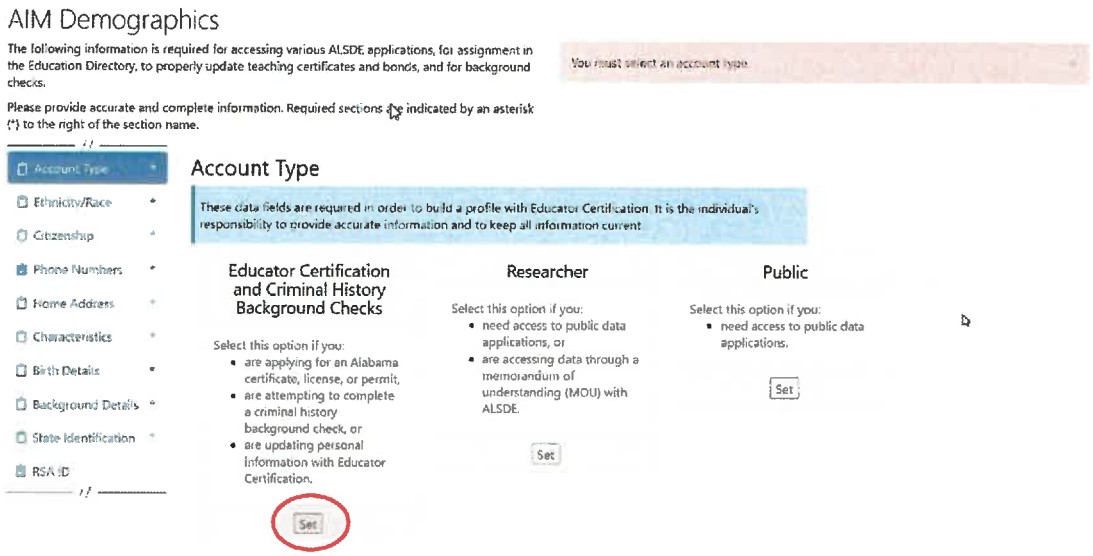
1. Start by visiting our ALSDE Identity Management website at https://aim.alsde.edu and select "Need an account?." Follow the prompts to complete your AIM account.
Note: Existing AIM users should simply log into AIM by entering their ALSDE ID# or Email address and Password.



2. After AIM account is created, log in to AIM and select the 'Fieldprint Background Check' tile as shown below.

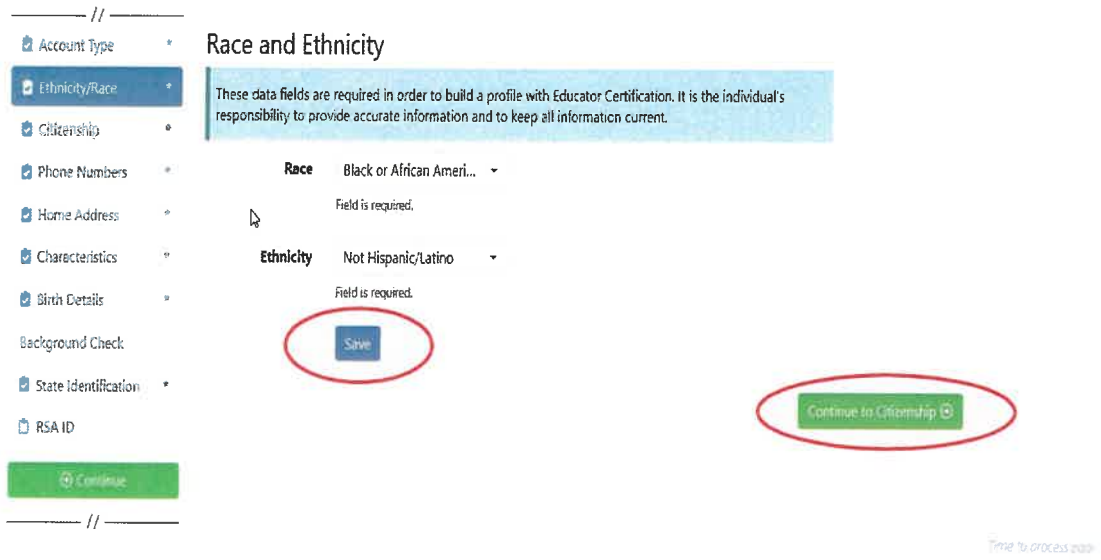


2.1 Press 'Set' button under Educator certification and Criminal history Background checks

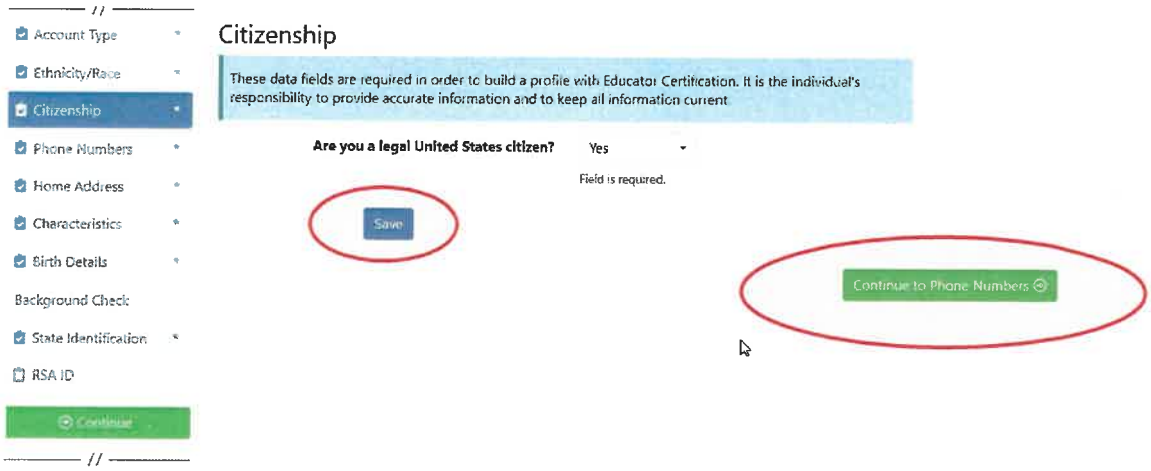


Note: It is the applicant's responsibility to provide accurate information. Failing to do so may result in a significant delays of the background check review. The user will need to keep up with the ALSDE ID# assigned in AIM. That number will be referenced when attempting to schedule an appointment with Fieldprint.

2.2 Enter Race and Ethnicity details and select 'Save' and then 'Continue to Citizenship.'



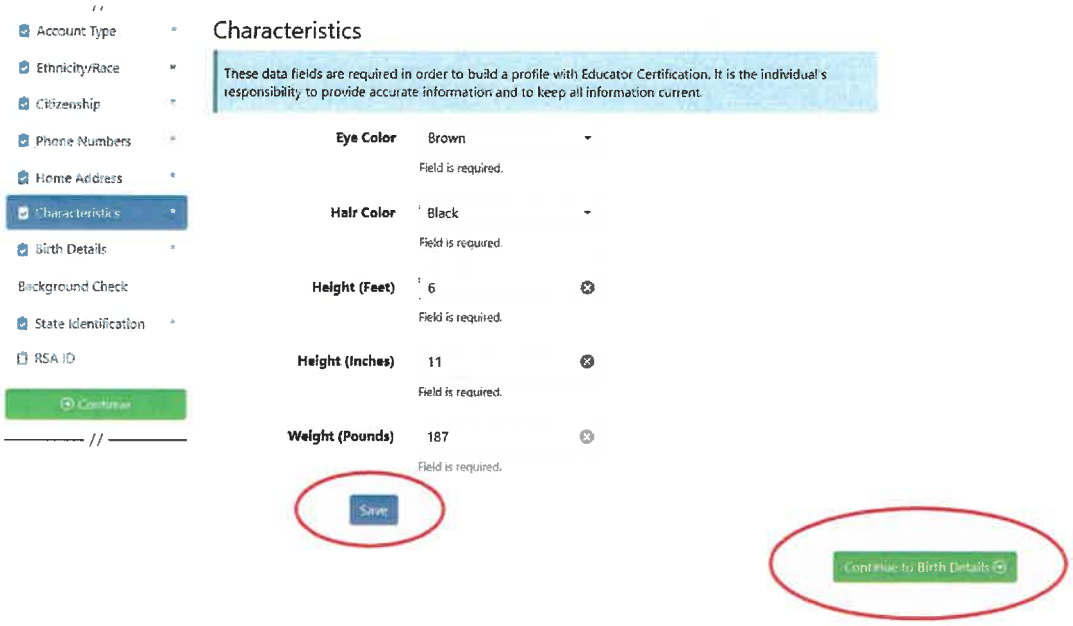
2.3 Enter Citizenship details and select 'Save' and then 'Continue to Phone Numbers."



2.4 Enter Phone Number details and select 'Continue to Home Address.' **Note:** At least one phone number is required for registration.

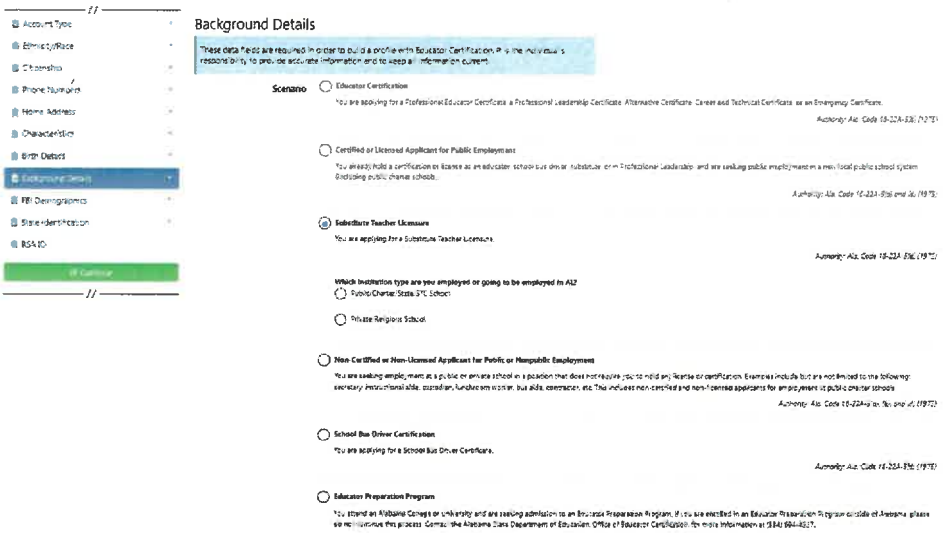
2.5 Enter/Edit Home Address details and select 'Continue to Characteristics.'

2.6 Enter Characteristics and select 'Save' and then 'Continue to Birth Details'



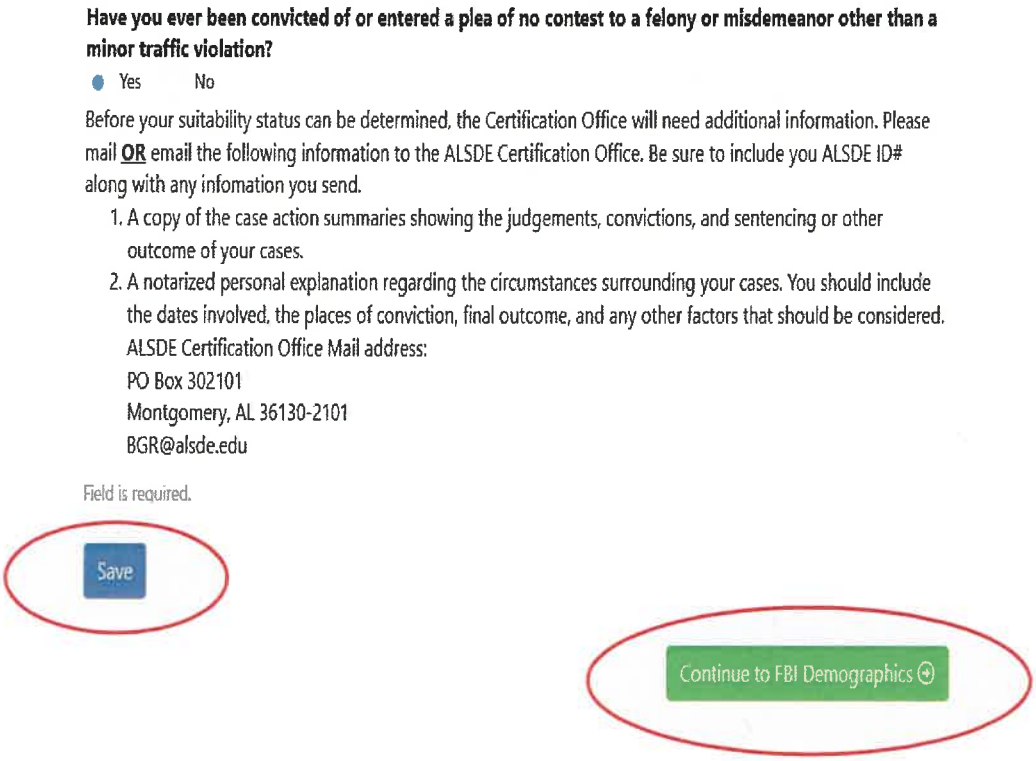
2.7 Enter Birth Details and select 'Save' and then 'Continue to Background Details.'

2.8.a **Revised!!** Applicant selects the position type he or she is seeking and then selects the institution type where they intend to work (Public or Private).

