

SUBSTITUTE Requirements - Andover Regional School District

Sub Teachers, ParaProfessionals, Nurses & Custodians

Once all these items are completed and have the proper documentation, please email Cindy Reardon, Secretary to the Superintendent, (creardon@andoverregional.org) to set up an appointment to present the completed forms.

- ☐ Resume
- ☐ Criminal History Clearance - See attached directions
- ☐ Emergency Information Sheet
- ☐ Drivers License
- ☐ SS Card (or Valid Passport)
- ☐ I-9
- ☐ Federal W-4 Form
- ☐ NJ W-4 Form
- ☐ Direct Deposit w/Voided Check
- ☐ **Notarized** Oath of Allegiance
- ☐ HIB Form
- ☐ Confidentiality Agreement
- ☐ PTT Legislature - NJ Sexual Misconduct & Abuse Disclosure & Consent to Contact
(Dating back 20 years for all employment directly involving children)
- ☐ Substitute Preferences
- ☐ Copy of latest Mantoux

- ☐ NJ Teaching Certificate (Teachers Only)

OR

- ☐ NJ Substitute Certificate (Teachers or School Nurse-Non-Instructional Cert):

To apply for a Substitute Credential (initial or renewal), applicants must create an account online in the New Jersey Educators Certification System (NJEdCert website <https://www.nj.gov/education/certification/apply/index.shtml>). Educators should follow the directions provided on each screen to complete the application. Once they submit the fee, they will be able to upload their fingerprint clearance directly to their account, and the college must submit their official transcript via email to certapplication@doe.nj.gov. For renewals, if the educator has been continuously employed, with no break-in service, the district/school/vendor may provide the educator with verification of continuous employment to include with the application. Questions concerning technical use of NJEdCert may be resolved by emailing licensing.requests@doe.nj.gov. Upon completion of the online application, applicants should record their individual Tracking Number generated by NJEdCert during the application process.

AND for Nurses:

- ☐ Nursing License

ON-LINE INSTRUCTIONS FOR E-PAYMENT AND APPOINTMENTS CRIMINAL HISTORY APPLICATION REQUEST

The Criminal History Review Unit has integrated the IdentoGo MorphoTrust Fingerprinting form into online filing. The form will only be available to the applicant/employee to complete online. This form cannot be downloaded or distributed by educational facilities or authorized vendors.

New application requests, archive application requests, transfer requests and duplicate approval letter requests must submit their request through an on-line process available at <http://www.nj.gov/education/educators/crimhist/>

County Code (Sussex **37**), District Code (Andover Regional School District **0090**)

Reason for Fingerprinting (Box 4 on the NJ Universal Fingerprint form)	Service Code/Contributor Case #
Public School Employment	2F1FB1
Public School Employment	2F19ZQ
School Bus Driver Employment	2F1GSH
School Board Member/Trustee	2F1GN4
DOE Volunteer	2F152N
DOE Volunteer Nonpublic	2F14XX

Select - **"File Authorization and Make Electronic Payment for Criminal History Record Check"**

New Application Requests

Select - **"New Administration Fee Request (New Applicants Only)"**

There are four (4) options depending on the job position and employer.

Select #1 - **All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Students with Disabilities and Charter Schools**

Click on the "Public School Section" and go to drop down menus to fill in the County and District codes. Complete the Applicant Authorization & Certification (AA&C) form and make the required administrative fee payment with a credit or debit card.

After the administrative fee payment has been approved you will be presented with three choices:

- View and print your Applicant Authorization & Certification (AA&C) confirmation
- Complete and print your IdentoGO NJ Universal Fingerprint form
- Schedule your MorphoTrust fingerprinting appointment

Archive Application Requests

Select - **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)"**

Fill in your social security number and hit "continue" to complete the process. If you do not know your PCN #, please call 609-376-3999.

Transfer Requests

Select **"Transfer Request (only Substitutes & Bus Drivers are eligible)"**

Fill in your social security number and hit "continue" to complete the process. Questions about your PCN #, call 609-376-3999.

YOU WILL NOT RECEIVE YOUR APPROVAL LETTER BY MAIL

When you are on the site you must access **"Criminal History Review"** then select **"Approval Employment History"** and enter your social security number and date of birth. Start checking for approval approximately three weeks after you had your fingerprinting/archive/transfer done.

