



Welcome to the Tuscaloosa County School System! NEW HIRE INFORMATION AND ACTION REQUIRED

Thank you for choosing to work with Tuscaloosa County School System. To complete your onboarding process smoothly, please follow the instructions carefully. As a new employee, you will receive various email requests. These emails are time-sensitive, so please read and follow the instructions carefully. You can either email the following documents to the HR Department at hrforms@tcss.net or submit them to your building administrator or department supervisor.

The following documents are required by the HR department. Please scan and upload them to hrforms@tcss.net. It is your responsibility as an employee to submit these documents.

- **Social Security Card** copy
- **Driver's License** copy
- **2 Official Transcripts with Degree Posted**
 - Applies to certified and select personnel only
 - We do accept one electronic link of your transcript if it is sent securely, directly from the university to Dana Fisher at dfisher@tcss.net. We will download the number of copies needed.
 - **New Hire Paperwork Packet**
 - Access the New Hire Paperwork Packet at www.tcss.net
 - click "Work With Us"
 - Scroll to "Explore More"
 - Click "New Employee Information"
 - Part I – click "New Hire Paperwork Packet"
 - Submit completed forms to hrforms@tcss.net
 - New Hire Form
 - Employment Eligibility Verification Form I-9
(Fillable document link: <https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>)
 - TCSS Drug-free Workplace Policy 6.72
 - TCSS Verification of Review of Required TCSS Policies and Documents
- **"Erin's Law" Training Certificate**
 - Access the training at the following link: <https://aldhr.remote-learner.net/>
 - Get Started>2025 Mandated Reporter Trainings>2025 Child Abuse Mandated Reporters Training> then follow directions to set up account and complete training
 - Submit the certificate of completion to hrforms@tcss.net
- Other: _____

Additional forms and actions that may be applicable:

- **Prior Work Experience**
 - Certified Personnel-Request an ALSDE EXP form from former employer(s). Mail to HR at TCSS or email hrforms@tcss.net
 - Classified Personnel-Verification letter from former employer(s) on employer letterhead. Mail to HR at TCSS or email hrforms@tcss.net
- **National Board Certification**
 - If you hold National Board Certification, submit a copy of your certificate to hrforms@tcss.net.
- **TCSS ID Badge**
 - Email a picture of yourself to Sara Young at sdyoung@tcss.net
 - JPEG format preferred
 - Include the name of the school and position in the subject line.

- **AIMS Account** (certified personnel only)
 - Please update your AIMS account profile to include your updated TCSS email address. It is the employee's responsibility to ask your previous district to release you from their district's Education Directory. This process allows TCSS to update and add you to the appropriate school's Education Directory. If you have not previously worked in another school district, this step is not necessary.
 - Access the AIMS portal at <https://aim.alsde.edu/>
- **Frontline AESOP System**
 - You must report your absences using the AESOP System in compliance with board policy. This login information can also be used to report daily attendance. You will receive an email link from Frontline to create your account. This link is time-sensitive. Should you need assistance, you will need to contact the HR department at (205) 342-2763.
- **TCSS Email Account and Door Code Access**
 - Contact your building administrator.

We are thrilled you have chosen to be a part of the Tuscaloosa County School System. If you need any assistance, please contact the Human Resources office at 205-342-2719. We look forward to working with you.

For more information, please visit our website and go to Departments > Human Resources > New Employee Information Page. If you have any questions, feel free to contact us at 205-342-2719.

Important Contact Information

TCSS Central Office Receptionist	205-758-0411
Human Resources Department	205-342-2719
Payroll/Finance Department	205-342-2723

For more specific contacts, visit www.tcss.net.



Copy of Driver's License Front and Back

Social Security Card



TUSCALOOSA COUNTY School System

Personal Data Form

1. Personal Information (Please Print Legibly)

LEGAL Name: (Last) _____ (First) _____ (Middle) _____

Preferred Name: (Maiden or Nickname) _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Social Security No: _____ - _____ - _____Marital Status: ☐ Married ☐ Single Spouse's Name: _____

2. Ethnicity and Race Information

Tuscaloosa County School System is required to collect ethnicity and race data in order to comply with the U.S. Department of Education requirements. Please self-identify your ethnicity/race by selecting ONE of the following:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

3. Employment Information

Hire Date: ____/____/____ Work Site: _____

Job Title: _____

4. Emergency Contact Information (Please Print Legibly)

Name: (First, Middle, Last) _____

Phone Number: _____ Alternate Phone Number: _____



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)		Additional Information			
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)					
					☐ 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 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: 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. 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		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 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	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. 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 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.
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 (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle Initial (<i>if any</i>) from Section 1.
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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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial (<i>if any</i>)	
Address (<i>Street Number and Name</i>)	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.
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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.			

Acknowledgement of Required TCSS Policies and Documents Review

DRUG-FREE WORKPLACE

6.72

It is the policy of the Tuscaloosa County Board of Education that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the Board's workplace is prohibited. Any employee violating this policy will be subject to disciplinary action, including termination of employment. The specifics of this policy are as follows:

- I. The Board does not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers a controlled substance to another person or sells or manufactures a controlled substance while on the job or on or in Board property will be subject to disciplinary action, including termination of employment.
- II. The term "controlled substance" means any drug listed in 21 U.S.C., 812 and other federal regulations. Generally, these are drugs which have a high potential for abuse. Such drugs include, but are not limited to, heroin, marijuana, cocaine (including "crack"), and PCP. They also include "legal drugs" which are not prescribed by a licensed physician.
- III. Each employee is required by the Drug-Free Workplace Act of 1988 to inform the Superintendent within five (5) days after he/she is convicted for a violation of any federal or state criminal drug statute where such violation occurred on School Board property. A conviction means a finding of guilt (including a plea of *nolo contendere*) or the imposition of a sentence by a Judge or jury in any federal or state court.
- IV. If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to disciplinary action, including termination of employment. Alternatively, the Board may require the employee to finish successfully a drug abuse program sponsored by an approved private or governmental institution.
- V. As a condition of further employment on any federal government grant, the Act requires all employees to abide by this policy.

REFERENCE(S):

CODE OF ALABAMA
16-3-11 to -12, 16-3-14, 16-26-1-3,
DRUG FREE WORKPLACE ACT OF 1988

I, _____, an employee of the Tuscaloosa County Board of Education, hereby certify that I have received a copy of this school system's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful use of a controlled substance is prohibited on this school system's premises and violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment in this school system, I must abide by the terms of this policy and will notify the employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Signed _____

Date _____

I have read the following policies and reviewed the following documentation and agree to abide by all TCSS policies and procedures:

- Policy 3.43 Prohibition of Sexual Harassment
- Policy 6.41 Employee Grievances
- Policy 5.9 Technology Acceptable Use
- Policy 6.70 Employee Leave and All Policy Subcategories

For reference, all TCSS policies may be accessed online at www.tcss.net under the menu option, 'Board of Education', and 'TCSS Board Policies'.

Printed Name

Date

Signature

Worksite