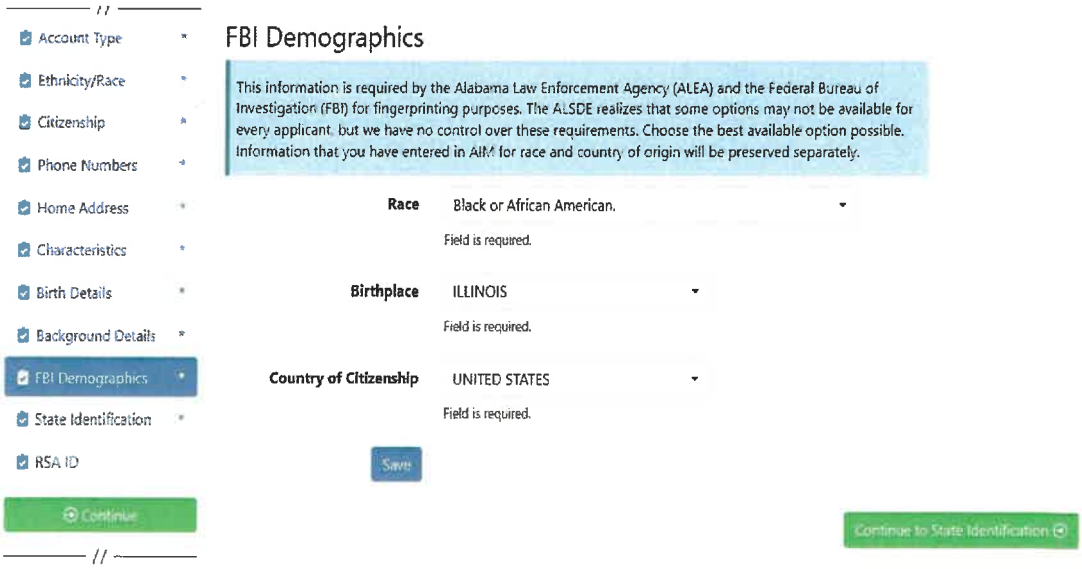


2.8.b Applicant selects School System/IHE/Nonpublic school with which they are affiliated. **Note:** Type the name of the LEA/Institution/Nonpublic school or engage the drop-down arrow to see an alphabetical listing.

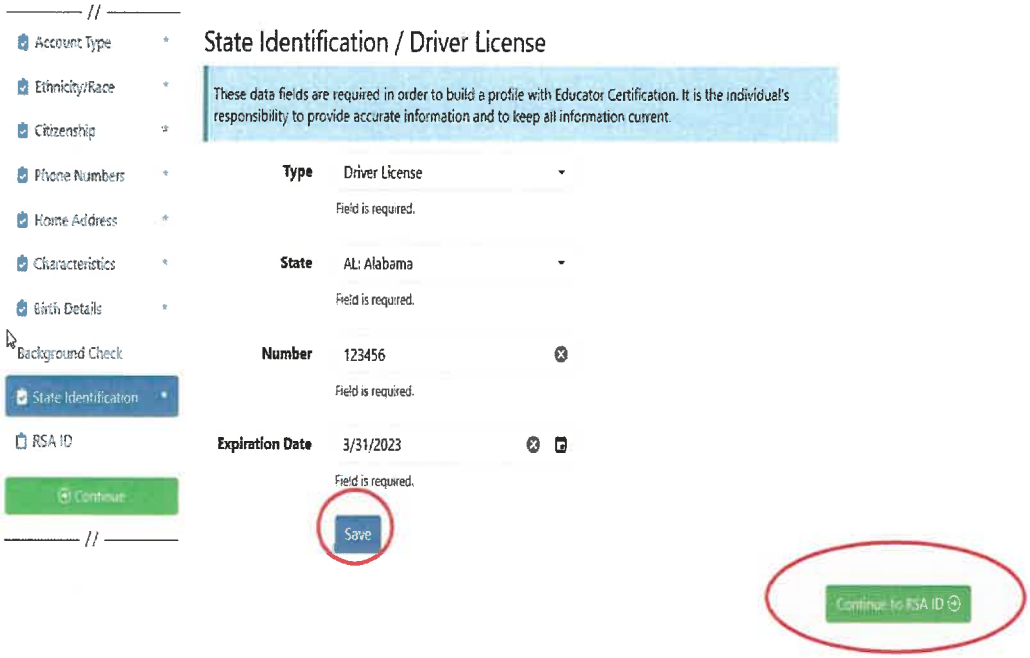
2.8.c Applicant answers questions regarding convictions and then selects 'Save' and 'Continue to State Identification.' **Note:** If the applicants selects 'Yes' a pop-up message will be displayed informing the applicant to send additional information to the ALSDE. **Note:** A 'Yes' response **does not** prevent the applicant from completing registration.



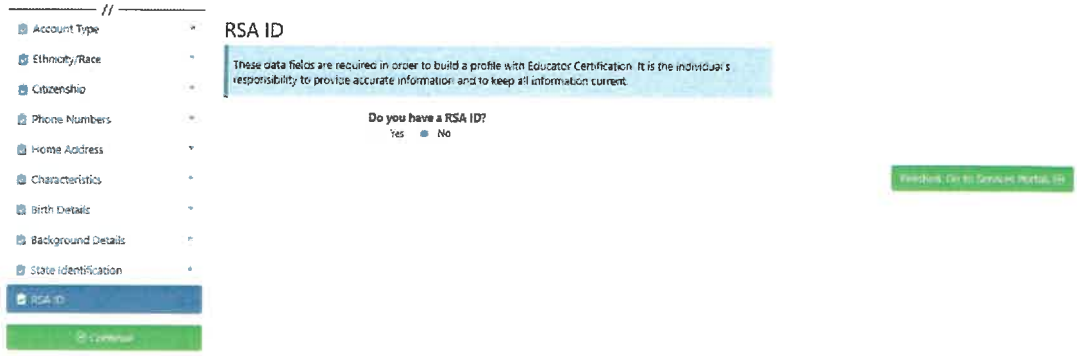
2.8.d NEW!! FBI Demographics: The FBI Demographics screen has been added to our registration process. The addition of this screen gives us the opportunity to align data collected on Race, Place of Birth, and Country of Citizenship with FBI requirements. This will eliminate errors that applicants frequently found if they entered certain information into these fields. The applicant should enter requested information based on available options and select "Save" to record their selections.



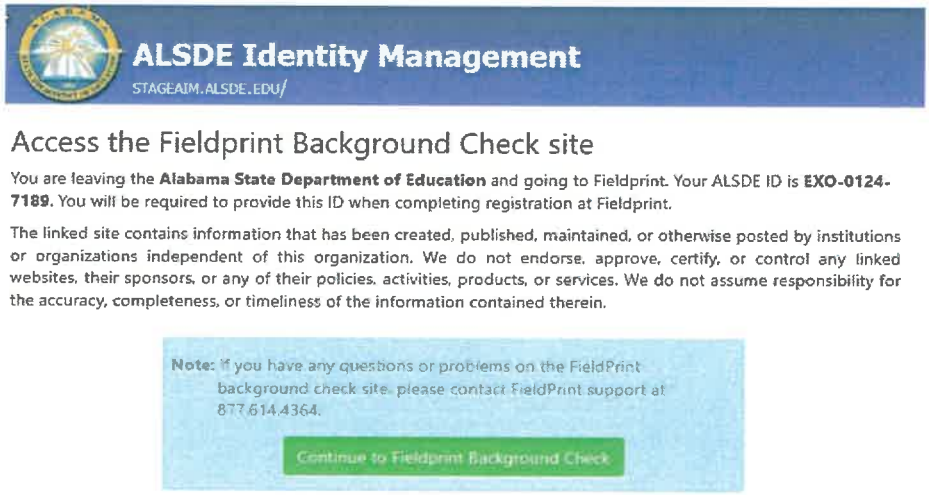
2.9 Enter State Identification details and select 'Save' and 'Continue to RSA ID.'



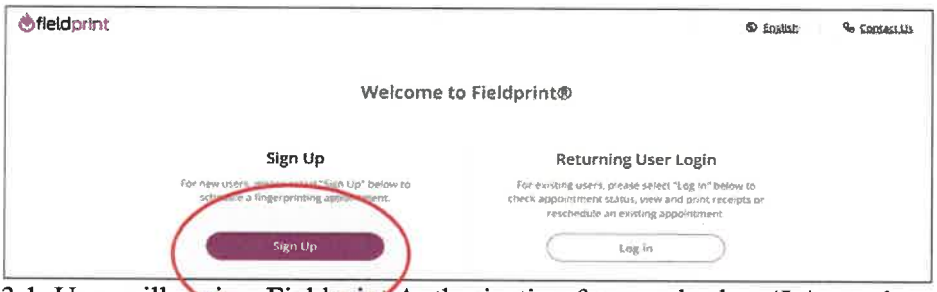
2.10 Enter RSA ID details and select continue. Note: RSA ID number is optional. If you do not have, or do not know your RSA ID number simply select 'No' and 'Continue' to complete your AIM registration. Note: The user will be immediately transferred to the Fieldprint Welcome screen.



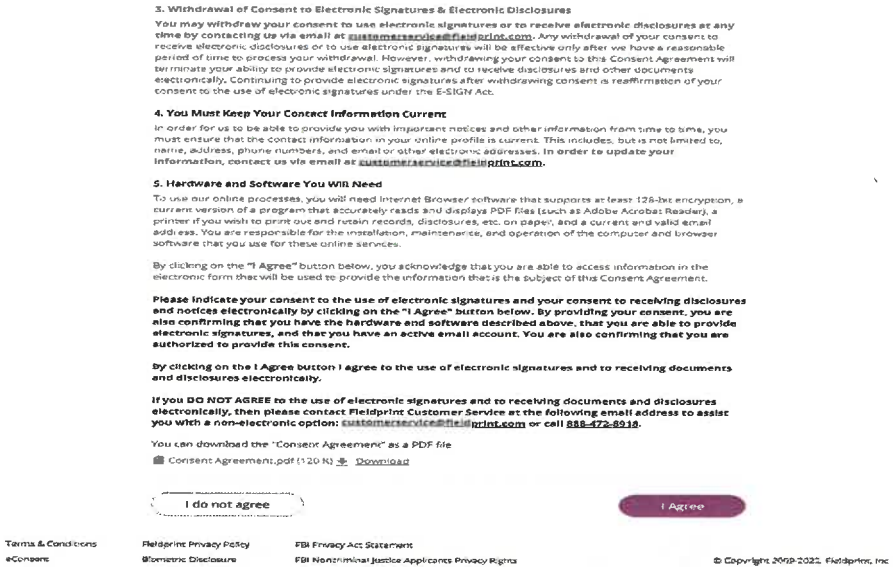
2.11 **NEW: Applicant is shown their ALSDE ID# before leaving AIM.**
Applicant should record their ALSDE ID# for use later in the process.



3. Select 'Sign Up' to begin. Note: The applicant has been transitioned to Fieldprint.



3.1 User will review Fieldprint Authorization form and select 'I Agree.'



3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures

You may withdraw your consent to use electronic signatures or to receive electronic disclosures at any time by contacting us via email at customerservice@fieldprint.com. Any withdrawal of your consent to receive electronic disclosures or to use electronic signatures will be effective only after we have a reasonable period of time to process your withdrawal. However, withdrawing your consent to this Consent Agreement will terminate your ability to provide electronic signatures and to receive disclosures and other documents electronically. Continuing to provide electronic signatures after withdrawing consent is reaffirmation of your consent to the use of electronic signatures under the E-SIGN Act.

4. You Must Keep Your Contact Information Current

In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and email or other electronic addresses. In order to update your information, contact us via email at customerservice@fieldprint.com.

5. Hardware and Software You Will Need

To use our online processes, you will need Internet Browser software that supports at least 128-bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader), a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid email address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.

By clicking on the "I Agree" button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the "I Agree" button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

By clicking on the I Agree button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: customerservice@fieldprint.com or call 888-472-8918.

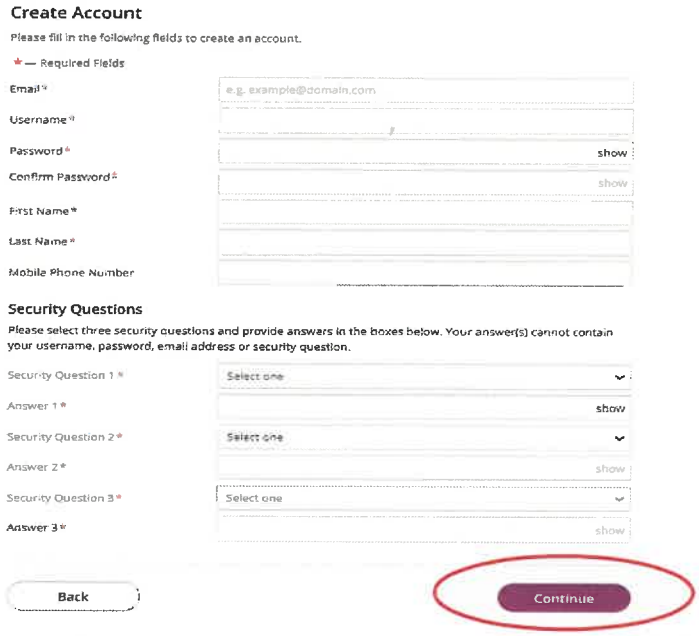
You can download the "Consent Agreement" as a PDF file

Consent Agreement.pdf (120 K) Download

I do not agree | I Agree

Terms & Conditions | Fieldprint Privacy Policy | FBI Privacy Act Statement
eConsent | Biometric Disclosure | FBI Noncriminal Justice Applicants Privacy Rights

3.2 User enters information to create including Username, Password, and Security Questions and selects 'Continue.' **Note:** Please record your password and security questions and answers securely. Answers to security questions cannot be duplicated.



Create Account

Please fill in the following fields to create an account.

