BROWNSBURG COMMUNITY SCHOOL CORPORATION

F.L. O'NEAL ADMINISTRATION CENTER
310 Stadium Drive
Brownsburg, IN 46112
(317) 852-5726 Fax (317) 852-1015
www.brownsburg.k12.in.us

Thank you for your interest in substituting for the Brownsburg Community School Corporation!

The following requirements and steps must be completed in order to be considered for a substitute with our corporation.

- ♦An application for employment must be completed online at: www.brownsburg.k12.in.us
- ♦One current documented work reference with regard to positive experience with children;
- ♦One current documented personal reference with regard to moral and character standards;
- ♦A criminal history check is done on all candidates selected as a substitute teacher (information on the criminal history check included in packet)
- ♦For substitute teachers, current teaching license or substitute teaching certificate, or an application for a substitute certificate in process using the Department of Education online system (information included)
- ♦For substitute teachers, applicant must be 21 years of age;

When all the above requirements are met and the attached paperwork is complete, please contact Jill Propst at (317) 852-5726 or jillpropst@brownsburg.k12.in.us to register for the next substitute workshop or schedule a time to meet with a Human Resource representative. At the time of the workshop or meeting a copy of your driver's license and social security card will also be required.

Please note, a national criminal history check is required for all candidates. There is a small fee to process the criminal history check. Candidates must order and pay for the criminal history check online per the instructions included in this packet.

Again, thank you for your interest in Brownsburg!

BROWNSBURG COMMUNITY SCHOOL CORPORATION

NOTICE TO APPLICANTS/EMPLOYEES REGARDING: NATIONAL CRIMINAL HISTORY AND CHILD PROTECTION INDEX REPORTS

As a part of our ongoing efforts to provide a safe and secure environment for our staff and students, the State of Indiana requires national criminal history checks on all potential employees and student teachers. As of July 1, 2016, legislation added a child protection index check with all 50 states as well. We encourage new staff members to complete these requirement as soon as possible so that technology needs and other new hire information can be processed timely.

BCSC has a relationship with Safe Hiring Solutions in order to conduct the official background checks on all employees. In order for you to complete this requirement, you, as the employee, must go to:

https://secure.safehiringsolutions.com/app.cfm?id=F1FE6221-C9B2-45F3-9F8A-B198FBDAC2B8

The system will prompt you through the process to complete the order of your background check. As the employee, you are responsible for the fees associated with the criminal history report and child protection index check. You will be required to make payment online at the time you order your report. The fees start at the below prices:

$28.85 for Certified Staff – Includes a required Department of Education License Verification with all 50 states.
$24.90 for Support Staff and Substitutes.

**There are circumstances that might involve additional fees. Examples of this include: driver's license checks that are done on bus drivers and criminal history checks that are done on employees that have lived in several states.

Once you have ordered your background checks, BCSC Human Resources will be notified and receive a copy of the reports once they are completed.

Again, please be certain to order your background check at the time you are asked – don't delay. The reports can take up to 3-4 days to complete. **BCSC must have your completed criminal history report prior to processing your employment and prior to your first day of work.** The child protection index report can take up to 90 days. Continued employment will be revisited should the report contain any adverse results.

Upon request, you may have a copy of your background check.

Should you have any questions regarding the background checks, please contact Jodi Gordon, BCSC Director of Human Resources, at (317) 852-5726.

Thank you. We look forward to a positive working relationship!

Revised January 2017

Substitute Teacher Permits

Applying for new and renewing existing permits

Substitute teachers making application for a permit (or renewal of a permit) must go to: http://license.doe.in.gov

The substitute teacher must first create an Access Indiana account and login. You can do so by clicking the link above. Detailed instructions on how to use the online system can also be found at the link above. If you already have an existing LVIS account, you must register in Access Indiana using the email address previous used in LVIS.

