



WASHINGTON COMMUNITY SCHOOLS

301 E. South St., Washington, IN, 47501 - 812 254-5536

Welcome to Washington Community Schools!

Outlined below are some of the responsibilities and expectations for our substitute teachers. Please note that each building may have specific instructions, and the guidelines below are to provide you with a basic understanding of what will be expected of you.

WCS Substitute Teachers are paid \$85 per full day or \$105 per full day with an active Indiana Teaching license. The district is on a bi-weekly direct deposit schedule. The office secretary of the building where you are subbing will provide you with a biweekly timesheet to complete.

WCS Substitute Responsibilities and Expectations

- Substitute teachers are expected to maintain professionalism in all interactions with students and staff while in WCS schools.
- Substitutes should arrive at school dressed in appropriate and professional attire (business casual).
- Upon arrival, check in with the school secretary at the Main Office.
- Substitutes will receive a badge upon check in at the office. Badges must be worn at all times for security purposes.
- Some buildings will provide a substitute folder in addition to the teacher's lesson plans. Please become familiar with the Emergency Plans and fire/disaster drill procedures.
- Record and submit student attendance and lunch count (if applicable) according to directions.
- Follow the teacher's lesson plans. Please do not create your own lesson. If you are unable to locate plans, please contact the Main Office immediately.
- Check to see if there are any duties related to homeroom, lunchroom, playground or other activities in which you will be expected to participate.
- Follow any set discipline procedures as listed in the building and classroom substitute folders. **Please do not leave children in your classroom unattended for any reason.** Any child showing symptoms of illness should report to the Nurse's Office.
- Report any accidents to the Nurse or Main Office.

- Be responsible for all school equipment while on duty. Report any damaged or broken school property to the main office.
- Substitute teachers are not to contact or talk with a students' parent(s) or guardian(s). That is the responsibility of the students' teacher(s) or administrator.
- Discussions about students should occur only between the substitute and the classroom teacher or the Main Office.
- Please provide the classroom teacher any notes on how the day went before leaving.
- Leave the classroom in order, lock the classroom door, and return keys to the office.
- Substitute teachers must maintain a valid Indiana Substitute License. These licenses must be renewed every three years.
- If you do not substitute in a one year period, you will have to do a new background check and paperwork before rejoining the substitute list.
- Please report any changes to your personal information, direct deposit, W4 or sub status to Amanda Hagen at the Washington Community Schools Office: ahagen@wcs.k12.in.us

Washington Primary

803 E. National Highway
Washington, IN 47501
812 254-8360

Entrance: Gate 1

Parking: Front of building off
of Old National Highway

Report time: 7:45am (unless
specified Frontline)

Washington Upper

600 N.E. 6th Street
Washington, IN 47501
812 254-8363

Entrance: Gate 1

Parking: Parking lot across
the street from Gate 1

Report time: 7:45am

Washington Junior High

210 N. E. 6th Street
Washington, IN 47501
812 254-2682

Entrance: Gate 8

Parking: Lots across from Gate
8 or street parking

Report time: 7:50am

Washington Intermediate

801 N.W. 11th Street
Washington, IN 47501
812 254-8366

Entrance: Gate 1

Parking: Front of building
(Gate 1)

