



ATHENS-MEIGS EDUCATIONAL SERVICE CENTER

Lindy Douglas, Superintendent / Kevin Simons, Treasurer
21 Birge Drive, P.O. Box 40
Chauncey, Ohio 45719
740-797-0064
www.athensmeigs.com

Dear Substitute Aide Applicant,

Thank you for your interest in serving as a Substitute Educational Aide (Paraprofessional) for the following school districts:

Athens County: Athens-Meigs ESC, Alexander, Federal Hocking, Trimble, and Beacon
Meigs County: Athens-Meigs ESC, Eastern, Meigs, Southern, and Carleton

Substitute Aides must meet the Parapro Assessment Requirement (PAR) by having one of the following:

- An Associate Degree or higher
- If no degree was awarded, then 48 semester hours or 72 quarter hours of college course work
- Documentation of passing the Parapro Assessment Test (Ohio's minimum score is 456).
 - *If you need to take the computerized test, this may be done at our office in Chauncey for \$75.00 (payable by cash, check, or you may use a debit/credit card which will include a small service fee). Call 740-797-0064 to schedule an appointment.*

To continue the substitute aide process, complete the below mentioned items:

1. Complete and return all documents included in this packet.
2. Provide official college transcripts indicating you have an Associate Degree, the required number of hours, or documentation that you have passed the Parapro Assessment Test.
3. Complete BCI & FBI background checks. This may be done at our office for \$70.00 (payable by cash, check, or you may use a debit/credit card which will include a small service fee). Call the Chauncey office at 740-797-0064 to schedule an appointment.
4. Provide two forms of identification: driver license and social security card are preferred.
5. Obtain an Educational Aide Permit through the Ohio Department of Education & Workforce (education.ohio.gov).
 - If you do not already have one, you'll need to create an OH/ID account.
 - If you are using transcripts to meet the PAR, you'll need to upload the front and back of each page of your official transcript.
 - Select the Athens-Meigs ESC as the signer of your application by using our IRN: **135145**
 - i. *Be aware that this process will take a few days. Once you complete your portion, I will receive an email from ODE&W and will 'Review' the application to make sure all requirements have been met. I will not sign off on it until I have your PAR information, background check results, and other info as listed above. Once my portion is complete, I will inform our Superintendent and she will "Approve" it. From there, it will go through the departments at ODE&W. Therefore, since there are multiple steps that the application must go through, please allow sufficient time before inquiring of the status.*

If you have any questions or need assistance with this process, feel free to contact me at any time.

Sincerely,

Helen Douglas, Exec. Admin. Asst.
740-797-0064 / helen.douglas@athensmeigs.com

SUBSTITUTE AIDE INFORMATION

2025-2026

**Athens-Meigs Educational Service Center (AMESC)
Lindy Douglas, Superintendent / Kevin Simons, Treasurer**

AMESC

21 Birge Drive, P.O. Box 40, Chauncey, OH 45719
Phone: (740) 797-0064 / Fax: (440) 252-0561

If you are interested in being a Substitute Aide in the Alexander, Federal Hocking, and Trimble Local School Districts in Athens County; Eastern, Meigs, and Southern Local School Districts in Meigs County, your name must appear on the Athens-Meigs Educational Service Center's Substitute Aide Master List maintained by the AMESC. This list is updated monthly and distributed to each of the six local school districts. All Substitute Aides are required to provide their own transportation when they substitute. A substitute aide is used only in the absence of a regularly employed aide. Please complete this form and return it to Helen at the Athens-Meigs ESC at the address provided above OR helen.douglas@athensmeigs.com.

PLEASE PRINT CLEARLY.