* — Required Fields

Email *
Username *
Password *
Confirm Password *
First Name *
Last Name *
Mobile Phone Number

Security Questions

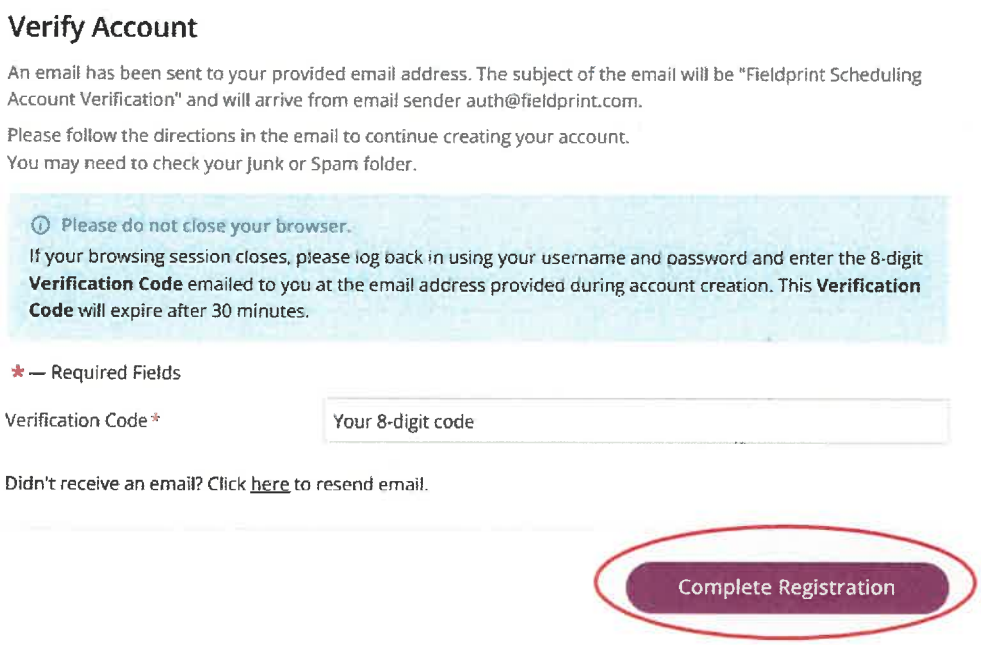
Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 *
Answer 1 *
Security Question 2 *
Answer 2 *
Security Question 3 *
Answer 3 *

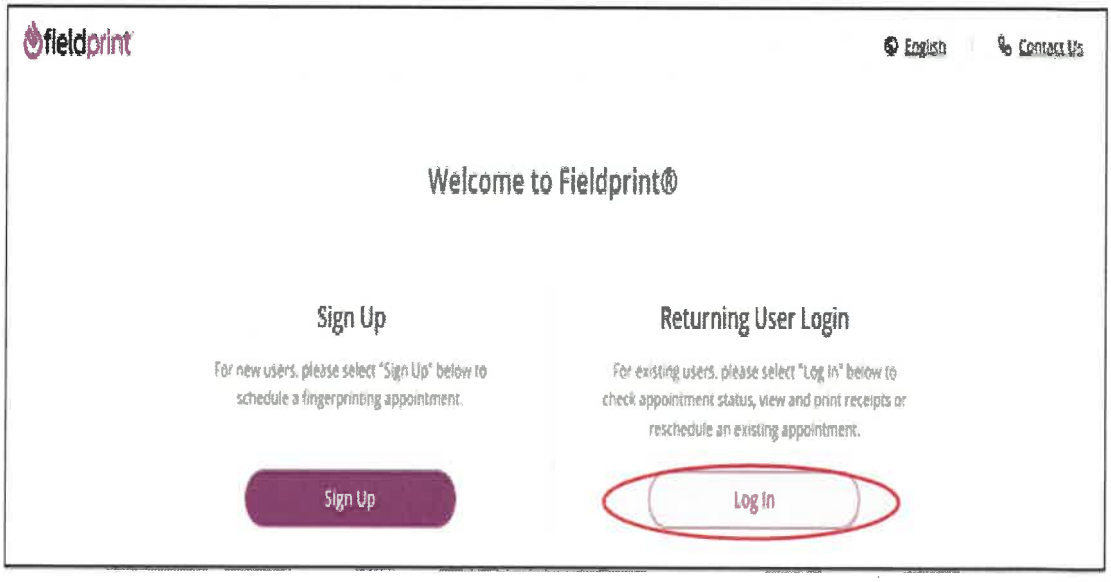
Back | Continue

3.3 Following the completion of screen 3.2 the user will be taken to the 'Verify Account'

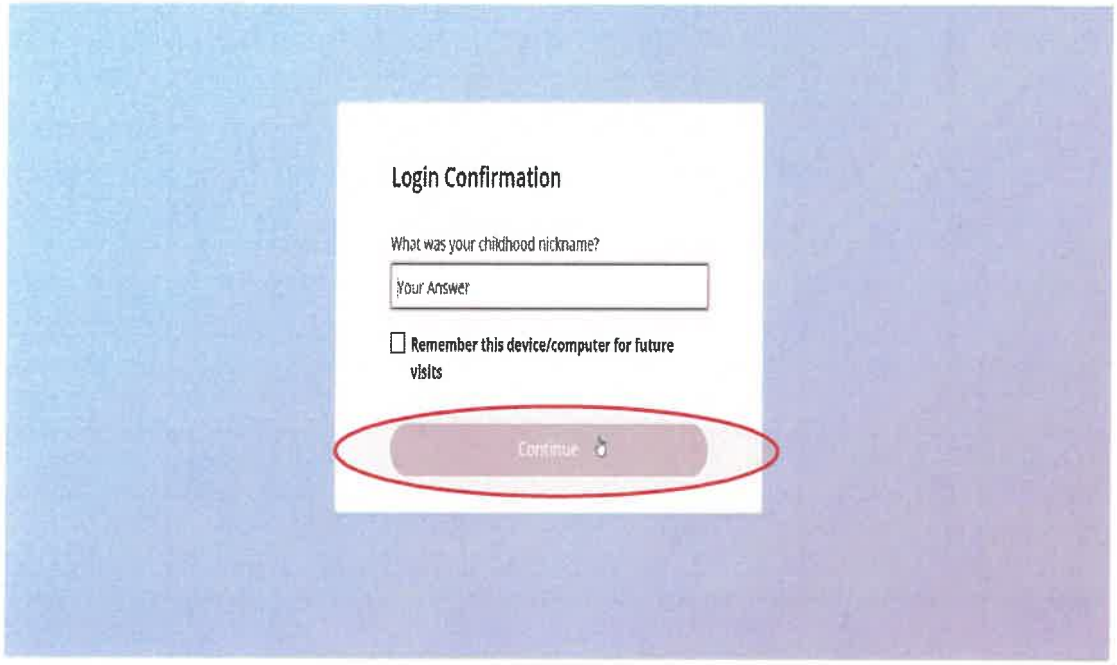
screen. **Note:** An 8-digit code will be sent to the email account entered on the previous screen. Enter the 8-digit code and select 'Complete Registration.'



3.4 User is returned to the Login screen. Select 'Log In' to continue with registration.

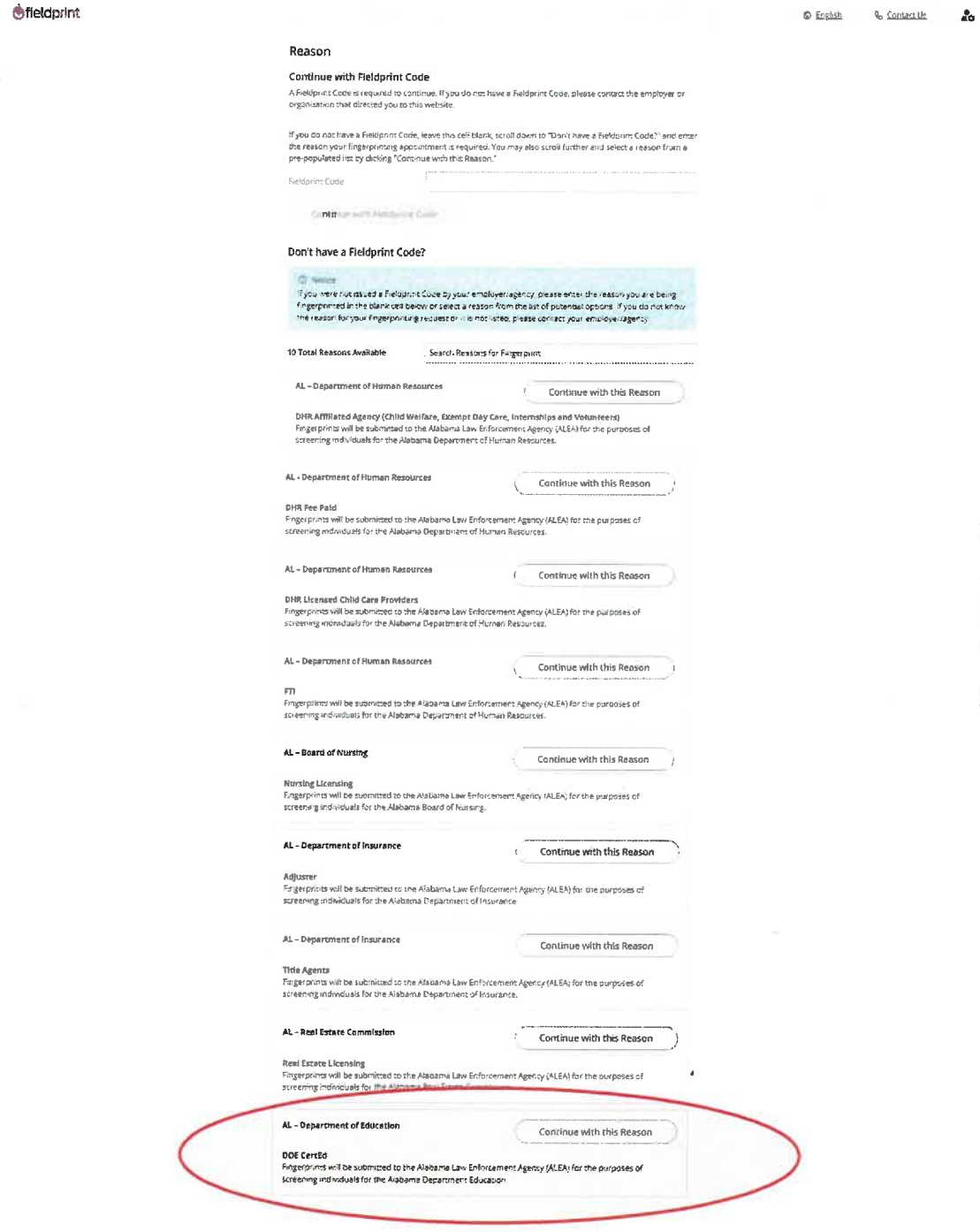


3.5 Provide answer to security question and select 'Continue.' **Note:** This Question and Answer was created during account creation with Fieldprint.

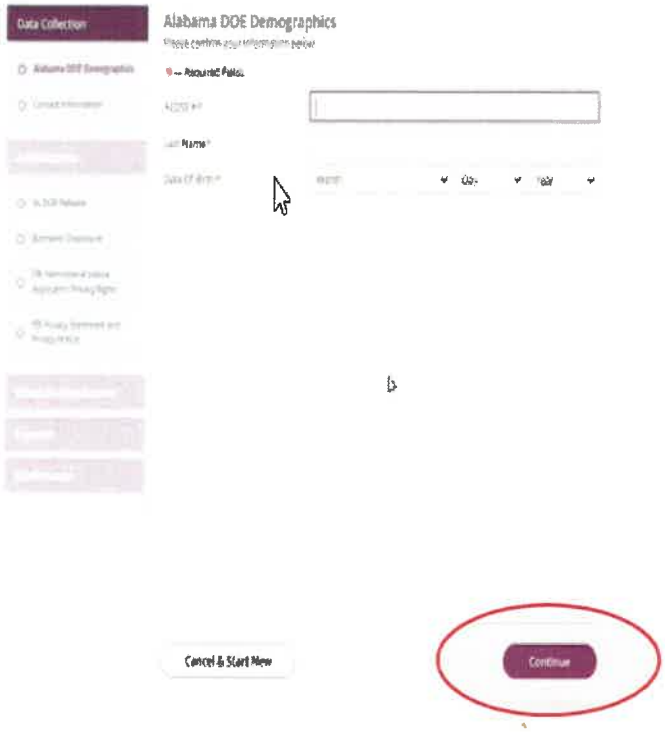


3.5.a NEW!! Reason Page: The applicant should simply scroll to the bottom of the page to find AL-Department of Education and then select "Continue with this Reason."

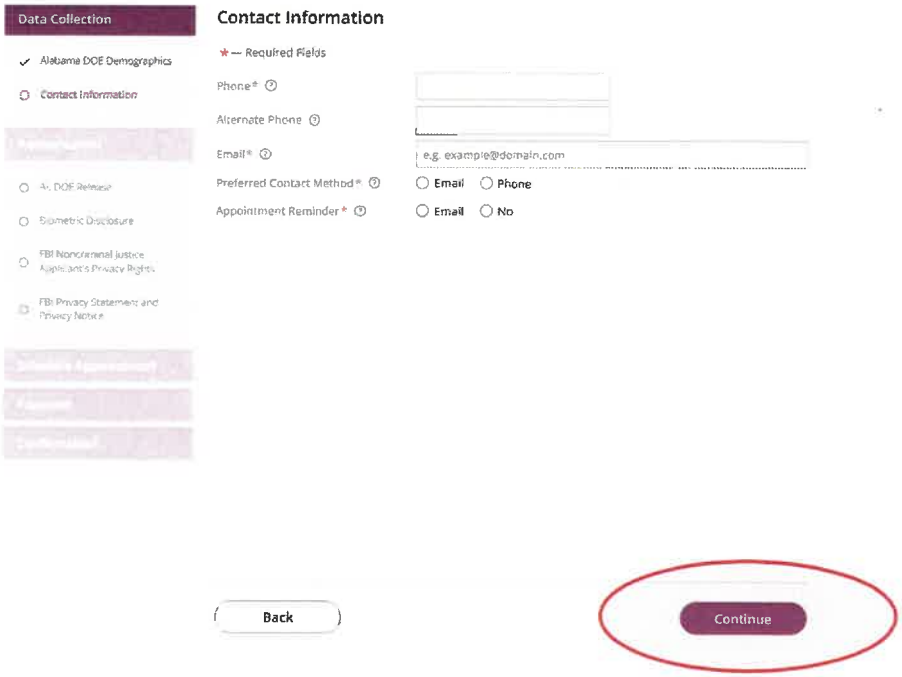
Note: If any other reason is selected the results will not be sent to the ALSDE and the applicant will need to repeat the registration process correctly.