EMERGENCY INFORMATION FORM

NAME: _____

ADDRESS: _____

HOME TELEPHONE: _____ **CELL #:** _____
(Please indicate if you wish this # to remain private)

HOME E-MAIL ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO EMPLOYEE: _____

EMERGENCY PHONE #: _____

ALTERNATE EMERGENCY CONTACT & RELATIONSHIP TO EMPLOYEE:

ALTERNATE EMERGENCY PHONE #: _____

DOCTOR'S NAME: _____

DOCTOR'S PHONE #: _____



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	
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
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(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.</div></div></div> <div>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</div>		<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>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</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</div> <div>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	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 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) 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 07/31/2026

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.			

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.

2026**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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a) \$		
	(b) Multiply the number of other dependents by \$500	3(b) \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here		3	\$
Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c)	\$

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 ☐

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.					
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____				
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____				
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____				
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____				
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):					
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____				
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____				
4	Add lines 3a and 3b. Enter the result here	4 \$ _____				
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____				
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:					
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____				
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____				
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____				
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____				
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____				
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____				
8	Limitation on itemized deductions.					
a	Enter your total income	8a \$ _____				
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____				
9	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">{</td> <td>• \$768,700 if you're married filing jointly or a qualifying surviving spouse</td> </tr> <tr> <td>• \$640,600 if you're single or head of household</td> </tr> <tr> <td>• \$384,350 if you're married filing separately</td> </tr> </table>	{	• \$768,700 if you're married filing jointly or a qualifying surviving spouse	• \$640,600 if you're single or head of household	• \$384,350 if you're married filing separately	9 \$ _____
{	• \$768,700 if you're married filing jointly or a qualifying surviving spouse					
	• \$640,600 if you're single or head of household					
	• \$384,350 if you're married filing separately					
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____				
11	Standard deduction.					
	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td rowspan="3" style="font-size: 3em; vertical-align: middle;">{</td> <td>• \$32,200 if you're married filing jointly or a qualifying surviving spouse</td> </tr> <tr> <td>• \$24,150 if you're head of household</td> </tr> <tr> <td>• \$16,100 if you're single or married filing separately</td> </tr> </table>	{	• \$32,200 if you're married filing jointly or a qualifying surviving spouse	• \$24,150 if you're head of household	• \$16,100 if you're single or married filing separately	11 \$ _____
{	• \$32,200 if you're married filing jointly or a qualifying surviving spouse					
	• \$24,150 if you're head of household					
	• \$16,100 if you're single or married filing separately					
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____				
13	Add lines 11 and 12. Enter the result here	13 \$ _____				
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____				
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____				

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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,980

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

State of New Jersey – Division of Taxation
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box)	
Name			1. ☐ Single	
Address			2. ☐ Married/Civil Union Couple Joint	
City			3. ☐ Married/Civil Union Partner Separate	
State		Zip	4. ☐ Head of Household	
			5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner	
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....				3.
4. Total number of allowances you are claiming (see instructions).....				4.
5. Additional amount you want deducted from each pay				5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....				6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature			Date	
Employer's Name and Address			Employer Identification Number	

BASIC INSTRUCTIONS

- Line 1 Enter your name, address, and Social Security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
 Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
- Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at (609) 292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is **not intended to provide withholding for other income or wages**. If you need additional withholdings for other income or wages, use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households, or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
YOUR WAGES	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 673	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$	300.00 +	2.0%	\$ 20,000
\$ 673	\$ 769	\$	11.54 +	3.9%	\$ 673	\$ 35,000	\$ 40,000	\$	600.00 +	3.9%	\$ 35,000
\$ 769	\$ 1,442	\$	15.29 +	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$	795.00 +	6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$	56.35 +	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$	2,930.00 +	7.0%	\$ 75,000
\$ 9,615	\$ 19,231	\$	628.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	32,680.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,580.38 +	11.8%	\$ 19,231	\$ 1,000,000	over	\$	82,180.00 +	11.8%	\$ 1,000,000

