WCUUSD Substitute Application Process

- ➔ Print these forms single sided and fill out.
- ➔ Do not sign the forms.
- ➔ Call (802-229-0553 x1305) or email (hpoulin@u32.org) to schedule a time to complete your background check and payroll forms
- ➔ Bring to your appointment at the Central Office (building after U32 soccer field)
  - Two forms of ID: passport, driver's license, social security card, birth certificate, etc.
  - A check made out to WCUUSD for $12 or cash for your Criminal Record Check fee
  - A voided check or a direct deposit authorization form from your bank
- ➔ You may choose to sub at any school of your choice in the classroom, the cafeteria, the front office, or as a custodian.
- ➔ After your background check meeting at the Central Office, you will go to the Sherriff's office to be finger printed. We need you to return the receipt the Sherriff's office gives you as proof that you have had your finger prints done.

Thank you for your interest in subbing for WCUUSD. We appreciate you!

WASHINGTON CENTRAL UNIFIED UNION SCHOOL DISTRICT
1130 Gallison Hill Road, Montpelier, VT 05602
(802) 229-0553 FAX (802) 229-2761

SUBSTITUTE APPLICATION FORM

NAME:_____ DATE:_____

MAILING ADDRESS:_____

_____ EMAIL:_____

TELEPHONE:_____ CELL PHONE:_____

EDUCATION
(Indicate school name and city/state, as well as month/year graduated and degree held.)

HIGH SCHOOL:_____

_____

COLLEGE(S):_____

_____

OTHER:_____

DO YOU HAVE A CURRENT VERMONT TEACHING LICENSE?_____ (If currently licensed to teach in Vermont, please attach a copy.)

AREAS IN WHICH YOU FEEL YOU WOULD BE COMFORTABLE SUBSTITUTING:

1._____ 5._____

2._____ 6._____

3._____ 7._____

4._____ 8._____

EXPERIENCE (or attach resume)

Do you have any experience teaching?_____ If so, where?_____

_____

_____

Do you have any experience as a substitute?_____ If so, where?_____

_____

_____

_____

Briefly describe any specialized training, apprenticeship and/or skills:_____

_____

_____

State any additional information you feel may be helpful to us in considering your application:_____

_____

Please indicate any language(s), other than English, you can speak, read and/or write and your level of fluency (i.e., fair, good, fluent):_____

_____

Are you available to work full time _____ or part time _____ ? If part time, please specify the time of day you are available (i.e., mornings, afternoons, etc.)_____

Are there any days or times that you are not available to work? If so, please list:_____

_____

WCSU is comprised of five elementary schools (preK-6), and one middle-high school. Please indicate the schools at which you would consider substituting by checking next to the name of the school. U-32 gives preference to those with a degree.

BERLIN ELEMENTARY _____ CALAIS ELEMENTARY _____ DOTY (Worcester) _____

RUMNEY (Middlesex) _____ EAST MONTPELIER _____ U-32 _____

WASHINGTON CENTRAL_____ PRESCHOOL _____

BACKGROUND

We take the safety of our children very seriously. All required background checks will be done as a prerequisite to employment. Employment offers are subject to completion of criminal record and background investigations.

Please note: Intentional failure to fully disclose information related to your criminal conviction record will result in withdrawal of your application from further consideration, or termination of your employment. If nondisclosure is discovered, and you assert that your failure to provide complete details was not intentional, you will be required to show that your failure to disclose resulted from misunderstanding or inadvertence.

Have you ever been convicted of a crime or misdemeanor or substantiated charges of child/adult abuse or neglect?_____

Have you ever entered a plea of guilty or nolo contendere to a felony or misdemeanor charge?_____

Are there any charges pending against you in any jurisdiction at this time?_____

Have you ever forfeited a bail bond posted to guarantee your appearance in court to answer criminal charges?_____

If the answer to any of the above questions is "yes," explain the circumstances of the conviction fully, including the specific charge, date, location of the offense and the court, and disposition of court proceedings. Attach a separate piece of paper if necessary.