Once you have created an Access Indiana account and logged in, click on the **"Apply for a New License"** box then **"Substitute Teacher"** and follow the prompts. It is important to select "**Brownsburg Community School Corporation – 3305"** as the recommending employer. You will then need to check the box that says "Please Verify your Employment Information." The information for who made the employment offer is below:

Jodi Gordon
Executive Director, Human Resources
(317) 852-5726
jgordon@brownsburg.k12.in.us

After answering the remaining questions, you will confirm your application and hit **"Submit Application".**

Next, click on **"Make Payment"** and follow the prompts. With the online system, applicants will pay for the permit online. The cost is $15.00 plus a $1.36 processing fee. Once the license has been approved by the school corporation you will receive electronic notice. You must then forward a copy of your new license to BCSC Human Resources.

If you have questions regarding the application or renewal process, please contact Jodi Gordon or Karie Teany at (317) 852-5726.

Revised 1/14/2025

BROWNSBURG COMMUNITY SCHOOL CORPORATION
310 Stadium Drive
Brownsburg, IN 46112
(317)852-5726

EMPLOYEE INFORMATION FORM

Date: ____/____/____

Social Security Number: _____-___-_____ Employee # _____

Legal First Name: _____ Preferred First Name _____

Middle Initial: _____

Legal Last Name:_____ (as shown on Social Security Card)

Former Name (if changing): _____

If spouse is employed with BCSC, please list name and position of spouse:

_____

Gender: M F

Address: _____

City: _____ State: _____ Zip Code: _____

Personal Email: _____

Phone: _____

Birthdate: _____

Ethnicity: American Indian/Alaskan Native Asian or Pacific Islander
Black, not of Hispanic origin Hispanic
Multiracial White, not of Hispanic origin

Building Location: _____

Position: _____

FOR CENTRAL OFFICE USE ONLY

_____New Employee _____Address Change _____Name Change

Parking _____	_____ Directory	_____ Valic
Prox # _____	_____ NUR	_____ American Fidelity
_____W-4 & State form, Komputrol & file	_____ Staff Emergency Form	_____ AF Enroll
_____Name Change in K-time (if applicable)	_____ School Messenger	_____ Benefit Spreadsheet (name change)
_____Name Change Doculivery (if applicable)	_____ Personnel Labels (name change)	_____ Life Insurance
_____Enter on County Change (if applicable)	_____ New IDs for I-9; re-file (name change)	_____ Medical
	_____ Name Change Spreadsheet	_____ Dental
		_____ Vision

STAFF EMERGENCY INFORMATION

In the event of an emergency involving you, we would like to be able to handle the situation as you direct. Please complete this form and return it to Central Office – Payroll.

Your Name: _____ Date of Birth: _____

Address:_____

Home Phone:_____ Alternate Phone:_____

IN CASE OF AN EMERGENCY, WHOM SHOULD WE NOTIFY?

Name: ---------- Phone:_____Relationship: _____

Name: ---------- Phone:_____Relationship: _____

Name: ---------- Phone:_____Relationship: _____

Employee Signature:_____ Date:_____

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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name | Employer's Business or Organization Address, City or Town, State, ZIP Code

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

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

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

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

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 *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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 *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	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.**

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.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

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:
- $640,600 if you're single or head of household
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $384,350 if you're married filing separately

. . . . . **9**

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:
- $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** $

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.

Form WH-4
State Form 48845
(R7 / 9-20)

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" ..... _____
   Nonresident aliens must skip lines 2 through 6. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" ..... _____
3. You are allowed one (1) exemption for each dependent. Enter number claimed ..... _____
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
   (b) if you and/or your spouse are legally blind.

   Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐
   Enter the total number of boxes checked ..... _____
5. Add lines 1, 2, 3, and 4. Enter the total here ..... ► ☐
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) ..... ► ☐
7. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... $_____
8. Enter the amount of additional county withholding (if any) you want withheld each pay period ..... $_____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

1onresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than $4,300 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 1O days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:
(a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4; or
(b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

BROWNSBURG COMMUNITY SCHOOL CORPORATION

DIRECT DEPOSIT AUTHORIZATION

_____NEW AUTHORIZATION

____CHANGE PRIOR AUTHORIZATION AS NOTED BELOW

1 HEREBY AUTHORIZE BROWNSBURG COMMUNITY SCHOOL CORPORATION TO INITIATE DIRECT DEPOSIT TO MY CHECKING AND/OR SAVINGS ACCOUNT(S) TO MY BANK(S) AS INDICATED BELOW. 1 AUTHORIZE THE **DEPOSITORY** BANK TO CREDIT THE SAME ENTRIES TO SUCH ACCOUNT(S).