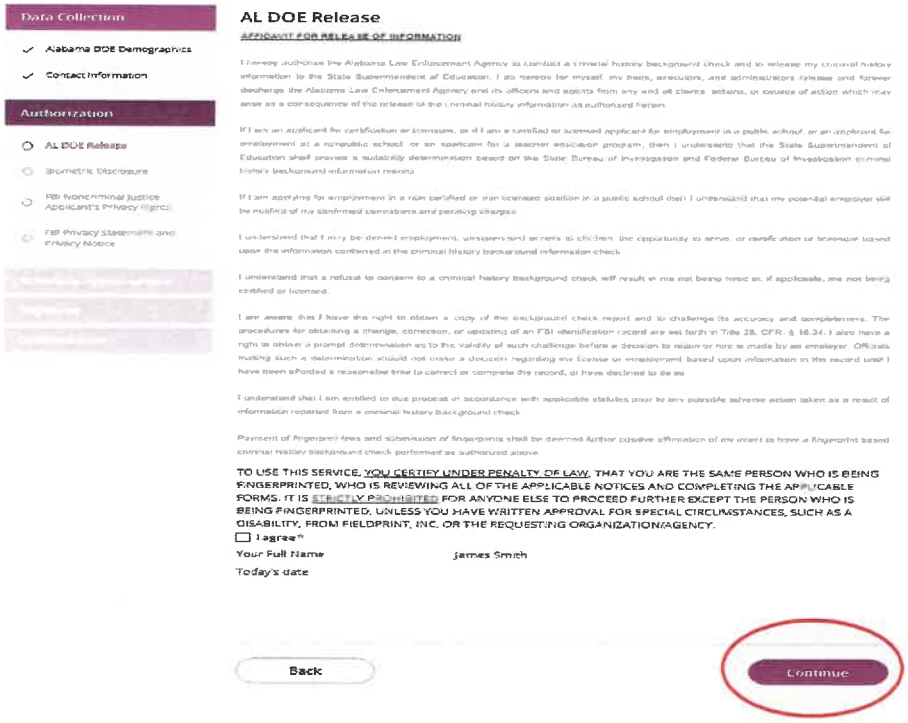
3.6 Enter ALSDE ID#, Last Name, and DOB and select 'Continue'



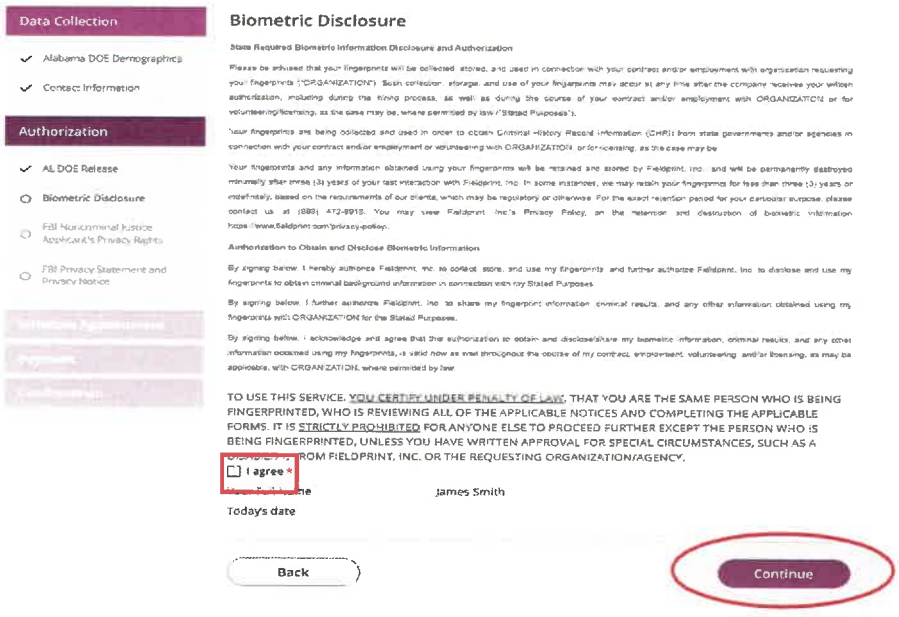
3.7 Enter contact information and select 'Continue.'



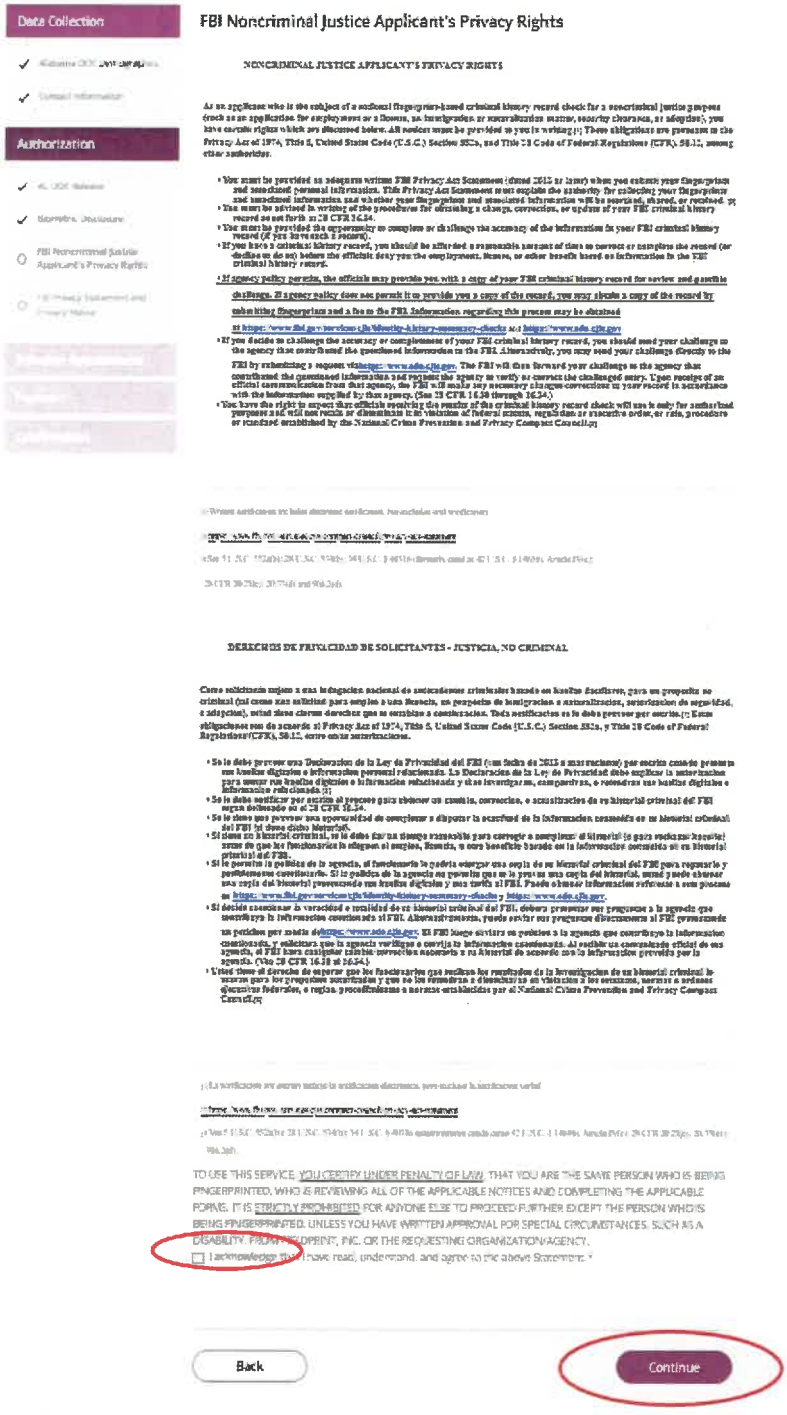
3.8 Review AL DOE Release form and select 'I agree' then 'Continue.'



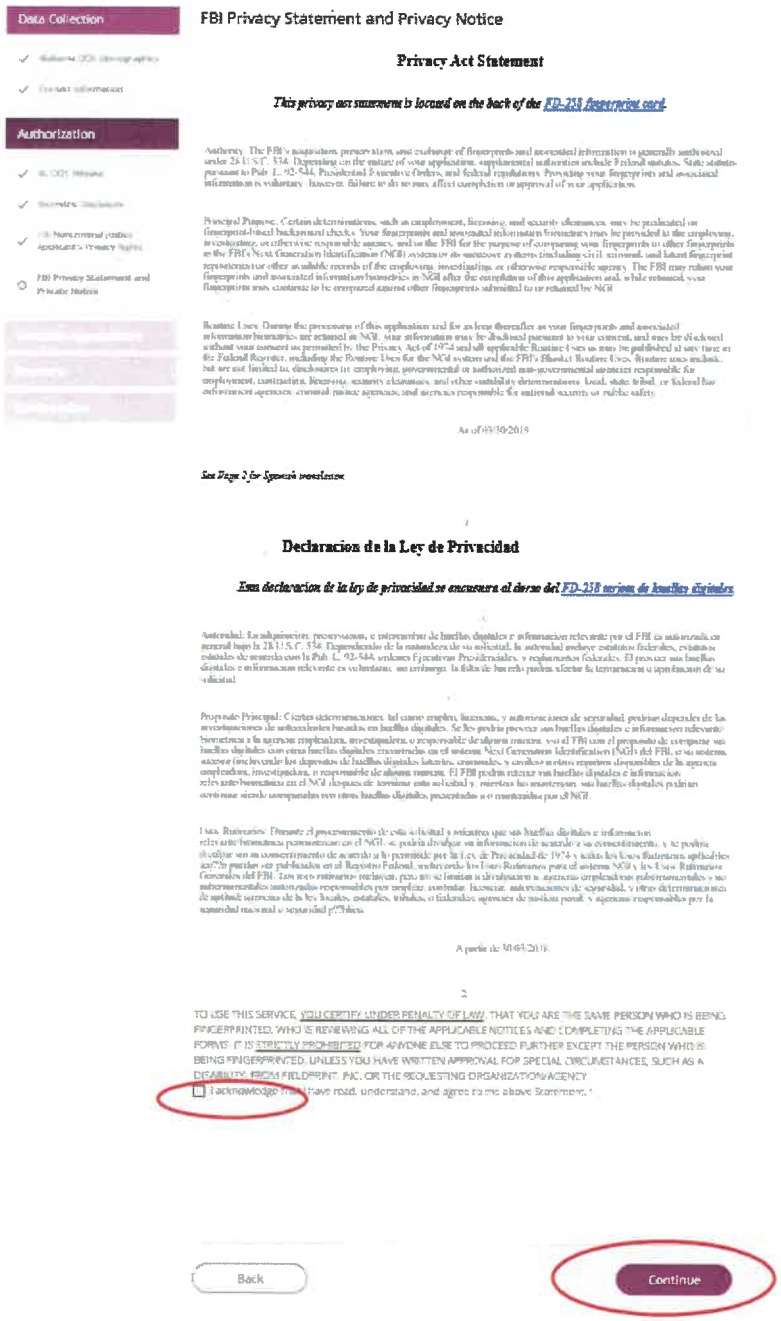
3.9 Review Fieldprint Biometric Disclosure form and select 'I agree' then 'Continue.'



3.10 Review the FBI Noncriminal Justice Applicant Privacy Rights Statement and select 'I acknowledge…' then 'Continue.'

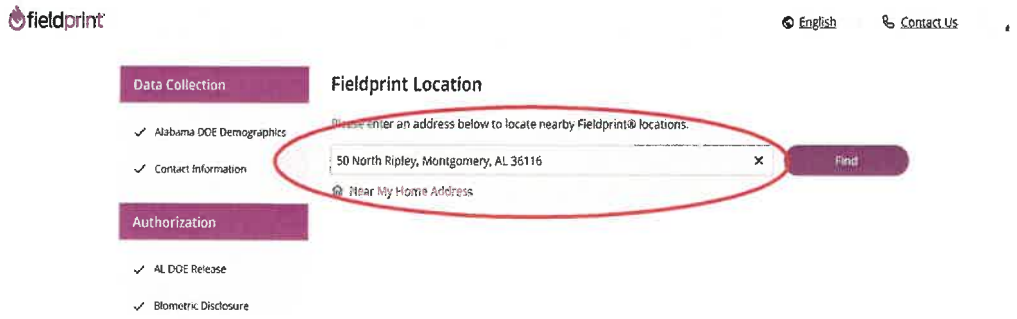


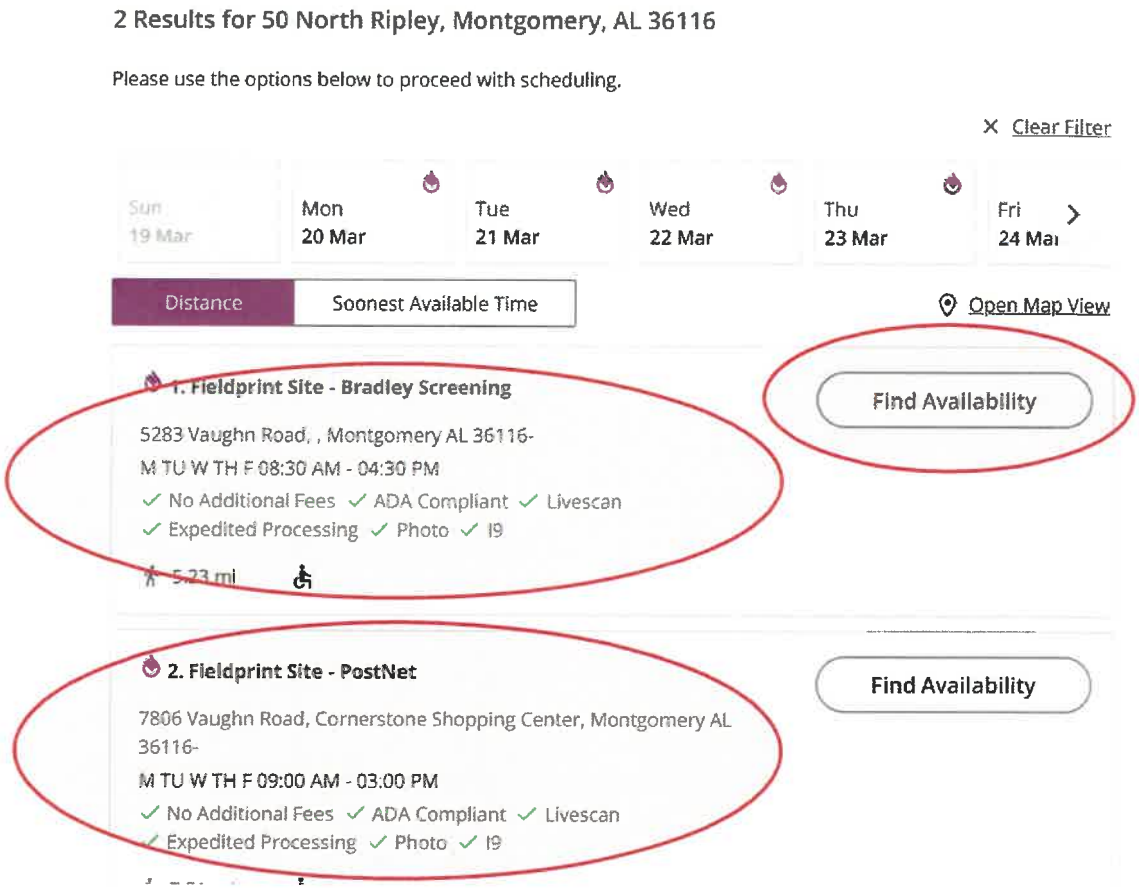
3.11 Review the Privacy Act Statement and select 'I acknowledge…' then 'Continue.'