Report time: 7:45am

Washington Veale

326 E. 450 South
Washington, IN 47501
812 254-3968

Entrance: Gate 1

Parking: Parking lot out front

Report time: 7:50am

Washington High School

608 E. Walnut Street
Washington, IN 47501
812 254-3860

Entrance: Gate 6

Parking: Lot across from Gate
4, Gate 1 or street parking

Report time: 7:50am

I M A G I N E ★ A C H I E V E ★ M A S T E R

www.washingtoncommunityschools.org

Washington Community Schools Guideline to Apply for Substitute Teaching

1. Complete the attached forms. These forms include:
 - i. Application for Substitute Teaching
 - ii. W-4- Employee Withholding Allowance Certificate
 - iii. Direct Deposit Agreement Form
 - iv. I9 form (Please bring either a Passport or Driver's License AND Social Security Card)
2. It is an Indiana requirement for all new employees to complete a Background Check. There are two steps to the Background Check process.
 - a. Go to the Washington Community Schools website. Select Careers, then click the link titled "SafeVisitor Background Check". Complete the steps of the online background check. Please note that you will incur a cost for the background check. It must be paid online via credit card. The background check report will be sent to WCS.
 - b. Once the FIRST part of your background check is processed, you will receive an email from KidTraks to submit the Child Protection check. Using the link and password from the email(s) you will log-on to the site, scroll down to the bottom and submit the second part of the background check.
3. If you hold a current Indiana Teaching License or a current Indiana Substitute Teaching Certificate, you may skip this step. If not, please follow the steps below.

Access the IDOE Licensing (LVIS) website, <https://license.doe.in.gov>.

 - a. Create Profile and wait for email confirmation.
 - b. Verify email when you are sent an email from LVIS.
 - c. Complete application. When asked for the employer, select Washington Community Schools-1405.
 - d. Pay Pending Application. (\$15.00 for license and \$1.32 processing fee- total \$16.32 to be paid by credit card.)
 - e. Once your license has been processed, you must print a copy and bring it to the Superintendent's Office.
4. Your substitute application will not be complete until the following items are received at the Superintendent's Office: Substitute Application, W-4, Direct Deposit agreement, I9 form with documentation, completed background check (both parts) and a copy of your Substitute Teaching License.
5. Once your sub application is approved you will receive a Welcome email to create an account in our Absence Management system, Frontline. After logging in to Frontline, you will be able to search for and accept available substitute jobs.



Washington Community Schools

301 East South Street
Washington, IN 47501
(812) 254-5536
washingtoncommunityschools.org

APPLICATION FOR SUBSTITUTE TEACHING

PERSONAL INFORMATION

Name _____ Phone No. _____
First Middle Initial Last

Address _____
Number Street City State Zip Code

Email Address _____

EDUCATIONAL BACKGROUND

High School _____
Name of School School Address Year of Graduation

Vocational / Training School _____
Name of School School Address Year of Graduation/
of Hours Completed

College _____
Name of School School Address Year of Graduation/
of Hours Completed

EMPLOYMENT HISTORY

Please list last three employers, last or present employer first

Company Name Address Supervisor Dates of Employment

Company Name Address Supervisor Dates of Employment

Company Name Address Supervisor Dates of Employment

List any previous experiences in instruction and/or supervising children.

Please circle the grade level in which you wish to substitute. PreK – 6 7-12 PreK-12

REFERENCES

Please list 3 and include personal and professional

Name	Address	Phone Number	Relationship
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Name	Address	Phone Number	Relationship
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Name	Address	Phone Number	Relationship
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Is there any other information about you or your ability that should be considered as this application if evaluated?

OTHER QUESTIONS

Please circle your answer

Are you presently being investigated or under a procedure to consider your discharge for misconduct? YES NO

Have you ever been formally reprimanded, disciplined, discharged, or asked to resign from a prior position? YES NO

Have you ever resigned from a prior position while under investigation for sexual misconduct with another person, mishandling of funds, or criminal conduct? YES NO

Have you ever been investigated for physical or sexual abuse of another person? YES NO

Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of any crime involving physical or sexual Abuse of any person or any other crime of moral turpitude? YES NO

Have you ever been convicted of a misdemeanor and/or felony, or ever entered a plea of guilty or a plea of "no contest," or has any Court ever deferred further proceedings without entering into a finding of guilty, or placed you on probation for a crime? YES NO

If you answer yes to any of the previous six questions, please explain on a separate paper including: the date(s) of incident, charge, any court action taken, the offense in question, and the address of any court involved.

I verify that the above information is accurate to the best of my knowledge. I also hereby agree to have my references and employment date verified.
WASHINGTON COMMUNITY SCHOOLS, INC. IS AN EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, OR HANDICAP.