BANK NAME	CITY/STATE	TRANSIT/ABA NUMBER	TYPE OF ACCT CHECKING/SAVINGS	ACCOUNT NUMBER	AMOUNT EACH PAY
					BALANCE OF NET PAY **

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **EMPLOYER** HAS RECEIVED WRITTEN NOTIFICATION FROM ME TO TERMINATE THE INSTRUCTIONS HEREIN AND HAS A REASONABLE OPPORTUNITY TO ACT ON IT. 1 UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY BANK CHARGES RESULTING FROM UNTIMELY NOTIFICATION OF CANCELLATION OR ACCOUNT CHANGES.

_____ _____

EMPLOYEE SIGNATURE SOCIAL SECURITY NUMBER

_____ _____

EMPLOYEE NAME PRINTED DATE

PLEASE ATTACH A COPY OF A VOIDED CHECK FOR EACH ACCOUNT THAT YOU WISH TO USE.

**IF MORE THAN ONE ACCOUNT IS USED, UNE 1 MUST BE THE PRIMARY ACCOUNT AND ANY BALANCE OF NET PAY REMAINING AFTER DEDUCTING THE AMOUNT ON UNES 2 THROUGH 5 WILL BE DEPOSITED IN THE ACCOUNT SHOWN ON UNE 1.

Brownsburg Community School Corporation

Policy Acknowledgement

I have been provided the following policies by the Brownsburg Community School Corporation and agree to read and abide by the policies. I understand these policies include important information regarding the use of technology, social media and other information related to my job with the corporation.

1.) Staff Technology Acceptable Use and Safety Policy
2.) Use of Social Media Policy
3.) Information Security Policy

_____ _____

employee signature date

_____

printed employee name

STAFF TECHNOLOGY ACCEPTABLE USE AND SAFETY

(Board Policy 7540.04)

Technology has fundamentally altered the ways in which information is accessed, communicated, and transferred in society. As a result, educators are continually adapting their means and methods of instruction, and the way they approach student learning, to incorporate the vast, diverse, and unique resources available through the Internet. The School Board provides Technology Resources and Information Resources (as defined by Bylaw 0100) to support the educational and professional needs of its staff and students. The Board provides staff with access to the Internet for limited educational purposes only and utilizes online educational services/apps to enhance the instruction delivered to its students and to facilitate the staff's work. The School Corporation's computer network and Internet system do not serve as a public access service or a public forum, and the Board imposes reasonable restrictions on its use consistent with its limited educational purpose.

The Board regulates the use of Corporation Technology Resources and Information Resources by principles consistent with applicable local, State, and Federal laws, and the Corporation's educational mission. This policy, its related administrative guidelines and any applicable employment contracts and collective bargaining agreements govern the staffs' use of the Corporation's Technology Resources and Information Resources and staff's personal communication devices (PCDs) when they are connected to the Corporation's computer network, Internet connection and/or online educational services/apps, or when used while the staff member is on Corporation-owned property or at a Corporation-sponsored activity (see Policy 7530.02).

Users are prohibited from engaging in actions that are illegal (including but not limited to libel, slander, vandalism, harassment, theft, plagiarism, inappropriate access) or unkind (including but not limited to personal attacks, invasion of privacy, injurious comment) when using Corporation Technology Resources and Information Resources. Because its Technology Resources are not unlimited, the Board also has instituted restrictions aimed at preserving these resources, such as placing limits on use of bandwidth, storage space, and printers.