RATE "B"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 962	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$	300.00 +	2.0%	\$ 20,000
\$ 962	\$ 1,346	\$	17.31 +	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$	900.00 +	2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$	27.69 +	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$	1,440.00 +	3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$	35.19 +	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$	1,830.00 +	6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$	117.31 +	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,100.00 +	7.0%	\$ 150,000
\$ 9,615	\$ 19,231	\$	588.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	30,600.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,540.38 +	11.8%	\$ 19,231	\$ 1,000,000		\$	80,100.00 +	11.8%	\$ 1,000,000

RATE "C"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 769	\$	5.77 +	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$	300.00 +	2.3%	\$ 20,000
\$ 769	\$ 962	\$	14.62 +	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$	760.00 +	2.8%	\$ 40,000
\$ 962	\$ 1,154	\$	20.00 +	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$	1,040.00 +	3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$	26.73 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$	1,390.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$	123.65 +	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,430.00 +	6.6%	\$ 150,000
\$ 9,615	\$ 19,231	\$	567.88 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	29,530.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,519.81 +	11.8%	\$ 19,231	\$ 1,000,000		\$	79,030.00 +	11.8%	\$ 1,000,000

RATE "D"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 769	\$	5.77 +	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$	300.00 +	2.7%	\$ 20,000
\$ 769	\$ 962	\$	16.15 +	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$	840.00 +	3.4%	\$ 40,000
\$ 962	\$ 1,154	\$	22.69 +	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$	1,180.00 +	4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$	30.96 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$	1,610.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$	127.88 +	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,650.00 +	6.5%	\$ 150,000
\$ 9,615	\$ 19,231	\$	565.38 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	29,400.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,517.31 +	11.8%	\$ 19,231	\$ 1,000,000		\$	78,900.00 +	11.8%	\$ 1,000,000

RATE "E"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 673	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$	300.00 +	2.0%	\$ 20,000
\$ 673	\$ 1,923	\$	11.54 +	5.8%	\$ 673	\$ 35,000	\$ 100,000	\$	600.00 +	5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$	84.04 +	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$	4,370.00 +	6.5%	\$ 100,000
\$ 9,615	\$ 19,231	\$	584.04 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	30,370.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,535.96 +	11.8%	\$ 19,231	\$ 1,000,000		\$	79,870.00 +	11.8%	\$ 1,000,000

ANDOVER REGIONAL SCHOOL DISTRICT BOARD OF EDUCATION

MANDATORY DIRECT DEPOSIT ENROLLMENT

I AM REQUESTING THAT MY PAYROLL CHECKS BE DEPOSITED TO MY ACCOUNT(S) AS FOLLOWS:

CHECKING ACCOUNT NUMBER _____ AMOUNT/PERCENT _____

BANK NAME _____ ROUTING NUMBER _____

SAVINGS ACCOUNT NUMBER _____ AMOUNT/PERCENT _____

BANK NAME _____ ROUTING NUMBER _____

*ATTACHED PLEASE FIND A VOIDED BLANK CHECK/SAVINGS DEPOSIT.

Please email my paycheck information to: _____ @ _____

To access your paystub email for the first time you will need to enter your four digit PIN and your last name, no leading zeros, no spaces and all lower case. You will then be asked to change your password to one of your choice. If you forget your password they will txt you a temp one to your cell. Please provide the cell number you wish that info to be txt to. CELL # _____

SIGNATURE

DATED

*MUST BE ATTACHED

New Jersey State Department of Education

Office of Certification and Induction

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY**IMPORTANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.****A. Basic Information** *Please print your name as it appears on any documentation that you are required to submit*

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Tracking Number

Email Address

Phone Number Including Area Code

Are you applying for the New Charter School Certificates? Circle whichever applies YES NO

Are you a military veteran? Circle whichever applies YES NO

Endorsement Information. Please enter below the code and print the name of each endorsement for which you are applying.