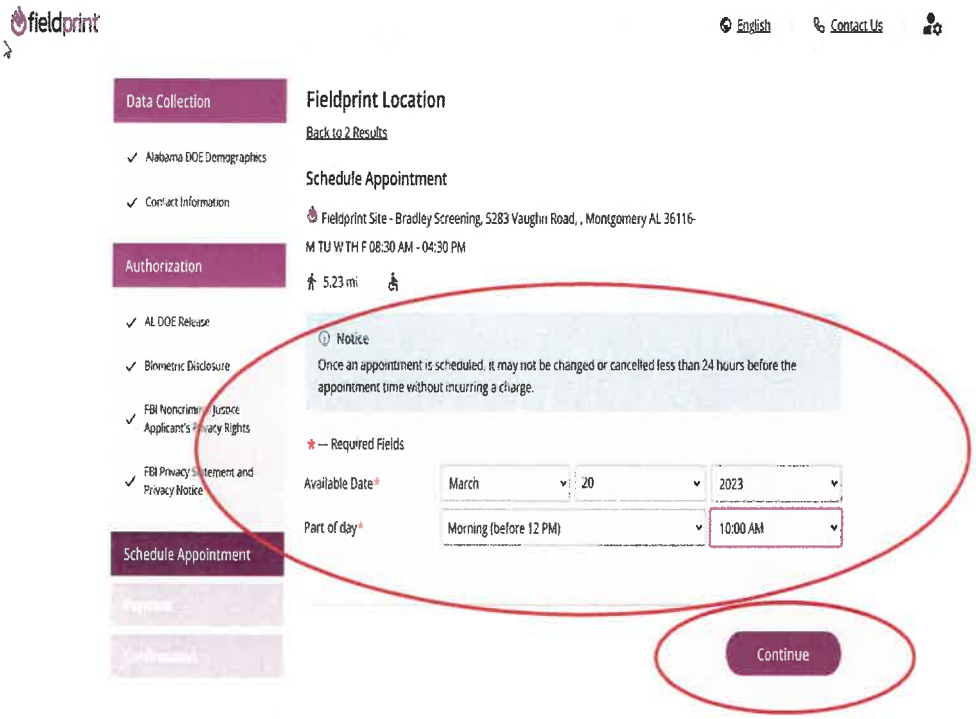
Schedule Appointment and Payment

4.1 Enter full address, city, state or zip code and select 'Find' to determine find the Fieldprint locations nearest you and select an appointment date. Next select an 'Find Availability' to schedule an appointment time. **Note:** The business name, address, and other information will be displayed.

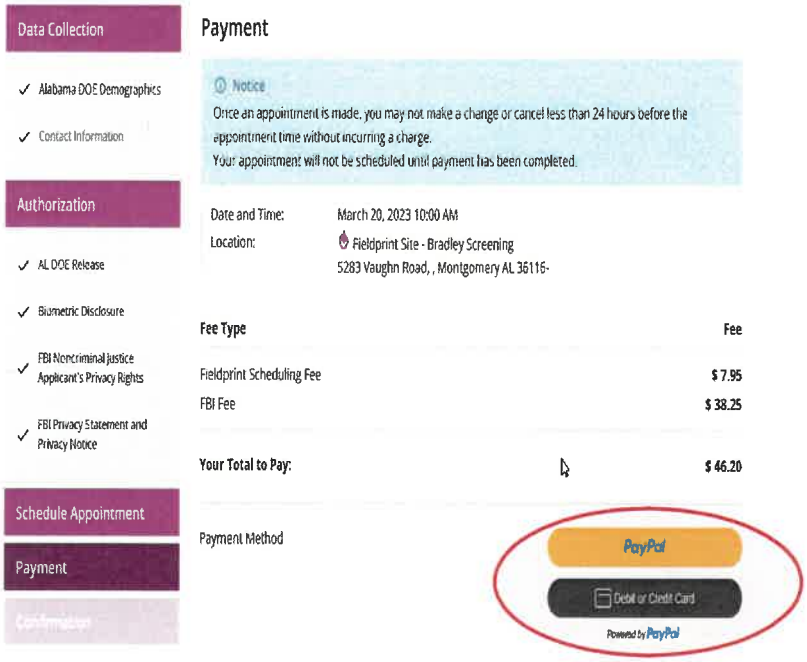




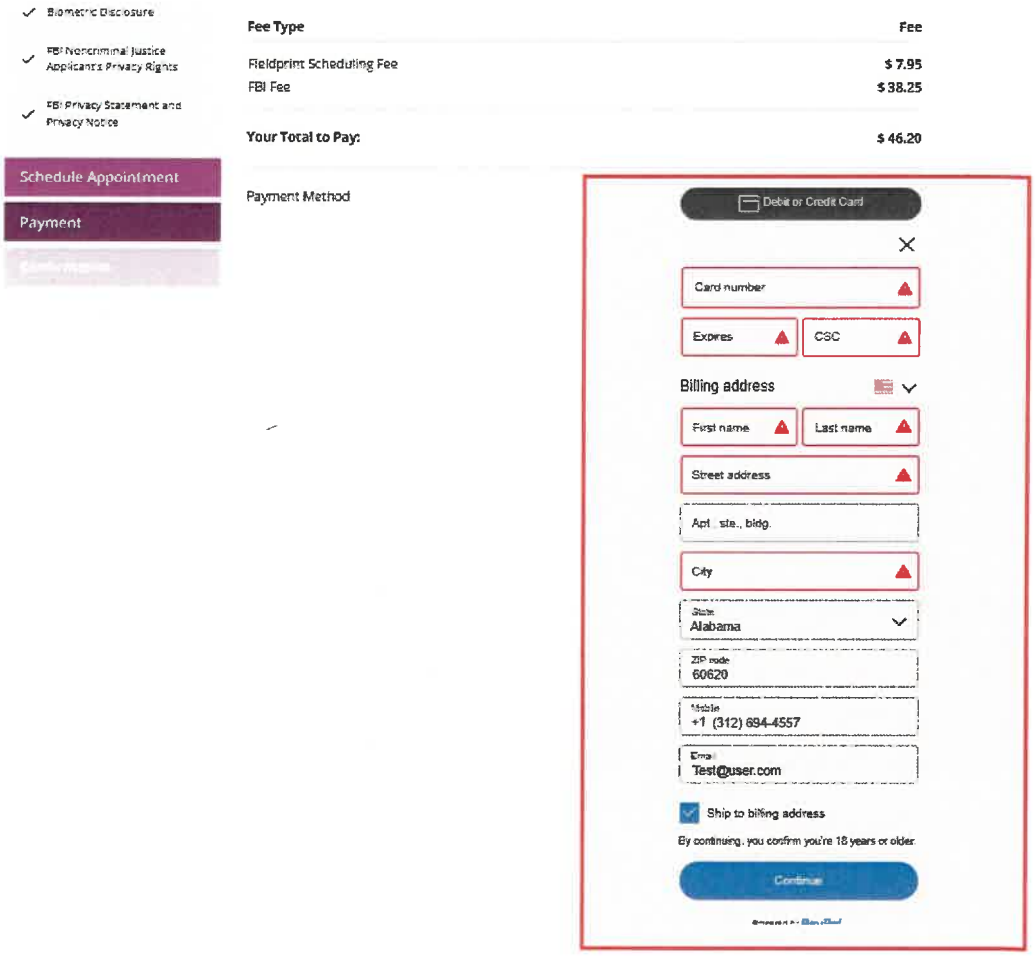
4.2 Select 'Part of day' and time of requested appointment.



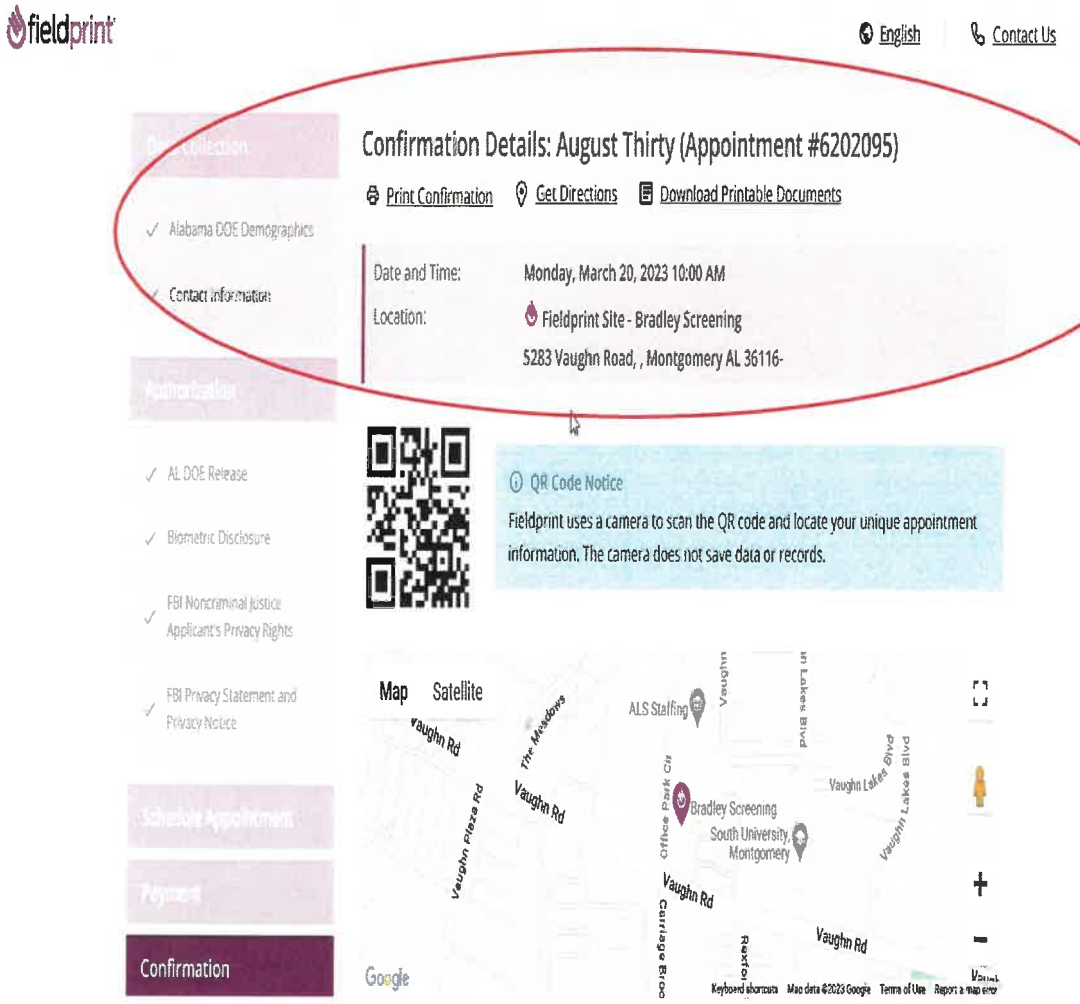
4.3 Select 'Debit or Credit Card' or 'PayPal' as your payment option.



4.4 Insert Payment Account Information



4.5 Review appointment details and log out. Note: Email confirmation of the appointment will be sent. The email will include a list of approved forms of identification that must be presented during your fingerprint appointment. Be sure to review procedures for canceling an appointment, if needed.



Payment

Payment Date	Transaction ID	Amount	Fee Type
March 19, 2023 9:02 AM	9U391469RF928533G	$ 46.20	Fieldprint Scheduling Fee - $ 7.95 FBI Fee - $ 38.25

What to Bring to Your Appointment?

ⓘ Notice

Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government-issued photo ID.

If you do not bring two valid, unexpired, acceptable forms of ID, your appointment cannot be completed. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly.

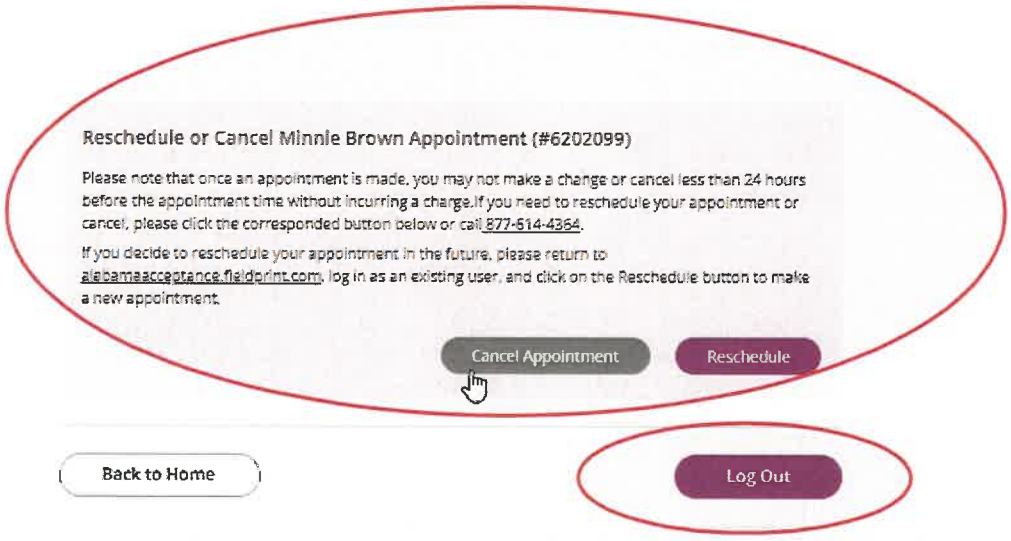
Identification required to complete your appointment

Primary ID for Fingerprinting

- State-Issued driver's license
- State-Issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- DOD Common Access Card
- Work Visa w/ photo
- Global Entry Card
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- I-766 Employment Authorization Card
- Foreign Passport
- Foreign Driver's License

Secondary ID for Fingerprinting

- State-Issued driver's license
- State-Issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- Bank Statement/Paycheck Stub
- Utility Bill / Insurance Card
- Credit Card/Debit Card
- Marriage Certificate
- Birth Certificate
- US Dept of Veteran Affairs Card
- Draft Record
- Transportation Worker ID Credential (TWIC Card)
- Certificate of Citizenship
- Certificate of Naturalization
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- DOD Common Access Card
- Work Visa w/ photo



2.

PERSONAL DATA FOR SUBSTITUTE TEACHERS

MARSHALL COUNTY SCHOOLS, Guntersville, Alabama Date_____

NAME_____
(As it appears on your Social Security Card)

SOCIAL SECURITY NUMBER_____
If you do not have a Social Security Card, you must make application for one immediately. When this card is obtained, it should be brought to the Superintendent's Office immediately. Substitutes can not be added to payroll with out a card.

