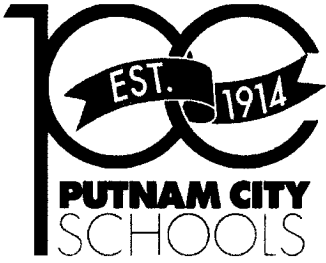


ID # _____



Putnam City Schools

Substitute Employee Application

2018-2019

ACCUF _____
AS400 _____
AESOP _____
EMAIL _____
DD _____
OSBI _____
BR _____

Please Print Name () _____
Phone # with area code

Address City State Zip

Social Security # DOB email address

Certified Substitutes (requires OK Teaching Certificate) unlimited number of teaching days allowed.

Expiration date of certificate _____ Teacher # _____

Areas of teaching description on certificate _____

Regular Substitutes - I hold a 4 year degree (List area of Major) _____

Regular Substitutes - I do not hold a college degree. You may only teach for 90 days per school year.

Are you currently receiving Oklahoma Teacher Retirement? YES NO

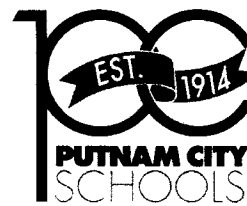
Signature Date

**** We will need a copy of your driver's license, social security card, Voided Check, Receipt from OSBI background check, college degree and/or transcript or teaching certificate if applicable.

I have read the rules and procedures listed in the substitute handbook. I understand that non-compliance and repeated offenses will cause opportunities to accept substitute positions in our district revoked or temporarily suspended.

Signature _____ Date: _____

Putnam City School District
5401 NW 40th St
OKC, OK 73122
Telephone: (405) 495-5200
Fax: (405) 491-7516



Authorization for Release of Information for Background Check

PLEASE PRINT LEGIBLY

Legal Name:

First

Middle

Last

Date of Birth: ____/____/____ Gender: M / F

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State Issued: _____

_____ YRS

Current Home Address: *Street Apt City County State Zip Code*

_____ YRS

Past Home Address: *Street Apt City County State Zip Code*

List any other names you have used

Name

Dates Used

City State

Have you ever been convicted of a crime? Yes / No. If yes, please complete the section below.

Date Offense City County State

Date Offense City County State

In connection with PUTNAM CITY SCHOOLS considering me for employment, continued employment, promotion or reassignment, I authorize PUTNAM CITY SCHOOLS and or its agent, ACCUFAX Div., Southvest Inc., to obtain a consumer report, criminal background check report, motor vehicles records, workers compensation records, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources and through personal interviews with previous employers or associates. When requested by an employer, motor vehicle records or a driving history may be obtained.

I authorize, without reservation, any person or entity contacted by PUTNAM CITY SCHOOLS or its agent, ACCUFAX Div., Southvest Inc., to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release PUTNAM CITY SCHOOLS, Its affiliated companies, their agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process will disqualify me from consideration for employment or result in my immediate discharge if employed. By my execution hereof I acknowledge that a report will be requested and used for the purpose of evaluating me for the employment, continued employment, promotion, or reassignment as an employee.

Signed

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

I hereby authorize Putnam city Schools (PCS) (1) to deposit to my accounts listed below the net amount I am due for all regularly scheduled pay periods and (2) to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below. I will not hold PCS responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution or failure of my financial institution to correctly credit my account(s). I understand that an unforeseen delay in payroll processing by an outside entity (automated clearing house or financial institution) due to computer down-time, power outages or other unavoidable occurrences might affect the date of deposit of funds to my account(s). This authorization is to remain in full force and effect until PCS has received written notice of my intention to terminate this agreement or at the district's discretion. PCS must receive my written notification at least fifteen (15) days prior to the next payroll processing to terminate this direct deposit authorization.

Financial Institution Name	Account No.	Types of Accounts (Limited to 3 Accounts)	
1. _____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
		*Amount _____	
2. _____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
		*Amount _____	
3. _____	_____	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
		*Amount _____	

***DESIGNATE A FIXED AMOUNT FOR THIS ACCOUNT OR WRITE "NET" IF YOU WANT THE BALANCE OF YOUR CHECK DEPOSITED TO THIS ACCOUNT.**

Termination of employment also voids this agreement

Name: _____ EIN: _____
(Please Print)

Signature: _____ Date: _____

ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR ANY PRINTED DOCUMENT REFLECTING THE BANK ROUTING NUMBER AND ACCOUNT NUMBER (EXCEPT DEPOSIT SLIPS). THIS REQUEST WILL NOT BE PROCESSED WITHOUT THESE ITEMS.

(Revised 7/23/14)

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

For Fingerprinting:

Oklahoma State Department of Education

Oliver Hodge Building
Teacher Certification Section, Room 212
2500 N Lincoln Blvd.
Oklahoma City, OK 73105
Telephone: 405-521-3337

When you return your completed application, you will need to include:

1. 2 forms of ID (License and SS card, Passport, or Birth Certificate)
2. A voided check or letter from your bank for direct deposit
3. A receipt from the OSBI background check printed at the Dept of Education
4. Current teaching certificate (if applicable).

Tutorials required with the submission of application:

Go to this link - <https://site.gcctraining.com/>

Click on “Login”

Choose “New User” and then click “Next”.

The Organization ID is “Putnam”. Click “submit”.

Create your own personal ID. Click “submit”.

Under “Job Title” put “substitute”. Under “Department” choose “Substitutes”.

Find **FERPA**, **Bloodborne Pathogens**, and **A Guide for Substitute Teachers**. Take the tutorials. Once you have completed all of them, choose “print your certificate” at the top of the menu page. The certificate should show up on the screen. All tutorials should be listed on the certificate. Either print Certificate and bring it with you or email it to me.

Mindi Cleburn
Substitute Coordinator
Putnam City Schools
mcleburn@putnamcityschools.org
405-495-5200 x1232