Code

Name of Endorsement

B. Oath of Allegiance *Choose one of the following.***Option I**

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

Option II

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

Circle whichever applies

1. Have you ever been convicted of, pled guilty, no contest or *nolo contendere* to, or had adjudication withheld to a crime or offense, including DUI, in New Jersey or any other state or jurisdiction? If yes, complete and submit a Criminal/Offense Information Form. Yes No

2. Have you ever had an education or other professional certificate, license or credential revoked, suspended, invalidated or denied for cause in New Jersey or any other state or jurisdiction? * Yes No

3. Have you ever surrendered or relinquished an education or other professional certificate, license or credential in New Jersey or any other state or jurisdiction? * Yes No

4. Are you the subject of any pending action or proceedings against your education or other professional certificate(s), license(s) or credential(s) in New Jersey or any other state or jurisdiction? * Yes No

5. Have you ever resigned, retired or been dismissed or suspended from an education-related position in New Jersey or any other state or jurisdiction following allegations of misconduct? * Yes No

6. Are you the subject of any civil, criminal or administrative investigation in New Jersey or any other state or jurisdiction? * Yes No

* If any answer to Questions 2 through 6 is "yes," complete and submit an Additional Information For the Oath of Allegiance Form.

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20_____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Certification and Induction
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

ANDOVER REGIONAL SCHOOL DISTRICT
Substitute Anti-Bullying Recognition and Acknowledgement Form

Substitute Name: _____

Date: ____/____/____

Activity/Event Description: Substitute

The information contained within this form **MUST** be reviewed with any and all substitutes that will be accompanying a scheduled event. The purpose of this procedure is to provide guidance to substitutes in the identification and reporting of any instances of bullying behavior. As per law, Section 4 of P.L.2002 (Anti-Bullying Bill of Rights Act), c.83 (C.18A:37-16):

4b. A member of a board of education, school employee, contracted service provider, student, volunteer or substitute who has witnessed, or has reliable information that a student has been subject to, harassment, intimidation or bullying shall report the incident to the appropriate school official designated by the school district's policy or to any school administrator, who shall immediately initiate the school district's procedures concerning school bullying.

The following is an abridged version of the definition of HIB. For an incident to be investigated under the ABR, the following factors as indicated must apply:

Any: (must have **ALL** factors)

- Gesture, act, or electronic communication;
- Single incident or series of incidents;
- Motivated by a distinguishing characteristic (real or perceived);
- On or Off school grounds; **AND**
- Substantially disrupts or interferes with the operations of the school and/or the rights of a student or group of students.

And that: (any **ONE** of these factors)

- Any reasonable person would know that behavior or action would cause physical or emotional harm or damage to property (or would cause fear of such); **OR**
- Insults or demeans a person or group of people; **OR**
- Creates a hostile environment by interfering with education **OR** severely or pervasively causing harm.

Conflict vs. Bullying

<u>Conflict</u>	<u>Bullying</u>
<ul style="list-style-type: none">• Reflects differences of opinion, differences in the way something is perceived, or lack of information• Includes disagreements, arguments, and fights• Usually occurs in the heat of the moment• A normal part of growing up and life• Mutually competitive or opposing action• Can happen between friends	<ul style="list-style-type: none">• HIB is one sided• Always reflects an imbalance of power• One or more students are victims of one or more person's aggression, as it applies to the HIB• The intent is to physically or emotionally hurt someone.• Typically involves a pattern of behavior repeated over time, but CAN be a one-time incident

ANDOVER REGIONAL SCHOOL DISTRICT
Substitute Anti-Bullying Recognition and Acknowledgement Form

What are my responsibilities under this law ?

Any time you view any activity between students that you feel is inappropriate or something is reported to you by a student, you should immediately bring it to the attention of a teacher or staff member. It is not necessary for you to determine if an HIB exists. Once you have informed a staff member, a determination will be made by the school administration as to the need to conduct a formal HIB investigation. If the incident does not rise to the level of an HIB, it may still be a violation of the school Code of Conduct and result in disciplinary action. Any questionable student behavior must be reported immediately.

Confidentiality must be maintained at all times. School substitutes are not permitted to discuss any school related matters pertaining to student concerns, disciplinary action or HIB related matters, with others, in public or private, via email or post on social media sites.

CERTIFICATION OF UNDERSTANDING:

As a substitute for the Andover Regional School District, I certify that I have read the explanation of the state HIB law and understand that I must report any questionable student actions to a school staff member immediately.