Name: _____ Last Four Digits of Social Security Number: _____

Phone: _____ Email: _____

Mailing Address: _____ City/State/Zip _____

Street Address: _____ City/State/Zip _____

Specify Which Days You Are Available To Substitute: _____ All Days - **OR as specified below:**

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Indicate The Districts You Are Willing To Sub For:

Athens County:

_____ Alexander _____ Federal Hocking _____ Trimble _____ Preschools _____ Beacon

Meigs County:

_____ Eastern _____ Meigs Local _____ Southern Local _____ Preschools _____ Carleton

Comments/Special Requests: _____

For Office Use Only

The Following Items Are On File:

BCI FBI Transcripts (if applicable) Permit or License ODE Review Date _____

SERS Non-SS I-9 Identification W-4 State Tax Direct Deposit Non-Conviction/Guilty Employment App

ParaPro Requirement Met By: _____ Associate Degree _____ Semester Hours of College _____ PRAXIS EXAM Score

Date Received: _____ Date Added To Substitute List: _____ Date Deleted From Substitute List: _____

Notes: _____



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746
614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

MEMBERSHIP RECORD

PART A - TO BE COMPLETED BY MEMBER

____-____-____

SOCIAL SECURITY NUMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT MAILING ADDRESS: STREET MALE FEMALE

CITY STATE ZIP

DATE OF BIRTH: MONTH DAY YEAR E-MAIL ADDRESS: SINGLE DIVORCED

PHONE NUMBER: () MARRIED WIDOWED

FAMILY DATA

LAST NAME FIRST MIDDLE OR MAIDEN DATE OF BIRTH MONTH/DAY/YEAR

SPOUSE: _____

CHILDREN: _____

FATHER: _____

MOTHER: _____

JOB CLASSIFICATION *Mark one box only:*

- Administrative
- Educational Aide
- Supplemental (Coach, Advisor, Etc.)
- Clerical/Secretarial
- Food Service
- School Board Member
- Custodial/Maintenance
- Transportation
- Other _____

If an employee of the schools through an outside contract company:
Name of contract company: _____

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER	BENEFIT			
School Employees Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Cincinnati Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE: _____ DATE: _____
DO NOT PRINT

PART B - TO BE COMPLETED BY EMPLOYER

____ COUNTY DISTRICT NO.

SCHOOL DISTRICT COUNTY COUNTY DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30): _____
I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Employee ID#: _____

Employer Name: ATHENS-MEIGS EDUCATIONAL SERVICE CENTER

Employer ID#: 31-1599475

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

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	
<p>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.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 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		OR			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
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)					

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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • 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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>		<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

OMB No. 1545-0074

**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.**

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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: 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.

Multiple Jobs or Spouse Works 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) _____
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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



Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1" _____
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1" _____
3. Number of dependents _____
4. Total withholding exemptions (sum of line 1, 2, and 3) _____
5. Additional Ohio income tax withholding per pay period (optional) \$ _____

Section III: Withholding Waiver

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

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

Signature _____

Date _____

IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

The IT 4 does not need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at tax.ohio.gov. You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

Note: If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- **Reciprocity Exemption:** If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- **Resident Military Servicemember Exemption:** If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- **Nonresident Military Servicemember Exemption:** If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- **Nonresident Civilian Spouse of a Military Servicemember Exemption:** If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:

- Your spouse is a nonresident of Ohio;
- You and your spouse are residents of the same state;
- Your spouse is stationed in Ohio on military orders; and
- You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50a U.S.C. §571.

● Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:

- Agricultural labor (as defined in 26 U.S.C. §3121(g));
- Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
- Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).

OHIO AUDITOR OF STATE KEITH FABER



88 East Broad Street
Columbus, Ohio 43215
ContactUs@ohioauditor.gov
(800) 282-0370

Auditor of State Bulletin 2022-005

DATE ISSUED: June 21, 2022

TO: All Public Offices
Community Schools

FROM: Keith Faber
Ohio Auditor of State

SUBJECT: Fraud Hotline

Ohio Rev. Code §117.103 requires the Auditor of State to maintain a system for fraud reporting, including misuse and misappropriation of public money by any public official or office. The system allows all Ohio citizens and employees of any public office the opportunity to make anonymous complaints through a toll-free telephone number, the Auditor of State's website, a mobile app, by email or through the United States' mail. Public entities should inform the Auditor of State's office as soon as they become aware of any fraud through any of the aforementioned methods or by letting their auditors know.

The Auditor of State is required to keep a log of all complaints filed. The log is a public record under Ohio Revised Code §149.43 and must contain the following: the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the Auditor's office. Information in the log may be redacted if Ohio Revised Code §149.43 or another statute provides an applicable exemption.