Users have no right or expectation to privacy when using Corporation Technology Resources and Information Resources (including but not limited to privacy in the content of their personal files, e-mails, and records of their online activity when using the Corporation's computer network and/or Internet connection).

Staff members are expected to utilize Corporation Technology Resources and Information Resources to promote educational excellence in our schools by providing students with the opportunity to develop the resource sharing, innovation, and communication skills and tools that are essential to both life and work. The Board encourages the faculty to develop the appropriate skills necessary to effectively access, analyze, evaluate, and utilize these resources in enriching educational activities. The instructional use of the Internet and online educational services will be guided by Board Policy 2520 – Selection of Instructional Materials and Equipment.

The Internet is a global information and communication network that provides students and staff with access to up-to-date, highly relevant information that will enhance their learning and the education process. Further, Corporation Technology Resources provide students and staff with the opportunity to communicate with other people from throughout the world. Access to such an incredible quantity of information and resources brings with it, however, certain unique challenges and responsibilities.

The Corporation may not be able to limit access technologically through its Technology Resources to only those services and resources that have been authorized for the purpose of instruction, study and research related to the curriculum. Unlike in the past, when educators and community members had the opportunity to review and screen materials to assess their appropriateness for supporting and enriching the curriculum according to adopted guidelines and reasonable selection criteria (taking into account the varied instructional needs, learning styles, abilities, and developmental levels of the students who would be exposed to them), access to the Internet, because it serves as a gateway to any publicly available file server in the world, opens classrooms and students to electronic information resources which may not have been screened by educators for use by students of various ages.

The Board prohibits the sending, receiving, viewing, or downloading of materials that are harmful to minors on computers and other technology related devices owned or leased by the Corporation or connected to the Corporation's computer network.

Pursuant to Federal law, the Corporation has implemented technology protection measures that protect against (e.g., filter or block) access to visual displays/depictions/materials that are obscene, constitute child pornography, and/or are harmful to minors, as defined by the Children's Internet Protection Act or I.C. 35-49-2-2. At the discretion of the Board or Superintendent, the technology protection measures may be configured to protect against access to other material considered inappropriate for students to access. The Board also utilizes software and/or hardware to monitor online activity of students to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. The technology protection measures may not be disabled at any time that students may be using Corporation Technology Resources if such disabling will cease to protect against access to materials that are prohibited under the Children's Internet Protection Act. Any staff member who attempts to disable the technology protection measures without express written consent of an appropriate administrator will be subject to disciplinary action, up to and including termination.

The Superintendent or designee may temporarily or permanently unblock access to websites or online educational services/apps containing appropriate material if access to such sites has been blocked inappropriately by the technology protection measures. The determination of whether material is appropriate or inappropriate shall be based on the content of the material and the intended use of the material, not on the protective actions of the technology protection measures.

Staff members will participate in professional development programs in accordance with the provisions of law and this policy. Training shall include:

A. the safety and security of students while using e-mail, chat rooms, social media, and other forms of direct electronic communications;

B. the inherent danger of students disclosing personally identifiable information online;

C. the consequences of unauthorized access (e.g., "hacking", "harvesting", "digital piracy", "data mining", etc.), cyberbullying and other unlawful or inappropriate activities by students online; and

D. unauthorized disclosure, use, and dissemination of personally identifiable information regarding minors.

Furthermore, staff members shall provide instruction for their students regarding the appropriate use of technology and online safety and security as specified above, and staff members will monitor students' online activities while at school.

Monitoring may include, but is not necessarily limited to, visual observations of online activities during class sessions; or use of specific monitoring tools to review browser history and network, server, and computer logs.

The disclosure of personally identifiable information about students online is prohibited.

Building principals are responsible for providing training so that users under their supervision are knowledgeable about this policy and its accompanying guidelines. The Board expects that staff members will provide guidance and instruction to students in the appropriate use of the Corporation Technology Resources. All users of Corporation Technology Resources are required to sign a written agreement to abide by the terms and conditions of this policy and its accompanying guidelines.