I understand that confidentiality must be maintained at all times. I understand that school substitutes are not permitted to discuss any school related matters pertaining to student concerns, disciplinary action or HIB related matters, with others, in public or private, via email or post on social media sites.

I have read and reviewed the information contained within this form.

Substitute Signature: _____

Date: ____/____/____

*****Substitute: Retain a copy of this form for your records and forward a copy to the Superintendent's Office*****



ANDOVER REGIONAL SCHOOL DISTRICT

Office of the Superintendent

707 Limecrest Road

Newton, NJ 07860

Phone: 973-315-5254 Fax: 973-579-3972



SUBSTITUTE CONFIDENTIALITY AGREEMENT

THIS agreement ("Agreement") is made on this _____ day of _____, 20____ between the Andover Regional School District ("District") and _____ ("Substitute").

The Substitute shall, per prior Board of Education approval, act as a substitute for the District. In the performance of that role the Substitute may be required to have access to and control over confidential records and information of students within the district. Confidential information is anything, regardless of format, about an individual student and includes but is not limited to, student records, transcripts, grades, health information, special education classification/programs, absenteeism records, exams, individual educational plans, 504 accommodation plans, psychological/psycho educational evaluations, or any other information defined by statute as confidential.

Without written permission the Substitute shall not disclose any confidential information to any person or entity outside the employ of the District. Disclosure of any confidential information is grounds for immediate dismissal and termination of any future employment opportunities within the District.

IN WITNESS WHEREOF this _____ day of _____, 20____, I hereby acknowledge that I have read, understand and accept this Agreement as a condition of my current and future employment with the District.

X _____

WITNESS:

PTT DISCLOSURE AND CONSENT TO CONTACT

In accordance with New Jersey law I, _____, do hereby warrant that under penalty of perjury and any and all other applicable laws, that:

(a) I have never been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Division of Child Protection and Permanency in the Department of Children and Families, unless the investigation resulted in a finding that the allegations were false or the incident of child abuse was not substantiated;

(b) I have never been disciplined, discharged, non renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct; and

(c) I have never had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct.

Towards the end of substantiating these statements I am hereby providing the following information:

(Please list all employers that were schools or where your employment involved direct contact with children AND a contact name with e-mail address.)

Any former names: _____

Employment	Contact E-Mail Address	Approximate Dates of Employment	Position Held

By my signature below I am hereby authorizing Andover Regional School District to contact my prior employers and further authorize, consent and release all former employers to disclose any and all information with regard to the aforementioned representations.

It should be noted that any applicant who provides false information or willfully fails to disclose information required in P.L. 2018 c.5 Supplementing Title 18A Chapter 6 creating NJSA 8A:6-7.6-8A:6-7.13 :

- (1) Shall be subject to discipline up to, and including, termination or denial of employment;
- (2) May be deemed in violation of N.J.S.2C:28-3;
- (3) May be subject to a civil penalty of not more than \$500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L. 1999, c.274 (C.2A:58-10 et. seq.)

I hereby understand and confirm all information contained herein.

Name

Date

Signature

SUBSTITUTE PREFERENCES

NAME: _____

Yes	No	INDICATE A RESPONSE IN ALL CATEGORIES	
		Leave Replacement (Grading/Planning)	\$150.00/day for 60 days/placed on guide step 1 after 60 days per policy
		Substitute Teacher (Including Permanent Sub)– Full Day	\$120.00/day
		Substitute Teacher – ½ Day	\$60.00
		Substitute Security Officer	\$35.00/hour
		Substitute Para	\$15.92/hour
		Substitute Secretary	\$15.92/hour
		Nurses	\$250.00/day
		Substitute Custodian	\$15.92/hour
		Substitute Custodian (w/Black Seal)	\$20.00/hour

MANTOUX FORM

Dear Applicant:

Andover Regional requires a copy of your latest MANTOUX (test for tuberculosis).

If you are new to public schools, please contact your health care provider to arrange testing, complete this form and return it to the Board of Education Office.

Patient Name _____

MANTOUX TESTING:

Date Administered _____

Date Read _____

Test Results _____

RECOMMENDATIONS / REMARKS (If any): _____

Health Care Provider

Date