ADDRESS_____
Street Town State Zip Code

TELEPHONE NUMBER_____ DATE OF BIRTH_____

ARE YOU A HIGH SCHOOL GRADUATE?_____ COLLEGE? (Years Completed)_____

FINGERPRINTS CLEARANCE DATE_____ E-MAIL ADDRESS_____

VALID PERIOD OF SUBSTITUTE OR TEACHING CERTIFICATE (Circle One) 7/01/_____- 6/30/_____

Your information will be sent to all schools.
Please check the schools below if you would like to be put on that schools preferred list:

_____All Schools

	_____Asbury Elem.		_____Asbury High
_____BMPS(Union G.)	_____BMES (Grassy)		_____BMHS
_____Claysville	_____DAR Elem.	_____DAR Middle	_____DAR High
_____Sloman	_____Douglas Elem.	_____Douglas Mid.	_____Douglas High
_____Marshall Tech.	_____Special Needs Preschool (Comm. Ed.)		

Please list days and times you are available to substitute:

_____

_____

(over)

4.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS OR DEBITS)

I (WE) _____

HEREBY AUTHORIZE THE MARSHALL COUNTY BOARD OF EDUCATION to indicate

credits or debits to my (our) CHECKING _____ SAVINGS _____ account indicated below

and the bank named below to credit or debit the amounts of such entries to said account.

_____
Signature

BANK NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

ROUTING & TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the company a reasonable time to act on it.
On pay day you will continue to receive from us your earnings statement which lists your gross pay, deductions and net amount deposited into your account.
Requests by the 15th of the month will be **tested at the end of that month** by processing a pre-notice to the bank. The direct deposit will be effective at the end of the following month.

Please attach a voided check or deposit slip so that we may verify routing & transit number and account number.
Please check the account number and bank name on the first month's check stub for accuracy. The check will be deposited to that bank and account number the second month.

(over)

FORM
A4
(REV. 3/2014)

ALABAMA DEPARTMENT OF REVENUE
50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300
www.revenue.alabama.gov

Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars ($500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. . . . . _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a $1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption . . . . . _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a $3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. . . . . _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* . . . . . _____
5. Additional amount, if any, you want deducted each pay period. . . . . $ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables). . . . . _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ **Date** _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
Your uncle, aunt, nephew, or niece (but only if related by blood).

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. *Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for **all** jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . 1 $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . 2b $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . 4 $

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income . . . . . 1 $

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . 2 $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . 3 $

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . 4 $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	**Form I-94 Admission Number**	OR	**Foreign Passport Number and Country of Issuance**

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**8.** Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Paper Clip Only. Do NOT Staple.

ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION

Telephone: (334) 694-4557

FORM SUB 07/2023

This section must be completed by the employing Alabama school system or nonpublic/private school.

School System Code: 048

Nonpublic/Private School Code: ___ ___ ___-___ ___ ___ ___

APPLICATION FOR A SUBSTITUTE LICENSE

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

The applicant CANNOT submit this application to the Educator Certification Section.

This application is to be completed for individuals seeking *initial issuance or re-issuance* of a Substitute License. **Application forms and supporting documents are not accepted by fax or e-mail.** An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:

I am requesting this Substitute License for _____
First Middle/Maiden Last

ALSDE ID: _____ **Social Security Number:** _____

I have verification of graduation from high school or the completion of an Alabama State Department of Education-approved equivalent on file for the above applicant. I understand that a certificate of attendance will not meet this requirement. I understand that this Substitute License, for use in the schools of Alabama, cannot be used as the basis for employing a full-time teacher and that the Substitute License will not be issued until the applicant has received background clearance.

_____ _____
School System/Nonpublic/Private School Date

_____ _____
Signature of Superintendent/Nonpublic/Private School Administrator Typed or Printed Name

APPLICATION FEE (Required)

A $38.00 *NONREFUNDABLE* application fee is required.

- The fee must be paid by cashier's check **or** money order made payable to the Alabama State Department of Education (ALSDE) or through the ALSDE Educator Certification Online Payment System, with a major credit card, (a transaction fee will be applied).
- The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. **Neither Personal checks nor cash will be accepted.**

BACKGROUND CHECK (Required)

- For applicants seeking **initial certification, additional certification, or certificate renewal** to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching.
- For Applicants who **have not** been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at https://www.alabamaachieves.org/teacher-center/teacher-certification/. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu.
- Applicants may verify receipt of their criminal history results at the ALSDE by visiting https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx. If your results are not located or have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

PERSONAL DATA (Required)

APPLICANT COMPLETES: The purpose for submission of this form is:

- ☐ Issuance of my first Substitute License ***OR***
- ☐ Reissuance of my Substitute License. A Substitute License **cannot** be reissued until the year it expires. Initial here _____ to confirm that https://tcert.alsde.edu/Portal/Public has been checked to verify that the Substitute License expires this year or has already expired.

Name: _____ *Social Security Number:* _____-_____-_____

APPLICANT COMPLETES: PERSONAL DATA

(TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix

Street/Apt./P.O. Box/Route and Box	City	State	ZIP Code

Email Address	Cell Number	Work Telephone

Social Security Number	ALSDE ID	Date of Birth (mm-dd-yyyy)

FOR STATISTICAL PURPOSES ONLY

Ethnic Origin *(Choose one)*	**Gender** *(Choose one)*	**Race** *(Choose one or more, regardless of Ethnicity)*
☐ (01) Hispanic Latino ☐ (02) Not Hispanic Latino	☐ (F) Female ☐ (M) Male	☐ (01) White ☐ (02) Black or African American ☐ (04) American Indian or Alaska Native ☐ (05) Asian ☐ (08) Native Hawaiian or Other Pacific Islander

APPLICANT COMPLETES: RECORD OF EDUCATION

(Graduation from high school or the completion of an Alabama State Department of Education-approved equivalent is required.)

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

APPLICANT COMPLETES: CITIZENSHIP OR NATIONAL STATUS (Required)

This section is to be completed in compliance with *Ala. Code § 31-13-(29)(c)(1)* which provides that United States citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section.

Choose ONE as appropriate:

1. I hereby declare that I am a citizen of the United States. (***check one***) _____ Yes _____ No
   I am providing proof of United States citizenship by submitting a legible photocopy (front and back) of one of the following documents.
   Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	*If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.* **Acceptable Documentation List**
	A	An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	B	A birth certificate indicating birth in the United States or one of its territories
	C	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport
	D	United States naturalization documents or the number of the certificate of naturalization
	E	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	F	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	G	A consular report of birth abroad of a citizen of the United States of America
	H	A certification of citizenship issued by the United States Citizenship and Immigration Services
	I	A certification of report of birth issued by the United States Department of State
	J	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	K	Final adoption decree showing the person's name and United States birthplace
	L	An official United States Military record of service showing the applicant's place of birth in the United States
	M	An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
	N	AL-verify
	O	A valid Uniformed Services Privileges and Identification Card
	P	Any form of ID authorized by the Alabama Department of Revenue

OR

2. I hereby declare that I am an alien lawfully present in the United States. (***check one***) _____ Yes _____ No
I am providing proof of lawful presence by submitting a legible photocopy (front and back) of one of the following documents.
Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	*If you are an alien lawfully present in the United States, this form and documentation **must be submitted** with every application.* **Acceptable Documentation List**
	A	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	B	Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance
	C	A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States
	D	A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States

APPLICANT COMPLETES: PROFESSIONAL STATUS AND CRIMINAL HISTORYINFORMATION

*Check "yes" **or** "no" for each question below. **"YES"** responses require an attached explanation and any additional supporting documentation (e.g., court-certified copies of judgment, conviction, and sentencing).*

READ CAREFULLY

☐ Yes ☐ No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education**?

☐ Yes ☐ No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **other than the Alabama State Department of Education**?

☐ Yes ☐ No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?

☐ Yes ☐ No Have you ever resigned from a position rather than face disciplinary action?

] Yes ☐ No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?

☐ Yes ☐ No Are you the subject of a pending investigation involving a criminal act?

I understand Alabama certification will not be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the ALSDE that I am not lawfully present in the United States, the ALSDE will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to *Ala. Code § 31-13-7(h).*

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR SUBSTITUTE LICENSE.

_____ _____

Date **Signature of Applicant**

Check to be certain that all portions of this form have been completed, documents have been attached, and all signatures have been obtained. Incomplete forms will not be returned to the school system or eligible nonpublic/private school.

- ***A note will be placed on the individual's file indicating that the application was incomplete and a new application is required.***
- ***If a fee was submitted, the fee will be retained and entered into the individual's file.***

Print Form

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
** **See instructions** for the address to use when submitting this form. **

Requesting Person or Agency/Organization MARSHALL COUNTY BOARD OF EDUCATION	Check All That Apply
Mailing Address 12380 US HWY 431 SOUTH GUNTERSVILLE AL 35976	☐ Child Placing Agency
	☐ Residential Child Care Facility
	☐ Child Day / Night Care Center
Telephone Number (256) 582-3171 Email: hayeseb@marshallk12.org	☐ Family Day / Night Care Home
PRINT Requestor's Name Emily Hayes	☐ Exempt Child Day Care Center
Requestor Signature Date	☐ Medicaid Rehab. Provider DHR Vendor
Witness Signature Date	☑ Other (Please Specify) PUBLIC SCHOOL

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☐ employee ☐ volunteer ☑ other. This person's specific job/role is or will be:
SUBSTITUTE

Name _____ Sex ☐ Male ☐ Female Race _____ DOB __/__/____
Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature _____ Date _____ Signature of Witness _____ Date _____

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

☐ Substantiated report (i.e., indicated) located. See attached information.

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

☐ No report located.

☐ Request Denied _____

☐ Other _____

Office of Child Protective Services _____ Date Completed _____

2024-2025
Instructional Calendar

MARSHALL COUNTY SCHOOLS

Superintendent, Dr. Cindy Wigley

Professional Development/Teacher Workdays (No Students)

August 1 & 7, 2024- Local School Institute Day
August 2, 5, 6, 2024 - District PD Days
January 6 - Teacher Work Day
May 27 & 28- Teacher Work Day
May 29 & 30 Teacher Work Day/Flex Day

Students Return to School

Semester One	Semester Two
August 8, 2024	January 7, 2025

***December 20th is an E-learning Day and also the last day of the first semester

Holidays

July 4, 2024 - Independence Day
September 2, 2024 - Labor Day
October 21-25, 2024 - Fall Break
November 11, 2024- Veterans Day
November 25-29, 2024-Thanksgiving Break
December 23-January 6,2025-Christmas Break
January 20, 2025 - MLK Jr. Day
February 17, 2025 - Presidents' Day
March 24-28, 2025 - Spring Break
May 26, 2025 - Memorial Day
June 19, 2025- Juneteenth

Start/End of Grading Periods ^

Grading Periods	Progress Reports	Report Cards
August 5 - October 4, 2024	09/13/2024	10/28/2024
October 7 - December 20, 2024	11/22/2024	01/17/2025
January 7 - March 14, 2025	02/19/2025	03/20/2025
March 17 - May 23, 2025	04/28/2025 ***	

Instructional Day for Students

M T TH F 7:40 - 2:58
W 7:40 - 1:58

Board Approved (TBD)

Meets all state mandated requirements.

eLearning Day for Students/Parent-Teacher Conferences for Staff

Semester One	Semester Two
September 20 and December 20, 2024	February 14 and April 18, 2025

July 2024

Mo	Tu	We	Th	Fr
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

August 2024

Mo	Tu	We	Th	Fr
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

September 2024

Mo	Tu	We	Th	Fr
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

October 2024

Mo	Tu	We	Th	Fr
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30	31	

November 2024

Mo	Tu	We	Th	Fr
				1
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

December 2024

Mo	Tu	We	Th	Fr
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

January 2025

Mo	Tu	We	Th	Fr
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

February 2025

Mo	Tu	We	Th	Fr
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

March 2025

Mo	Tu	We	Th	Fr
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

April 2025

Mo	Tu	We	Th	Fr
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

May 2025

Mo	Tu	We	Th	Fr
			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

June 2025

Mo	Tu	We	Th	Fr
2	3	4	4	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30				

Total Student Days 177
Total Staff Days 187

Marshall County School System
12380 U.S. Hwy. 431 S.
Guntersville, AL 35976-9351
(256) 582-3171, Fax (256) 582-3178
wigleycl@marshallk12.org
www.marshallk12.org

Asbury Elementary K-6
Marie Chastain, Principal
1966 Asbury Rd.
Albertville, AL 35951
256-878-6221
Fax # 256-878-6205
chastain.marie@marshallk12.org

Asbury High 7-12
Clay Webber, Principal
1990 Asbury Rd.
Albertville, AL 35951
256-878-4068
Fax # 256-878-5233
webber.clay@marshallk12.org

Brindlee Mtn. Primary K-2
Nick Bolding, Principal
1050 Scant City Rd.
Guntersville, AL 35976
256-857-5120
Fax # 256-293-4685
bolding.nick@marshallk12.org

Brindlee Mtn. Elementary 3-5
Amanda Hollaway, Principal
2233 Shoal Creek Rd.
Arab, AL 35016
256-857-5125
Fax # 256-753-6630
hollawayah@marshallk12.org

Brindlee Mtn. High 6-12
Terry Allen, Principal
994 Scant City Rd.
Guntersville, AL 35976
256-857-5135
Fax # 256-293-4662
allents@marshallk12.org

D.A.R. Elementary K-4
Cilia Smith, Principal
6077 Main St.
Grant, AL 35747
256-857-5140
Fax # 256-728-8430
smith.cilia@marshallk12.org

D.A.R. Middle 5-8
Jennifer Morrison, Principal
6077 Main St.
Grant, AL 35747
256-857-5145
Fax # 256-728-8447
morrisonjen@marshallk12.org

D.A.R. High 9-12
Larry Bolin, Principal
6077 Main St.
Grant, AL 35757
256-857-5150
Fax # 256-728-8900
bolinld@marshallk12.org

Sloman Primary K-2 (Douglas)
Julie Cordell, Principal
P.O. Box 270
Douglas, AL 35964
200 Bethlehem Rd.
Horton, AL 35980
256-593-4912
Fax # 256-593-4874
cordell.julie@marshallk12.org

Douglas Elementary 3-5
Kerry Bush, Principal
P.O. Box 270
151 Eagle Dr.
Douglas, AL 35964
256-593-4420
Fax # 256-593-4423
bushk@marshallk12.org

Douglas Middle 6-8
Scott Bonds, Principal
P.O. Box 269
205 Eagle Dr.
Douglas, AL 35964
256-593-1240
Fax # 256-593-1259
bondssa@marshallk12.org

Douglas High 9-12
Brian Sauls, Principal
P.O. Box 300
225 Eagle Dr.
Douglas, AL 35964
256-593-2810
Fax # 256-840-5489
sauls.brian@marshallk12.org

Marshall Technical 9-12
Patrick Smith, Principal
12312 U.S. Hwy. 431 S.
Guntersville, AL 35976
256-582-5629
Fax # 256-582-2580
smithpat@marshallk12.org

Central Pre-K
390 Drive In Rd.
Guntersville, AL 35976
256-582-3171

Employee Self Service

Portal for viewing check stubs & other documents

To create your account, go to marshallk12.org Look under Employees. Click on Employee Self Service (ESS). Click "Register" in top right corner.