Staff will be assigned a school email address that they are required to utilize for all school-related electronic communications, including those to students, parents, and other constituents, fellow staff members, and vendors or individuals seeking to do business with the Corporation.

With prior approval from the Superintendent or designee, staff may direct students who have been issued school-assigned email accounts to use those accounts when signing-up/registering for access to various online educational services, including mobile applications/apps that will be utilized by the students for educational purposes under the teacher's supervision.

Staff members are responsible for good behavior on Corporation Technology and Information Resources, i.e., behavior comparable to that expected when they are in classrooms, in school hallways, on other school premises and at school-sponsored events.

Communications on Education Technology are often public in nature. The Board does not approve any use of its Technology Resources and Information Resources that is not authorized by or conducted strictly in compliance with this policy and its accompanying guidelines and Policy 7544 and its accompanying guidelines.

An employee's personal or private use of social media may have unintended consequences. While the Board respects its employees' First Amendment rights, those rights do not include permission to post inflammatory comments that could compromise the Corporation's mission, undermine staff relationships, or cause a substantial disruption to the school environment. This warning includes staff members' online conduct that occurs off school property including from the employee's private computer. Postings to social media should be done in a manner sensitive to the staff member's professional responsibilities.

General school rules for behavior and communication apply.

Users who disregard this policy and its accompanying guidelines may have their use privileges suspended or revoked and disciplinary action taken against them. Users are personally responsible and liable, both civilly and criminally, for uses of Technology Resources not authorized by this Board Policy and its accompanying guidelines.

The Board designates the Superintendent or designee as the administrators responsible for initiating, implementing, and enforcing this policy and its accompanying guidelines as they apply to staff members' use of Corporation Technology and Information Resources.

Social Media Use

In addition, Federal and State confidentiality laws forbid schools and their employees from using or disclosing student education records without parent consent (see Board Policy 8330). Education records include a wide variety of information, and posting personally identifiable information about students is not permitted. Staff members who violate State and Federal confidentiality laws or privacy laws related to the disclosure of confidential student or employee information may be disciplined.

Nothing in this policy is intended to interfere with any school employee’s rights under applicable law with respect to union organizing or collective bargaining.

This policy shall be posted on the Corporation's website.

P.L. 106-554 (2000), Children's Internet Protection Act
47 U.S.C. 254(h), (1), Communications Act of 1934, as amended (2003)
18 U.S.C. 1460
18 U.S.C. 2246
18 U.S.C. 2256
20 U.S.C. 6301 et seq., Part F, Elementary and Secondary Education Act of 1965, as amended (2003)
20 U.S.C. 6777, 9134 (2003)
47 C.F.R. 54.500 - 54.523
I.C. 20-26-5-40.5
I.C. 35-49-2-2

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USE OF SOCIAL MEDIA
(Board Policy 7544)

Technology is a powerful tool to enhance education, communication, and learning.

The School Board authorizes the use of social media to promote community involvement and facilitate effective communication with students, parents/guardians, staff and the general public. Social media is defined in Bylaw 0100.

The Superintendent is charged with designating the Corporation-approved social media platforms/sites.

It is critical that students be taught how to use social media platforms safely and responsibly. Social media (as defined in Bylaw 0100) are a powerful and pervasive technology that afford students and employees the opportunity to communicate for school and work purposes, and to collaborate in the delivery of a comprehensive education. Federal law mandates that the Corporation provide for the education of students regarding appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and regarding cyberbullying awareness and response. See Board Policy 7540.03 – Student Technology Acceptable Use and Safety.

The Corporation recognizes that employees may use social media for personal as well as professional reasons. The Corporation neither encourages nor discourages employees' use of social media for personal purposes. The Corporation regulates employees' use of social media for purposes related to their Corporation assignment to the same extent as it regulates any other form of employee communication in that regard.

The Corporation uses approved social media platforms/sites as interactive forms of communication.

Each Corporation-approved social media account/site must contain a statement that specifies its purposes(s) and limits those who access the social media account/site and use of the account/site for that/those purpose(s) and in accordance with any specified procedures and applicable terms of service. Users are personally responsible for the content of their posts.