Additionally, all public offices, including community schools, must provide information about the fraud reporting system and the means of reporting fraud to all new hires. All new employees must confirm that they received this information within thirty days after beginning employment. Ohio Revised Code §117.103 requires the Auditor of State to confirm during the course of an audit, as provided in Ohio Revised Code §117.11, that public offices have so notified new employees. The statute provides two ways to verify compliance. First, public offices may require new employees to sign forms acknowledging the employees were notified of the fraud-reporting system. After an employee has signed the

Bulletin 2022-005
Re: Fraud Hotline
Page 2

acknowledgment form, the form should be placed in the employee's personnel file. Public offices do not need to send signed copies of these forms to the Auditor of State. The Auditor of State has created a model form, which is appended to this Bulletin and may be found on the Auditor of State website. Alternatively, public offices may consider providing the fraud reporting system information in the employee manual for the public office. The employee should sign and verify the employee's receipt of such a manual.

Finally, Ohio Revised Code §124.341 extends whistleblower protections to employees who file a complaint with the new fraud-reporting system. If a classified or unclassified employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review within thirty (30) days after receiving actual notice of the action. This is the employee's sole and exclusive remedy.

You may direct questions about this bulletin to the Auditor of State's Special Investigations Unit at (800) 282-0370.

A handwritten signature in black ink that reads "Keith Faber". The signature is written in a cursive, flowing style.

Keith Faber
Ohio Auditor of State

**Auditor of State's Fraud Reporting System Contact
Information**

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll-free number, the Auditor of State's website, a mobile app, by email or through the United States' mail:

Auditor of State's fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's Office
Attn: Special Investigations Unit
88 East Broad Street, 10th Floor
Columbus, Ohio 43215

Web: www.ohioauditor.gov – on the home page,
click on “Learn More” under **Reporting Fraud**

Email your tip: @ fraudohio@ohioauditor.gov

Mobile App: See download instructions below

The following instructions can be used to download the app:

For Apple users:

Visit the Apple App Store via your mobile device or Apple computer and search for *Ohio Stops Fraud*. This app is available for iOS7 users who own the iPhone 4 or later models.

[Download the app from the Apple Store](#)

For Android users:

Visit the Google Play Store via your mobile device or computer and search for *Ohio Stops Fraud*.

[Get the app on Google Play](#)

Read the app's [privacy policy](#) for more information.

Acknowledgement of receipt of Auditor of State Fraud Reporting System information

Pursuant to Ohio Revised Code §117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging (insert public employer) provided you information about the fraud-reporting system as described by Ohio Revised Code §117.103(A), and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Ohio Revised Code §124.341 and the protections you are provided as a classified or unclassified employee if you use the fraud reporting system.

I, _____, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE, AND DEPARTMENT

SIGNATURE

DATE



Athens-Meigs Educational Service Center

21 Birge Drive, P.O. Box 40

Chauncey, OH 45719

www.athensmeigs.com

Direct Deposit Policy – Adopted February 23, 2012

It is the policy of the Athens-Meigs Educational Service Center that all employees be required to use direct deposit to receive payroll related payments. In accordance with federal requirements regarding direct deposit of payroll, the employee may select the financial institution of his/her choice to accommodate the receipt of direct deposit payments.

All employees currently receiving their pay by direct deposit shall continue to be enrolled in the direct deposit feature.

All employees employed who are receiving their pay by paper warrant (check) shall be required to enroll in the direct deposit feature by completing the appropriate enrollment form. The deadline for enrolling is June 30, 2012.

As a condition of employment, all newly hired or rehired employees on or after July 1, 2012 shall be required to enroll in the direct deposit feature within thirty (30) days of hire or rehire. Any such employee who does not complete the appropriate direct deposit enrollment form within 30 days of hire or rehire, and who is not granted an exemption as provided for herein, may be subject to dismissal.

All payroll related payments shall be made in accordance with any state and federal regulations which requires the delivery of payment to the legally designated recipient by United States mail or its equivalent, including electronic funds transfer.

An employee may be exempted from participating in the direct deposit feature if he/she does not have an account at an eligible financial institution, and further provides evidence that he/she cannot obtain an account at an eligible financial institution.