_____

_____

_____

_____

I hereby state the information contained on this application form is complete and accurate, and I understand that false information may be cause for dismissal if it is discovered after hire. I will cooperate with further background checks by providing fingerprints and releases necessary to obtain any other information, including court and law enforcement records, necessary to verify the information provided on the application.

REFERENCES

Please list name, address and phone number of at least three references (and attach letters of reference if available) that we can contact. (Daytime phone numbers are helpful.)

1. _____

2. _____

3. _____

_____ _____

Applicant's signature Date

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. We are an equal opportunity employer.

Copies to:

☐ Berlin ☐ Calais ☐ Doty ☐ E. Montpelier ☐ Rumney ☐ U-32 ☐ WCUUSD

S\Personnel\Forms FY23\Substitute Application 9-2-20

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

WASHINGTON CENTRAL UNIFIED UNION SCHOOL DISTRICT
1130 Gallison Hill Road, Montpelier, VT 05602
Voice: (802) 229-0553 Fax: (802) 229-2761

(Effective January 1, 2025)

FOR ALL PAID EMPLOYEES, PAID CONTRACTORS WITH UNSUPERVISED CONTACT & STUDENT TEACHERS

CRIMINAL RECORD BACKGROUND CHECK INSTRUCTIONS

As required by law, our supervisory union requires that all new employees must complete a criminal record background check. Our procedure is that until all requirements for providing the necessary documentation to begin the background check have been met, an employee will not be placed on payroll.

1. **Complete 2 forms: Request for Criminal Record Check** and **Fingerprint Authorization Certificate**. The forms require that you bring at least two (2) valid forms of identification, one of which must be a photo identification, to have your identity verified by a school or WCUUSD representative. **Do not sign the forms until you show your identification.**

2. Bring the forms, your identification and a **check or money order** (no cash) for **$12.00 made payable to Washington Central Unified Union School District (WCUUSD)** to Central Office.

3. **Call the Washington County Sheriff's Department** for an appointment to be fingerprinted. They are located at 10 Elm Street in Montpelier, **223-3001**. (If this location is not convenient, please ask us about other approved sites.) **You must bring the Sheriff your original Fingerprint Authorization Certificate signed by a school representative in order to be fingerprinted.** There is a $35.00 fee required at the time of fingerprinting.

4. It is the employee's responsibility to be re-fingerprinted as soon as possible if the FBI rejects their fingerprints. We will notify you if your prints are returned. Failure to cooperate could result in going off payroll until you comply.

5. If you have already done the criminal record check at another school (and not had more than a one year break from working in a Vermont school), you need only appear in person at one of its schools with identification in order to complete the Request for Secondary Dissemination. You will not need to pay or be fingerprinted again as long as the school can send WCUUSD your background report.

If you have any questions, please contact WCUUSD 229-0553, ext 1305.

Washington Central Unified Union School District

WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.

1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Steven Dellinger-Pate
Superintendent

VERMONT CRIME INFORMATION CENTER
FINGERPRINT AUTHORIZATION CERTIFICATE

APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff ***WILL NOT submit your fingerprints to VCIC for processing without this form.***

* Agency Code: 02070

REASON FINGERPRINTED: (CHECK ONLY ONE)
☐ Adoption ☐ Education ☐ NCPA–Employment ☐ NCPA–Volunteer ☐ Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES: _____

DOB: _____ SSN: _____ GENDER: ☐ FEMALE ☐ MALE ☐ OTHER

PLACE OF BIRTH: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont, I have resided or been employed in the states circled below:

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT NB(NE)
NV NH NM OH OR RI SC TN UT WV WY

I certify that I have read the Privacy Act Statement attached and acknowledge the authority, purpose and uses for which my fingerprints are being taken as described in that statement.