Social Media for Instructional and School-Sponsored Activities

Staff (including Corporation-approved volunteers) may, with prior approval/authorization from the Superintendent or designee, use social media platforms/sites for class room instruction or school-sponsored activities. When a staff member uses a Corporation-approved social media platform/site for an educational purpose, it will be considered an educational activity and will not be considered a limited public forum. Students' use of Corporation-approved social media platforms/sites must be consistent with the Student Code of Conduct, Policy 5722/AG 5722 – School-Sponsored Student Publications and Productions, Policy 7540.03 – Student Technology Acceptable Use and Safety, the instructor's directions/procedures, and the platform/site's applicable terms of service. Students are prohibited from posting or releasing personally identifiable information about students, employees, and volunteers through Corporation-approved social media without appropriate consent.

Staff members must provide parents of students involved in a school-sponsored activity the ability to opt-out of having their child use social media platforms/sites for communication purposes associated with that activity, and arrange for an alternative method of communicating with the participating student concerning the school-sponsored activity.

Expected Standards of Conduct on Corporation-Approved Social Media

Employees who access Corporation-approved social media platforms are expected to conduct themselves in a respectful, courteous, and professional manner. Students, parents, and members of the general public who access Corporation-approved social media platforms similarly are expected to conduct themselves in a respectful, courteous, and civil manner.

Corporation-approved social media sites shall not contain content that is obscene; is vulgar and lewd such that it undermines the school's basic educational mission; is libelous or defamatory; constitutes hate speech; promotes illegal drug use; is aimed at inciting an individual to engage in unlawful acts or to cause a substantial disruption or material interference with Corporation operations; or interferes with the rights of others. The Corporation may exercise editorial control over the style and content of student speech on Corporation-

approved social media if reasonably related to legitimate pedagogical concerns. Staff or students who post prohibited content shall be subject to appropriate disciplinary action.

The Corporation is committed to protecting the privacy rights of students, parents/guardians, staff, volunteers, Board members, and other individuals on Corporation-approved social media sites. Corporation employees are prohibited from posting or releasing confidential information about students, employees, volunteers, or Corporation operations through social media without appropriate consent (i.e., express written consent from the parent of a student, the affected employee or volunteer, or the Superintendent concerning Corporation operations).

Corporation communications that occur through the use of Corporation-approved social media platforms/sites – including staff members' use of social media with school-sponsored activities and comments, replies, and messages received from the general public – may constitute public records or student records, and all such communications will be maintained (i.e., electronically archived) in accordance with the Board's adopted record retention schedule and all applicable State statutes. (See AG 8310A – Public Records).

If a staff member uses Corporation-approved social media platforms/sites in the classroom for educational purposes (i.e., classroom instruction), the staff member must consult with the Principal concerning whether such use may result in the creation of public and/or education records that must be maintained (i.e., electronically archived) for a specific period of time.

Employee's Use of Corporation Technology Resources to Access Social Media for Personal Use

Employees are prohibited from using Corporation technology resources (as defined in Bylaw 0100) to access social media for personal use during work hours.

They are reminded that the Corporation may monitor their use of Corporation technology resources.

Employees are permitted to use personal communication devices to access social media for personal use.

Employees are prohibited from posting or engaging in communication that violates State or Federal law, Board policies, or administrative guidelines. If an employee's communication interferes with his/her ability to effectively perform his/her job or violates State of Federal law, Board policies, or administrative guidelines, the Corporation may impose disciplinary action and/or refer the matter to appropriate law enforcement authorities.

This policy will be reviewed and updated as necessary.

NEOLA 2019

Legal References:
Protecting Children in the 21st Century Act, Pub. L. No. 110-385, Title II, Stat 4096 (2008)
Children's Internet Protection Act (CIPA), Pub. L. No. 106-554 (2001

INFORMATION SECURITY

(Board Policy 8305)

The School Corporation collects, classifies, and retains data/information from and about students, staff, vendors/contractors, and other individuals, about programs and initiatives undertaken by the school system, and about and related to the business of the Corporation. This information may be in hard copy or digital format, and may be stored in the Corporation or offsite with a third-party provider.