In his/her role of prescribing the manner in which agencies make disbursements, the Superintendent or designee has exclusive authority to grant any exemption from the direct deposit requirement. A personal exemption may only be granted for the reason stated above (i.e., unable to acquire an account at a financial institution) or other specific situation that the Superintendent or designee may deem to be an extreme hardship. An employee desiring to request an exemption from the direct deposit requirement shall do so by submitting such request in writing to the Superintendent or designee.

For those employees who are granted an exemption, the Superintendent or designee may secure and offer other payment methods as options, other than paper check, when such options may become available.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDIT)

EMPLOYER: ATHENS-MEIGS ESC

Employer ID Num: 31-1599475

I (We) hereby authorize the Athens-Meigs Educational Service Center to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

1. _____	Institution Name	Transit/ABA Number (*)	Account Number	% of Pay or Fixed Amt. (@)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
2. _____					<input type="checkbox"/> Checking <input type="checkbox"/> Savings
3. _____					<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authority is to remain in force until EMPLOYER has received written notification from me (or either of us) of its termination in such timely manner as to afford EMPLOYER and Financial Institution a reasonable opportunity to act on it.

EMPLOYEE NAME (Please Print) _____ SSN _____ DATE _____ E-MAIL ADDRESS _____

SIGNATURE (Employee) _____ DATE _____
PLEASE ATTACH A VOIDED CHECK TO THIS FORM
 (To verify transit and account numbers)

SIGNATURE (IF JOINT ACCOUNT) _____ DATE _____

(*) = This is the nine digit number that appears on the bottom left of a check or deposit slip.
 This is where you designate a percentage of pay or fixed amount. If using percentages, the percentages are applied to different accounts.
 (@) = Must equal 100% when the form is completed.

Statement of Non-Guilty / Conviction Form (annually updated)

Section A ~~or~~ B must be completed by all staff & volunteers prior to working with children

Section A

Non-Guilty Non-Conviction statement

I herby attest that I have never been convicted of or pleaded guilty to crimes set forth in division (A) (8) or (A) (9) of section 109.572 or division (A) (1) of section 5104.09 (see Prohibited Offenses list) of the Ohio Revised Code or an existing or former offense of any municipal corporation, this state, or any other state that is substantially equivalent to any of these offenses.

I attest that no child has been removed from my home as described in section 2151.353 of the Revised Code.

Name (please print)	
Address	
Signature	date

Section B

Convicted / Rehabilitated statement

I herby attest that I have been convicted of a crime set forth in division (A) (8) or (A) (9) of section 109.572 or division (A) (1) of section 5104.09 (see Prohibited Offenses list) of the Ohio Revised Code or an existing or former offense of any municipal corporation, this state, or any other state that is substantially equivalent to any of these offenses.

I attest that no child has been removed from my home as described in section 2151.353 of the Revised Code.

Name (please print)	
Address	
Signature	date

By attesting to this statement the Ohio Department of Education may investigate & confirm

I have reviewed the rehabilitation requirements of rule 3301-20-01 of the Administrative Code, and have determined that the employee meets the rehabilitation requirements.

Superintendent name (please print)	
Superintendent signature	date

Prohibited Offenses

Homicide

R.C. 2903.01 - Aggravated murder
 R.C. 2903.02 - Murder
 R.C. 2903.03 - Voluntary manslaughter
 R.C. 2903.04 - Involuntary manslaughter

Assault

R.C. 2903.11 - Felonious assault
 R.C. 2903.12 - Aggravated assault
 R.C. 2903.13 - Assault
 R.C. 2903.16 - Failing to provide for a functionally impaired person

Menacing

R.C. 2903.15 - Permitting child abuse
 R.C. 2903.21 - Aggravated menacing
 R.C. 2903.211 - Menacing by stalking
 R.C. 2903.22 - Menacing

Patient abuse and neglect

R.C. 2903.34 - Patient abuse, neglect

Kidnapping and related issues

R.C. 2905.01 - Kidnapping
 R.C. 2905.02 - Abduction
 R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
 R.C. 2905.05 - Criminal child enticement

Sex offenses

R.C. 2907.02 - Rape
 R.C. 2907.03 - Sexual battery
 R.C. 2907.04 - Unlawful sexual conduct with a minor
 R.C. 2907.05 - Gross sexual imposition
 R.C. 2907.06 - Sexual imposition
 R.C. 2907.07 - Importuning
 R.C. 2907.08 - Voyeurism
 R.C. 2907.09 - Public indecency
 R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)