Be prepared to enter the following information:

***User Name – Can be anything you choose**

***Email Address – a confirmation email will be sent to the address you enter. Your account will NOT be created if incorrect or improperly formatted information is entered, so please double check your entry.**

***First Name**

***Last Name**

***Social Security Number – do not enter dashes**

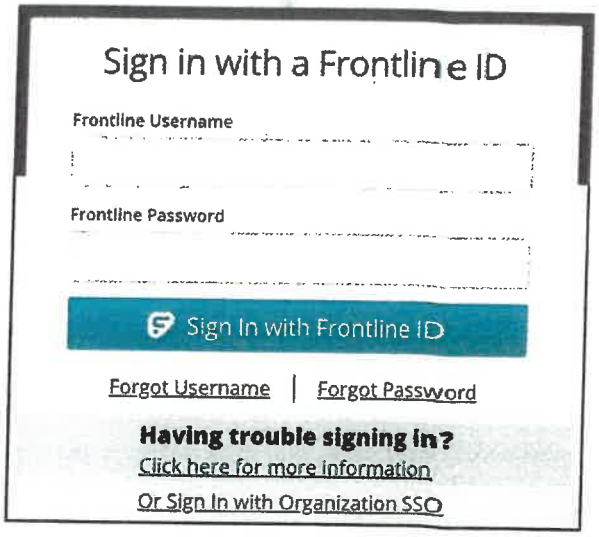
***Employee number – this information can be found on the top of a check stub in the box labeled "Employee Number"**

***Password – must be a minimum of 8 characters**

***Confirm Password**

Check your email for the confirmation email (check your spam if you do not receive your email within 5-10 minutes) Once your confirm your registration, you may log on and view your pay stubs, W2s, etc....

Absence Management



SIGNING IN

Go to app.frontlineeducation.com. Enter your username and password and click **Sign In.** Or, if applicable, use the organization SSO link.

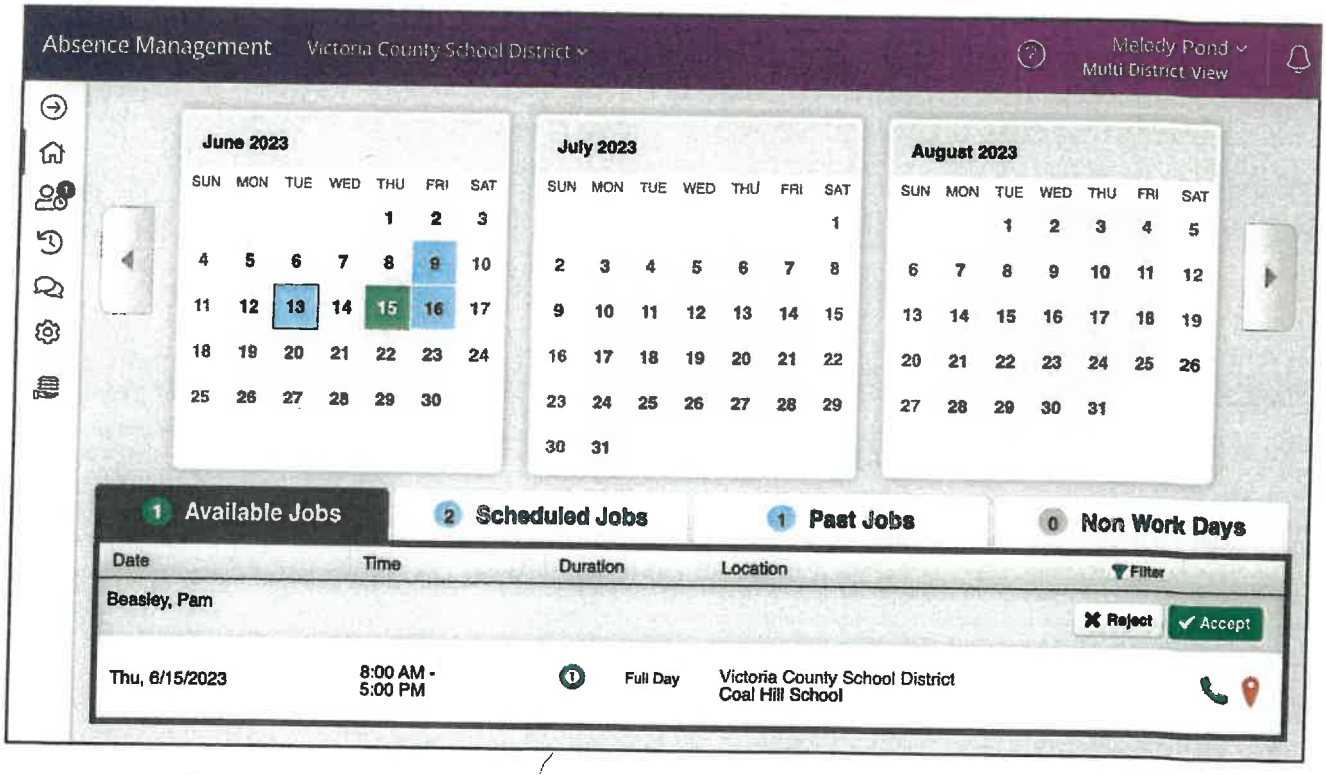
LOGIN SUPPORT

If you cannot recall your credentials, use the recovery options or click the "**Having trouble signing in?**" link for additional troubleshooting details.

SEARCHING FOR AVAILABLE JOBS

Review available jobs directly on the homepage or via the "Available Jobs" option in your side navigation. These potential jobs appear in green on the calendar and in list form under the "Available Jobs" tab.

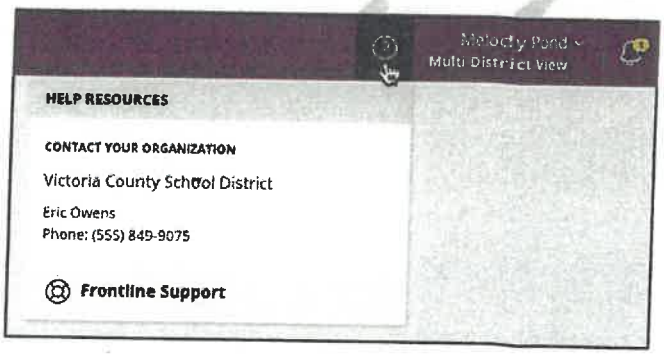
To accept a job, click the **Accept** button beside the absence (or click **Reject** to remove a job from the list).



frontline education

GETTING HELP AND RESOURCES

If you have questions, click **Help Resources** in the top purple bar of your application. View your Organization Admin's contact details or select **Frontline Support** to access learning resources.



MOBILE OPTIONS

Mobile App

You have access to the Frontline Education mobile app. This *free* app provides increased accessibility to job alerts and other job acceptance tools. Search "Frontline Education" via the app store to download it and use your system username and password to sign in.

Call Options for Absence Management

To call, dial **1-800-942-3767**. You will be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

If an available job has not been filled by another substitute two days before the absence is scheduled to start, the system will automatically begin to call substitutes and try to fill the job.

When the system calls you, be sure to say a loud and clear "Hello" after answering. It will call about one job at a time, even if you are eligible for other jobs. You can always call in to hear a list of *all* available jobs.

When You Call into Absence Management
• Find available jobs – **Press 1** • Review or cancel upcoming jobs – **Press 2** • Review or cancel a specific job – **Press 3** • Review or change your personal information – **Press 4**
When Absence Management Calls You
• Listen to available jobs – **Press 1** • Prevent Absence Management from calling again today – **Press 2** • Prevent Absence Management from ever calling again – **Press 9** • If interested in available jobs – **Press 1** and enter PIN, followed by the # sign

ADDITIONAL RESOURCES

Sign in and search for the following topics in the Learning Center for next steps:

• Getting Started	• Popular Questions	• Frontline Mobile App

MARSHALL
COUNTY SCHOOLS

SUBSTITUTE HANDBOOK

MARSHALL COUNTY BOARD OF EDUCATION

12380 U.S. HWY. 431 SOUTH
GUNTERSVILLE, AL 35976
(256) 582-3171

DR. CINDY L. WIGLEY, SUPERINTENDENT
MARSHALL COUNTY PUBLIC SCHOOLS

Introduction

Welcome

The Marshall County Board of Education joins the Superintendent in welcoming you to the challenging position of substitute.

Web-based Support and Information

Marshall County is in the process of developing a section on the system web-site for substitutes that will include frequently asked questions, resources on the Internet, the District map, this handbook, and other resources intended to enable substitutes to be more successful in their jobs. Substitutes are strongly urged to visit the site often at www.marshallk12.org and follow these directions to access information:

1. Log on to www.marshallk12.org
2. Click the link "Employees"
3. Drag down to "Sub opportunities" where you will see the following sub-tabs
    a. Training announcements
    b. Teacher substitute application
    c. Support substitute application
    d. Substitute handbook

I.D. Badges

All required paperwork must be completed and received by the Central Office as well as fingerprint and background checks approved. Substitutes must wear or display a temporary school I.D. badge at all times when on campus. This will be given to you upon signing in at the main school office for that day of substituting.

Calendar of Jobs

The substitute will receive a copy of the School Year Calendar. This will allow prior knowledge of possible scheduling needs. Attached to the calendar, the substitute should keep a personal log of all jobs worked including dates, places, and names of workers/assignments. The log will help if there are any questions or concerns regarding payroll purposes. Having a calendar handy at all times is also helpful when workers or administrators want to request or prearrange a substitute for a job.

RESPONSIBILITIES OF SUBSTITUTES

A. Ethical Behavior

Substitutes have a responsibility to conduct themselves in a professional manner at all times when carrying out their duties.

1. Confidentiality

Substitutes have a great responsibility to treat with confidentiality matters pertaining to students. Student behavior, performance, and achievement levels are not subjects of general conversation and should not be discussed outside of the school setting. When working with special needs students, substitutes must exercise an even greater degree of caution when discussing school children assigned to them.

2. Criticism/Comparisons

The substitute is encouraged to speak honestly about their experiences in the District. However, the mission of the Marshall County School System and the goals of the school are thwarted when a substitute engages in malicious talk about their experiences. Disparaging comments comparing one school with another or comparing the children in one neighborhood with those of another should not be made. Unless raising concerns to an administrator, under no circumstances should substitutes make negative comments regarding a school, personnel, students, or the school system.

3. Substitute/Student Relationships

Substitutes should exercise extreme caution and good judgment in verbal and physical contact with students. Substitutes should establish a position of authority with the students; they may be friendly without "befriending" the students. Under no circumstances may a substitute engage in a relationship with a student (Sexual Harassment Policy). Yelling at students, calling them derogatory names and using insults or other threatening verbal attacks will not be tolerated and may be grounds for dismissal.

B. General Duties

1 Accepting and Cancelling Jobs

Whenever possible, substitutes should accept the jobs they are offered. Once they have done so, they should write down the date, time, location and other information pertinent to the assignment. If, after accepting a job, a substitute must cancel a job, he/she should do so at the earliest possible opportunity. This is critical because there must be time to arrange for another substitute to fill the position. **Cancellation with less than 48 hour notice will prevent substitutes from accepting another position within the district for the next 48 hours.** It is important that schools are able to depend on those substitutes who are on the school substitute lists. If a substitute consistently "turns down" a job or cancels often, he/she will not be considered reliable and may not be contacted for additional jobs.

2 Parking and Privileges

Substitutes can park in "reserved" or "visitor" parking areas. Some schools may also have designated parking. If so, please ask about the possibility of using the space of the worker for whom you are subbing. See administration regarding appropriate parking areas.

3 Punctuality

Substitutes are expected to be on duty the same length of time as the regular worker. This includes reporting to duty BEFORE the start of school, which will allow time to find the office, sign in, and prepare for a successful day of substituting. The exact beginning and ending times for substitutes may vary slightly from school to school, so be certain to verify the work times with that particular school.

4 Report for Duty

Substitutes should report to the school office before assuming any duties. While in the office, they should sign in, ask for a temporary I.D. badge, and then ask for assigned duties. Temporary I.D. badges should always be worn on campus. Many schools have prepared folders for substitutes containing such information as the school staff, map of the school, evacuation procedures, emergency plans, bell schedules, and a list of key personnel. They should ask if there are any special instructions or other information needed to carry out the day's activities.

5 Supplies, Material, and Equipment

Teachers' materials and supplies should not be used unless the lesson plans authorize their use.
Any materials and equipment borrowed should be returned to the proper person before a substitute leaves the campus. At the end of the day, the teachers' room and equipment should be left the way they were found. The full-time teacher's desk, files, and other storage areas should be regarded with respect.

6 Leaving the Campus

The care and supervision of the students assigned to the substitute should be of paramount importance. At no time during the day should the substitute leave campus unless authorized to do so. Substitutes should not leave campus at the end of the school day until they have been cleared through the school office.

7. Other Duties as Assigned

Occasionally, a substitute may be asked to perform duties in addition to those of a regular substitute. Also, a substitute may be asked to be in a classroom other than the one he had agreed to when contacted. In both cases, the substitute is expected to demonstrate flexibility and cooperation with the school administration in its attempts to meet the instructional and safety needs of the students under their care.

8 End of the Day

When the children have been dismissed for the day or placed safely on the correct school bus, The substitute will still have several more duties to perform. The room should be checked to ensure that it is restored to the way the substitute found it. Books, supplies, and instructional materials should be returned, desks placed in their original positions, etc.
Successful substitutes will take a few minutes to leave a detailed note for the teacher. The teacher appreciates knowing how much of the lesson plan was accomplished and any other important information about the substitute's instructional efforts. The teacher should also be informed of any behavior problems or unusual events that may have occurred during his/her absence. In addition to leaving a note for the teacher, the substitute should always check out through the office when leaving for the day. This provides the office staff with an opportunity to deliver any messages that may have been received and to note the time of departure. Be sure to ask about the automatic checkout system.