Applicant Signature: _____

☐ I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

☐ Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____ Date: _____

Print Name/Title: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ **Date Printed:** _____

ATTN: ID Center's the following fields are required * before prints can be taken

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Steven Dellinger-Pate
Superintendent

REQUEST FOR CRIMINAL RECORD CHECK

___First Submission ___Resubmission for FBI/Out of State Records

___Request for Secondary Dissemination from: _____
(name of district or school that completed the original record check)

1. Applicant: _____
Last Name First Name Middle Name

2. Maiden or Alias Names: _____

3. Gender: _____ 4. Race: _____ 5. Social Security Number: _____

6. Place of Birth: _____
City/Town State Country

7. Date of Birth: _____
Month / Day / Year

8. Telephone Number: _____
Area Code / Number

I, _____ hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4, which may maintained by the Vermont Criminal Information Center, the criminal record repositories of other states where I have been employed and/or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states:

_____

I understand that the results of that check will be made available to:
Washington Central Unified Union School District
(Supervisory Union, Dept of Education, or school)

for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300

Signature of Applicant: _____ Date: _____
(Signed in the presence of school official or notarized)

Identity Verified by: _____ Date: _____
(printed name of official making identification)

Signature: _____

FORM #10.1 5-31-22

Washington Central Unified Union School District

WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.

1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Steven Dellinger-Pate
Superintendent

REQUEST FOR SECONDARY DISSEMINATION

INSTRUCTIONS: This form should be completed by an applicant in the presence of a Department of Education, Supervisory Union, Recognized School official, or notary public. A secondary dissemination may only be obtained from the school of origin.

Requesting School: Washington Central Unified Union School District

School of Origin:_____

Applicant:_____
Last Name First Name Middle Name

I, _____, hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: _____Date:_____
(Signed in the presence of school official or notary public)

Identity Verified by: _____Date:_____
(Printed name of official making identification)

Signature of School Official: _____

I understand that within 30 days of receiving the results of the record checks, I have the right to appeal the findings to the Vermont Crime Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

VERMONT

Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

****** This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.**

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: _____
LAST FIRST Middle Initial

Address: _____

_____

Last four digits of social security number: XXX-XX_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other ***FIRST*** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

_____

Other ***LAST*** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

_____

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

_____
(Print Organization Name)

_____ _____
(Prospective) Staff, Contractor, or Volunteer Signature **Date**

WCUUSD Office Use Only:
AHS____ AOE____ NSO____ VSO____ VCIC_____ L2 & T16 Print rcv'd _____

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.
		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		
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				

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.

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

Vermont Department of Taxes

Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.

To be filed with your employer.

Last Name	First Name	Initial	Social Security Number

Filing Status - Check ONE

☐ Single ☐ Married/Civil Union Filing Jointly ☐ Married/Civil Union Filing Separately ☐ Married, but withhold at higher single rate

Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent. . . . . 1. _____
2. Enter "1" if you are filing jointly and your spouse does not work . . . . . 2. _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT . . . . . 3. _____
4. Enter "1" if you plan to file as "head of household". . . . . 4. _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) . . . . . 5. _____
6. Enter an additional amount, if any, you want withheld from each check. . . . . 6. _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. . . . . _____

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's Signature _____ Date _____

This form may be photocopied as needed.

Washington Central Unified Union School District

WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.

1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Steven Dellinger-Pate
Superintendent

Authorization for Direct Deposit of Employees Pay and Reimbursements to a Checking or Savings Account

Washington Central Unified Union School District (WCUUSD) will deposit your net paycheck and reimbursements directly to your **checking OR savings** account at any bank or credit union that accepts ACH transactions in the United States. For further information, please contact Holly Poulin, Payroll Specialist (802-229-0553 X1305).

I hereby authorize the Washington Central Unified Union School District to initiate a credit/debit entry to my **CHECKING or SAVINGS** account indicated below and the depository named below to credit/debit the same to such account.

ATTACH

VOIDED CHECK or

BANK MEMO STATING YOUR NAME, ROUTING NUMBER, and ACCOUNT NUMBER

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT TO A CHECKING ACCOUNT

Name on Account	
Bank/Credit Union Name	
Bank Location	
Account Type (**circle one**)	
Checking	Savings

This authority is to remain in full force and effect until Washington Central Unified Union School District has received written notification from me of its termination in such time and in such manner as to afford the Washington Central Unified Union School District a reasonable opportunity to act on it. I understand that failure to notify the WCUUSD Payroll Accountant within 10 working days of any account changes may result in delays to my direct deposit. **ORIGINAL SIGNATURE IS REQUIRED**; electronic signature will not be acceptable.