R.C. 2907.21 - Compelling prostitution
 R.C. 2907.22 - Promoting prostitution
 R.C. 2907.28 - Procuring
 R.C. 2907.25 - Prostitution
 R.C. 2907.31 - Disseminating matter harmful to juveniles
 R.C. 2907.32 - Pandering obscenity
 R.C. 2907.321 - Pandering obscenity involving a minor
 R.C. 2907.322 - Pandering sexually oriented matter involving a minor
 R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

Arson

R.C. 2909.02 - Aggravated arson
 R.C. 2909.22 - Soliciting or providing support for act of terrorism
 R.C. 2909.23 - Making terroristic threat
 R.C. 2909.24 - Terrorism

Robbery and Burglary

R.C. 2911.01 - Aggravated robbery
 R.C. 2911.02 - Robbery
 R.C. 2911.11 - Aggravated burglary
 R.C. 2911.12 - Burglary

Theft and Fraud

R.C. 2913.02 - Theft, aggravated theft
 R.C. 2913.03 - Unauthorized use of a vehicle
 R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
 R.C. 2913.041 - Possession or sale of unauthorized cable television device
 R.C. 2913.33 - Making or using slugs
 R.C. 2913.05 - Telecommunications fraud
 R.C. 2913.06 - Unlawful use of telecommunications
 R.C. 2913.11 - Passing bad checks
 R.C. 2913.21 - Misuse of credit cards
 R.C. 2913.31 - Forgery; identification card
 R.C. 2913.32 - Criminal simulation
 R.C. 2913.40 - Medicaid fraud

R.C. 2913.41 - Prima facie evidence of purpose to defraud
 R.C. 2913.42 - Tampering with records
 R.C. 2913.43 - Securing writings by deception

R.C. 2913.44 - Personating an officer

R.C. 2913.441 - Law Enforcement emblem display
 R.C. 2913.45 - Defrauding creditors
 R.C. 2913.46 - Illegal use of food stamps or W/C program benefits

R.C. 2913.47 - Insurance fraud

R.C. 2913.48 - Worker's compensation fraud

R.C. 2913.49 - Identity fraud

Offenses against the family
 R.C. 2919.12 - Unlawful abortion
 R.C. 2919.22 - Endangering children
 R.C. 2919.23 - Interference with custody
 R.C. 2919.24 - Contributing to unruliness or delinquency of a child

R.C. 2919.25 - Domestic violence

Offenses against justice and public administration

R.C. 2921.11 - Perjury
 R.C. 2921.13 - Falsification

Weapons control

R.C. 2923.12 - Carrying a concealed weapon
 R.C. 2923.13 - Having a weapon while under disability
 R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school

R.C. 2923.01 - Conspiracy

R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

Drug offenses

R.C. 2925.02 - Corrupting another with drugs
 R.C. 2925.03 - Trafficking in drugs
 R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
 R.C. 2925.05 - Funding of drug or marijuana trafficking
 R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
 R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

Other

R.C. 969.13 - Cruelty to animals
 R.C. 2905.11 - Extortion
 R.C. 3716.11 - Placing harmful objects in food or confection
 R.C. 2909.04 - Disrupting public services
 R.C. 2909.05 - Vandalism
 R.C. 2917.01 - Inciting to violence
 R.C. 2917.02 - Aggravated riot
 R.C. 2917.03 - Riot
 R.C. 2917.31 - Inducing panic
 R.C. 2921.03 - Intimidation
 R.C. 2921.34 - Escape
 R.C. 2921.35 - Aiding escape or resistance to authority
 R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
 R.C. 2927.12 - Ethnic intimidation
 R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment)



Athens-Meigs Educational Service Center

21 Birge Drive, P.O. Box 40, Chauncey, Ohio 45719
Phone: 740-797-0064 Fax: 740-797-0070

EMPLOYMENT APPLICATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employment History:

<u>Dates:</u>	<u>Where:</u>	<u>Type Of Work:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References: Give full name, address and telephone number of three (no relatives) from whom we can obtain employment references:

<u>Full Name:</u>	<u>Complete Address:</u>	<u>Telephone Number:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____ Date: _____