9 Changes in Personal Profile Information

Throughout the year, the substitute has the responsibility of keeping current the information that is stored in the Substitute Files. This includes your current address, which may be the location for receipt of paychecks. Please speak with the Payroll Clerk about Automatic Deposit to your bank.

10 Seek Help!

At all times, and in all matters related to substituting, the substitute should never hesitate to SEEK HELP when needed. Everyone in the school system wants the substitute to be successful. Help is only a few steps or a call to the office away at any time. Key personnel are available to assist with any questions or concerns.

C. Classroom Duties and Instructional Responsibilities

Substitute teachers are expected to perform all the duties of the regular teacher unless the administrator releases the substitute from a particular responsibility. Check the teacher's planning book or substitute folder to see if there are any students with special needs or medical conditions of which to be aware. If the book is unavailable or a substitute folder does not indicate this information, please check with the office. Substitute teachers should maintain the regular routine of the class. They should follow the daily class schedule and lesson plans provided by the regular teacher.

1 Lesson Plans

When teachers are absent from school, they will leave lesson plans for the substitute teacher to follow in order to maintain a continuity of instruction in the classroom. The substitute is expected to adhere to the scope and sequence of instruction documented in the teacher's lesson plans. Any deviation must be substantiated with sound reasoning and be based on established curriculum and instruction theory and practice. Most of the time, teachers anticipate their absences. However, if a teacher is absent due to an emergency, the substitute may not have lesson plans provided. When this occurs, help is available from other teachers and support staff in the school. Teachers from the same grade level or field of study should be able to provide assistance.

2 Student Attendance

One of the many regular duties of the full-time teacher is the taking of student attendance. Substitutes are expected to assist in compliance with this requirement. Attendance must be taken in every class and this information must be provided to the school office following the procedures established at the school.

3 Written Work/Grading Papers

The substitute teacher should not assign written work and leave it to be graded except at the request of the regular teacher. Nor should the full-time teacher expect the substitute to grade papers not assigned in the lesson plan. Extreme caution should be used when substitute teachers are asked to grade papers, the result of which will be made a part of the student's permanent grades.

4 Classroom Management

Substitute teachers are expected to model and reinforce the expectations of the permanent teacher. Classroom rules are posted in most classrooms and except for the first few days of class, all students know the rules of behavior and the consequences for not following them.

5 Discipline

When students cause behavior problems that are disruptive to the learning environment, the substitute teacher should attempt to maintain discipline in the classroom using

acceptable behavior management strategies. However, sometimes even the most effective classroom management strategies will fail and individuals or groups of students may need to modify their behavior. Substitutes must never administer corporal punishment, physically discipline a student in any way, or verbally abuse the students. Shouting at students or calling them derogatory names may constitute verbal abuse and is forbidden. Sarcasm is ineffective in the classroom and should not be used. Only when all reasonable efforts to maintain order have failed should the substitute teacher refer students, with a discipline slip or note explaining the circumstances, to school administrators.

The substitute should **NEVER** leave the classroom unattended. Even if a student runs out of the room, the teacher should not follow. Contact the office immediately for assistance and they will handle the situation. If the substitute needs to leave the classroom for personal reasons, a nearby teacher should be notified so that the classroom will be supervised.

6 Active Involvement

The successful substitute teacher is actively involved with instruction. This includes circulating around the classroom often, checking student work and assisting with assignments as needed. Many discipline problems can be avoided by the substitute's use of proximity to the students.

DISTRICT GUIDELINES AND POLICIES

A. Dress/Grooming

Substitutes are held to the same standards as regular employees. They should exercise discretion and good judgment in their attire and should be appropriately dressed to the assignment. If a substitute is in doubt about what to wear, the following tips will come in handy:

1. Always dress professionally. Do not wear blue jeans on the first day unless it is appropriate for the position. A nice pair of black or khaki pants with a nice shirt, blouse or polo shirt is always appropriate.
2. No matter what everyone else is wearing, make sure that shirts or blouses are not too low cut or revealing.
3. Substitutes will spend a lot of time standing, sitting, and leaning over to get on a student's level. Wear clothes that are comfortable. Do not wear clothes that are too tight or that restrict bending. Make sure that sitting in a chair does not reveal a gap between the bottom of a shirt and the top of pants. Skirt lengths should be long enough to over thighs when sitting and standing. Wearing clothing that makes one feel confident will make for an easier day. Wearing clothes that makes one feel self– conscious takes away from interaction with students and should be avoided.
4. Being comfortable is especially true for shoes. Substitutes will be amazed at how much time is spent standing. The wrong pair of shoes may be painful. Never try to break in a new pair of shoes when substituting. Shoes that will last throughout the day (painlessly) should be selected.
5. Never assume that every school has Casual Friday until actually substituting on a Friday. Dress as you be appropriate for any other day of the week until verification is met for casual days.
6. Always bring a jacket. Different facilities operate at different air-conditioning levels and temperatures vary greatly. It may be too hot in the winter, yet too cold in the summer. Once at a school or classroom, the substitute is there for the day and needs to feel comfortable for the whole time.

B. Sexual Harassment

Conduct constituting sexual harassment is strictly prohibited and is grounds for immediate termination. All allegations of harassment are investigated and appropriate action will be taken.

C. Possession of Firearms and Weapons

Employees, visitors, and students are prohibited from bringing firearms or other weapons onto school premises or any grounds or building where a school-sponsored activity takes

place. To ensure the safety of all persons, employees who observe or suspect a violation of the district's weapons policy should report it to school administrators or supervisors immediately.

D. Visitors in the Workplace

All visitors are expected to enter any district facility through the main entrance and sign in or report to the building's main office. Authorized visitors will receive directions or be escorted to their destination. Employees (including substitutes) who observe an unauthorized individual on district premises should immediately direct him/her to the building office or contact the administrator in charge.

E. Smoking/Tobacco Products

District policy prohibits the use of tobacco products anywhere on school property. For further information, please refer to the District's Policy File.

F. Computer Use

Most every classroom in the District has a computer and most have access to the Internet. Only if the workers job requires the use of a computer should the substitute ever use school computers. Substitutes should not use school computers to check their personal e-mail, etc.

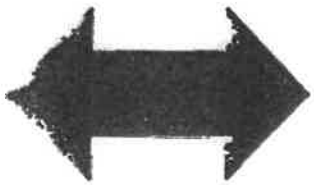
G. Cell Phones/Pagers

Cellular devices and pagers are allowed on the school campus as long as they are turned off and out of sight during the school day. No personal calls should be made or received during the work day.

SUCCESSFUL SUBSTITUTE EXPERIENCE IS...

A TWO-WAY COMMITMENT

Expectations of the School System



Expectations of the Substitute

Expectations of the School System

Given the qualifications, training, credentials, and code of conduct/professionalism and ethical standards for a substitute, the local school district (also known as the school system or local education agency/LEA) expects the substitute to meet the following conditions:

1. The substitute needs to know how to find the location of the school and to be punctual. (A map of the school can be requested in the principal's office, upon arrival, in order to locate the classroom.)
2. The substitute needs to be punctual and is required to stay at the school for the full assignment unless there is an extenuating circumstance that requires an approved release by the principal.
3. The substitute is required to dress professionally and appropriately for the assignment.
4. The substitute is expected to follow the guidelines for classroom management, attire, and ethics. **(Substitute teachers should not leave students unattended at any time.)**
5. The professional's routine and lesson plan are expected to be followed by the substitute.
6. The substitute should refrain from eating food and drinking beverages in the classroom during classroom time.
7. It is expected that cell phones and computers for personal business will not be used by the substitute during scheduled classes. This includes all forms of social media.
8. It is expected that the substitute adhere to a strict code of confidentiality regarding students.
9. It is expected that substitutes should not log on to any form of social media during the school day or post confidential information regarding students to any form of social media.
10. A request for assistance is expected from the substitute when lesson plans are not understood, accidents occur, or student behavior is not manageable.
11. An evaluation of the day's assignment is expected in order to build upon success and to correct undesirable conditions.
12. .To practice and maintain good housekeeping routines in all classes.
13. To comply with all the school rules, regulations and policies.

Maintaining Classroom Discipline

Helping students govern their own behavior in ways that help them learn is a long-standing goal of all teachers. Here are a number of ways that substitute teachers can promote good discipline:

1. Promote good methods of classroom discipline by modeling the behavior you expect from students.
2. Know your school guidelines for discipline procedures.
3. Be fair, positive, and consistent. Be the kind of person young people can like and Trust - firm, friendly, courteous, enthusiastic and confident. Keep your sense of humor.
4. Get to know you students. Learn their names quickly and use them in and out of class. You will soon develop almost a sixth sense for anticipating trouble before it begins. Don't act as though you expect trouble or you will almost certainly encounter some.
5. Begin class on time and in a businesslike manner.
6. Praise good work, good responses, and good behavior.
7. Do not threaten or use sarcasm. Never use threats to enforce discipline. Never humiliate a child.
8. Make sure that all students can easily see you when you are presenting information.
9. Avoid arguing with students. Discussions about class work are invaluable, but arguments can become emotional encounters.
10. Dress professionally. Think about the image you would like to portray.
11. Be aware that the effects of your dress, voice, movements, and body language will be reflected in students' behaviors.
12. Let the students know you care. Show interest in what students say-whether or not it pertains directly to the lesson.
13. Treat students with the same respect you expect from them.

Schedules will be changed without warning and unanticipated events will occur. Be flexible in responding to the unexpected. Ask your professional colleagues for suggestions on how to deal with situations.

Classroom Management Techniques

1. Always take class attendance, writing the names of students who are tardy.
2. Move around the room. If there is a pocket of disruption or noise, move nearer to those students.
3. Avoid making an example of a particular student or group of students. If possible, speak to a disruptive student in private, not giving him/her an audience of peers.
4. Know when to ask for help.
5. If a dangerous situation occurs, send a student next door or to the office for help if there is not a telephone or intercom system in the room.
6. Become familiar with the referral/detention procedures of the school. If a student fails to comply with a directive or violates a school/class rule, leave notification for the teacher, write a referral to the office, and/or call for security to assist. (Sub discipline form)
7. Let the teacher know about any classroom management issues that occurred during the day. It is also a good idea to let the teacher know if there were no issues.

TIPS AT-A-GLANCE

- Do not raise your voice.
- Try to remain calm and rational.
- ***Do not touch a student especially if the student is agitated or angry.***
- Try to keep the student seated. In many instances, this is impossible. You can only suggest that the student remain seated so that he/she might explain to you what is 12wrong.
- Be reassuring to the student as well as the rest of the class. Explain the importance of protecting every student's right to learn. Talk about options for resolving the conflict.
- Send another student for help.
- After the incident is over, immediately document everything that happened. This documentation should include time, name(s) of student(s) involved, a brief description of the events that occurred, and any information that pertains to the student(s) or the incident. This report should be submitted to the administration. You should also keep a copy regarding the incident for a future conference with parents or school administrators.
- ***Avoid talking or posting comments about individual students, staff or confidential school business when you are out in the community or on social media.***

What do you do if...

- A student has an allergic reaction to bee sting?
  - Seek medical assistance from the school nurse and notify an administrator.
- A fight breaks out in the hallway and you are the nearest faculty member?
  - Say "stop" but do not try to break up the fight. Ask a student to notify the office if a telephone or a two-way intercom is not in the classroom.
- You suspect a student is using drugs or alcohol?
  - Contact you support teacher and report your suspicions to the school administrator.
- A student is verbally abusive to you?
  - Maintain a clam attitude. Use assertive discipline. If the student remains abusive contact the support teacher and report the matter to the school administrator.
- You suspect a student has a gun or knife?
  - Do not delay reporting the matter to the school administrator. Contact the support teacher.
- A student falls asleep in class?
  - Do not allow students to sleep in class. Use close proximity to ensure student engagement. The student if he/she is ill as a method of documentation. Include the school nurse if illness is suspected.

A Recommended Daily Schedule and Checklist for the Substitute Teacher

	Report to the office early and sign in for the day. Receive instructions and directions to the assigned classroom.
	Obtain materials, information, room key, etc., from school officials in the main administrative office.
	Become familiar with the school's daily schedule and routine for both the school and the class by obtaining the necessary documents and talking with the school's administrators/teachers.
	Prepare all materials needed for the day's lesson.
	Secure all media materials needed for the day's lessons, if appropriate.
	If possible, arrive at the classroom prior to the first student and prepare for the day's activities.
	Write your name on the board.
	Introduce yourself to neighboring teachers.
	Check the roll or attendance roster in each class and follow absentee reporting procedures.
	Complete the various forms associated with attendance, tardiness, lunch, snack, etc. Start class on time.
	Follow the regular employee's schedule and lesson plans.
	Fulfill the regular classroom teacher's extra duties if required by the administrator.
	Try to involve all students in the lesson.
	Be enthusiastic and act professionally.
	Walk around the classroom and interact with students throughout the class time.
	Collect papers and provide homework assignments before the class ends or the bell sounds.
	Leave the classroom in order with all materials and equipment stored in their proper place.
	Check assignments turned in by the students if requested by the teacher.
	Close windows, turn off lights, turn off equipment, etc.
	Complete any reports that are due at the end of the school day.
	Avoid criticism of the regular classroom teacher.
	Return keys and other items to the school's administrative office.
	Write notes pertaining to the day's lessons, student management problems or positive student behavior, etc. and leave them in the substitute teacher folder/ kit.
	Check with the school administrator or the office manager to see if you will be needed the next day

SUBSTITUTE LOG

Date	School	Teacher/Support Employee for whom you are substitute for	Grade/Subject Area

CLOSING COMMENTS

Thank you for choosing to work for the Marshall County Board of Education. Substituting can be one of the most rewarding and difficult jobs that you can do. Most teachers and support workers will tell you that they could not do their jobs without you! In many ways the job of the substitute is much more difficult than that of the full-time worker. But, you job can be very rewarding as well. You will have the opportunity to meet and work with hundreds of people from many campuses. Yours will be rich and rewarding experience because of its diversity. Remember that everyone wants you to succeed in your endeavors as a substitute. Feel free to contact district or school administrators for guidance. Thank you for your contribution to the education of our students.