Signed _____ Date _____

Please deliver completed form in person to the Central Office.
If not received in person, a phone call will be required to confirm authenticity.

OFFICE USE ONLY: FIRST LIVE CHECK DATE_____

ENTERED IN PR: DATE_____ ENTERED BY: _____ VERIFIED IN PR BY:_____

ENTERED IN AP: DATE_____ ENTERED BY: _____ VERIFIED IN AP BY_____

Revised 1/19/2024

Washington Central Unified Union School District

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1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Steven Dellinger-Pate
Superintendent

Dear New Employee:

The Fair Labor Standards Act (FLSA) requires applicable employers to provide employees with a written notice of their health insurance coverage options by October 1, 2013. For new employees hired after October 1, employers must provide this notice within 14 days. Employers must provide a notice of coverage options to each employee, regardless of plan enrollment status (if applicable) or of part-time or full-time status.

Please sign and date below to indicate you have received this information. If you did not receive it, please contact, WCUUSD Human Resources, at 229-0553.

Thank you.

I acknowledge that I have received from Washington Central Unified Union School District information on the "New Health Insurance Marketplace Coverage Options and Your Health Coverage" and "Part B: Information About Health Coverage Offered by Your Employer" as required by law.

Employee Name (please print) _____

_____

Employee Signature **Date**

Washington Central Unified Union School District

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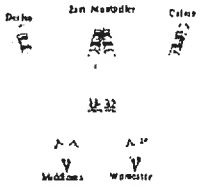
1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Steven Dellinger-Pate
Superintendent



MEMORANDUM

TO: All Employees
RE: Health Insurance Notice

The Affordable Care Act (ACA) requires employers to provide each employee a written notice of the existence of a health insurance exchange (in Vermont it is the Vermont Health Connect). Washington Central Unified Union School District (WCUUSD) and all the schools in the district must send this notice to every employee including substitutes. For employees who work for more than one school or are an active substitute in the WCUUSD district, we are required to send you a separate notice from each school.

Here are the key points about this notice:

- For employees who currently have health insurance through WCUUSD with VEHI (BCBS), this memo is for informational purposes only.
- The annual open enrollment for WCUUSD employees to make changes to health insurance elections will still occur January 1st as usual.
- For employees who do not have health insurance through WCUUSD, this notice includes specific information about the insurance coverage available - see Part B.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace").To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1][2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

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[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Washington Central Unified Union School District	83-3523667
5. Employer address	**6. Employer phone number**
1130 Gallison Hill Rd	802-229-0553

7. City	8. State	9. ZIP code
Montpelier	VT	05602

10. Who can we contact at this job? HUMAN RESOURCES OR BENEFIT SPECIALIST

11. Phone number (if different from above)	12. Email address
	hpoulin@U32.ORG

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

Substitute Employees are not eligible for health benefits

Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547 Phone: (802) 828-2551

VT Form HC-2	DECLARATION OF HEALTH CARE COVERAGE	This form must be completed annually by all uncovered employees. Employers must retain this form for 3 years.

Employer: This form is only to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

Employer's Legal Name *(Please print)* Washington Central Unified Union School District

Employee: Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee's Full Name *(Please print)*	
Employee ID or Social Security Number	Date of Birth

Will the employee be under the age of 18 for the entire calendar year? ☐ YES ☐ NO

If YES, stop. Please sign the bottom of the form and submit it to your employer.

If NO, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

1. My employer offers health care coverage to me.

N/A ◯ I have accepted the health care coverage offered and provided by my employer.

2. My employer offers health care coverage to me, and I have not accepted my employer's coverage.

N/A ◯ I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.

My coverage is provided through: _____

◯ I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.

◯ I have Medicaid.

◯ I have no health care coverage.

3. My employer does not offer health care coverage to me.

◯ I am a part-time employee who works fewer than 30 hours per week, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

◯ I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

◯ I have health care coverage that offers hospital and physicians services.

My coverage is provided through: _____

◯ I am a part-time or seasonal employee, and I do not have health care coverage or I am covered by Medicaid.

◯ I have no health care coverage.

☐ **I certify the above information is accurate and true to best of my knowledge and belief.**

Employee Signature _____ Date _____

Note: If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.