Protecting Corporation data/information is of paramount importance. Information security requires everyone's active participation to keep the Corporation's data/information secure. This includes School Board members, staff members/employees, students, parents, contractors/vendors, and visitors who use Corporation Technology and Information Resources. The Corporation will work to protect the data/information, computer network or system from attack vectors, or methods by which the computer network or system is attacked, infiltrated, or otherwise compromised.

A cybersecurity incident is a malicious or suspicious occurrence that consists of one (1) or more of the categories of attack vectors and are defined as websites that:

A. jeopardize or may potentially jeopardize the confidentiality, integrity, or availability of an information system, an operational system, or the information that such systems process, store or transmit;
B. jeopardizes or may potentially jeopardize the health and safety of the public; or
C. violate security policies, security procedures, or acceptable use policies (See Policy7540.03 - Student Acceptable Use Policy/Policy 7540.04 - Staff Acceptable Use Policy)

A cybersecurity incident may consist of one (1) or more of the following categories of attack vectors: 1) ransomware; 2) business email compromise; 3) vulnerability exploitation; 4) zero-day exploitation; 5) distributed denial of service; 6) website defacement; or other sophisticated attacks as defined by the Chief Information Officer (CIO) and identified by the Corporation on its website.

Individuals who are granted access to data/information collected and retained by the Corporation must follow established procedures so that the information is protected and preserved. Board members, administrators, and all Corporation staff members, as well as contractors, vendors, and their employees, granted access to data/ information retained by the Corporation are required to certify annually that they shall comply with the established information security protocols pertaining to Corporation data/information. Further, all individuals granted access to Corporation Confidential Data/Information retained by the Corporation must certify annually that they will comply with the information security protocols pertaining to Confidential Data/Information. Completing the appropriate section of the Staff Technology Acceptable Use and Safety form shall provide this certification.

All Board members, staff members/employees, students, contractors/vendors, and visitors who have access to Board-owned or managed data/information must maintain the safety and security of that data/information and the Corporation Technology Resources on which it is stored.

If an individual has any questions concerning whether this policy and/or its related administrative guidelines apply to him/her or how they apply to him/her, the individual should contact the Corporation's Technology Director or Information Technology Department/Office.

The Board authorizes the Superintendent to develop administrative guidelines that set forth the internal controls necessary to provide for the collection, classification, retention, access, and security of Corporation Data/Information. Within the established administrative guidelines, the Superintendent will determine a method for maintaining a repository of cybersecurity incidents.

Further, the Superintendent is authorized to develop procedures that would be implemented in the event of an unauthorized release of data/information. These procedures shall comply with the Corporation's legal requirements if such a breach of personally-identifiable information occurs.

The Superintendent shall require the participation of staff members in appropriate training related to the internal controls pertaining to the data/information that they collect, to which they have access, and for which they would be responsible for the security protocols.

Third-party contractors/vendors who require access to Corporation Confidential Data/Information will be informed of relevant Board policies that govern access to and use of Corporation Information Resources, including the duty to safeguard the confidentiality of such data/information.

Failure to adhere to this Policy and its related administrative guidelines ("AGs") may put Corporation data/information at risk. Employees who violate this policy and/or the administrative guidelines promulgated consistent with this policy may have disciplinary consequences imposed, up to and including termination of employment, and/or referral to law enforcement. Students who violate this Policy and/or AGs will be referred to the Corporation's disciplinary system and/or law enforcement. Contractors/vendors who violate this Policy and/or AGs may face termination of their business relationships with and/or legal action by the Corporation. Parents and visitors who violate this Policy and/or AGs may be denied access to Corporation Technology Resources.

The Superintendent shall conduct an annual assessment of risk related to the access to and security of the data/information retained by the Corporation.

I.C. 4-13.1-1-1.3
I.C. 4-13.1-1-1.5
I.C. 4-13.1 -2-2

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