Signature of Applicant

Date of Application

Anti-Harassment Compliance Officer/Title IX Coordinator contact information:

Steve Peterson, Assistant Superintendent

speterson@wcs.k12.in.us

Washington Community Schools

301 E. South St.

Washington, IN 47501

(812) 254-5536

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 \$2,000	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.

Employers Only	Employee's signature (This form is not valid unless you sign it.)	Date	
	Employer's name and address	First date of employment	Employer identification number (EIN)

Washington Community Schools

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Washington Community Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Washington Community Schools** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Washington Community Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Washington Community Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Corporation Treasurer.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

☐

Savings

☐

***Your entire payroll amount will be deposited into the account listed above unless you specify below that you want a certain amount to go into a different account. Skip to the Signature section if you want all of your pay deposited in the above account.**

Name of Additional Financial Institution: _____

Routing Number _____

Account Number: _____

Checking

☐

Savings

☐

Amount per pay to be deposited into second account \$ _____

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to the Superintendent's Office



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. An alien authorized to work until (exp. date, if any)					
		If you check Item Number 4., enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
					☐ Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

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

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



Absence Management

Sign In

ID or Username

PIN or Password

Sign In

[I forgot my ID or username](#) [I forgot my PIN or password](#)

[Having trouble signing in?](#)

SIGNING IN

To log in to the absence management application, type aesoponline.com in your web browser's address bar.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

RECOVERING CREDENTIALS

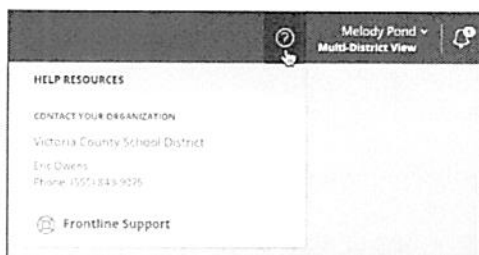
If you cannot recall your credentials, use the recovery options or click the “**Having trouble signing in?**” link for more details.

SEARCHING FOR AVAILABLE JOBS

You can review available jobs directly on the homepage. These potential jobs appear in green on the calendar and in list form under the “Available Jobs” tab.

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

The screenshot displays the Absence Management application interface. At the top, there are three calendar views for April 2018, May 2018, and June 2018. Below the calendars, there are four tabs: **2 Available Jobs**, **1 Scheduled Jobs**, **2 Past Jobs**, and **0 Non Work Days**. The **Available Jobs** tab is selected, showing a list of jobs. The first job is for **Barker, Bob** on **Mon, 4/30/2018** from **11:00 AM - 6:00 PM** for a **Full Day** at **Victoria County School District** and **Victoria County Community Schools**. To the right of the job details are **Reject** and **Accept** buttons. A **Filter** icon is also visible.



GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or want more information about a specific topic, click **Help Resources** and select **Frontline Support**. This opens a knowledge base of help and training materials.

ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also find and accept available jobs, manage personal information, change your PIN number, and more, all on the phone.

When You Call into Absence Management

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

When calling the absence management system, you can:

- Find available jobs – **Press 1**
- Review or cancel upcoming jobs – **Press 2**
- Review or cancel a specific job – **Press 3**
- Review or change your personal information – **Press 4**

When the Absence Management System Calls You

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

Keep in mind, when the system calls you, it will call about one job at a time, even if you're eligible for other jobs. You can always call in (see "When You Call into Absence Management" section above) to hear a list of all available jobs.

Note: When the system calls, be sure to say a loud and clear "Hello" after answering the call. This will ensure that the system knows you picked up the call.

When you receive a call, you can:

- Listen to available jobs – **Press 1**
- Prevent absence management from calling again today – **Press 2**
- Prevent absence management from ever calling again – **Press 9**

If you are interested in the available job, **Press 1**. You will be asked to enter your PIN number (followed by the # sign). The absence management system will list the job details, and you will have the opportunity to accept or reject the job.

