



MADERA COUNTY SUBSTITUTE TEACHER PACKET

Enclosed in this Packet:

- Fingerprinting and Application Information
- Application for Certificated Employment
- W-4, Employee's Withholding Allowance Certificate
- Employment Eligibility Verification (I-9)
- Emergency Procedure Form
- Direct Deposit Enrollment Form (optional) Bring voided check
- Loyalty Oath (Complete at appointment)
- Retirement Information
- Retirement Election Form
- STR's Permissive Membership
- Tuberculosis (TB) Examination Information
- Madera County School District Information for Substitute Teachers
- Policy Notification Form (Policies posted online separate from application)

Additional Required Documents:

- Record of current TB test (taken within the last 60 days)
- CA Driver's License or ID
- Social Security Card
- Current California Teaching Credential or Substitute Permit.

If you need to apply for a substitute permit, please bring:

- Original CBEST Scores
- For an Emergency 30-Day Sub Permit:
 - Bring official sealed transcripts or diploma to verify BA/BS degree
- For a Prospective Teacher Sub Permit:
 - Bring official sealed transcripts to verify 90+ semester units
 - And verification of current enrollment

When your packet is complete and all additional required documents have been obtained, please call (559) 673-6051 ext. 261, to set up an appointment to turn in your packet and be fingerprinted.

ALL EMPLOYEES must be cleared through the Department of Justice prior to employment. Fingerprints will not be taken unless **all** documentation listed above is received at the time of your appointment.

Fingerprinting and Application Information

When your packet is complete and all additional required documents have been obtained, please call (559) 673-6051 ext. 261, to set up an appointment to be fingerprinted.

ALL EMPLOYEES must be cleared through the Department of Justice prior to employment. Fingerprints will not be taken unless **all** documentation is received at the time of your appointment (see checklist).

Fees for fingerprinting are as follows:

Employment only: \$47.00

Employment & *CCTC: \$64.00

We are able to accept check, money order, credit card (Visa or MasterCard) or exact cash for fingerprinting. We are usually unable to provide change.

*All first time permit/credential applicants must also be fingerprinted for the California Commission on Teacher Credentialing (CCTC).

Substitute Permit Application Information:

Emergency 30-Day Permit – Requires a Bachelors Degree and passage of the CBEST.

Recommendations for these permits are done online by a Credentials Specialist upon fingerprint clearance. A \$57.00 permit fee (which includes a \$2.00 online processing fee) is paid online by the applicant to the Commission on Teacher Credentialing.

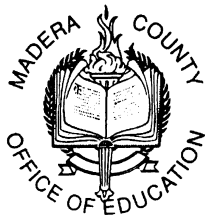
Emergency Prospective Substitute Permit – Requires 90 or more semester units completed with a “C” or better, current enrollment at a university, and passage of the CBEST. Transfer units from a junior college are acceptable but must be on university transcripts. This permit is not recommended online. A paper application will be submitted to the Commission on Teacher Credentialing. The \$55.00 permit fee is paid by check or money order (*No cash or card*) at the time of your appointment. Check/Money Order is made payable to the Commission on Teacher Credentialing.

Fingerprint Clearance

You will be contacted when your fingerprints have cleared. The districts that you select to work in will also be notified when you are added to the substitute list. It is recommended that you contact each district to ensure that you understand how each district will contact you for jobs.

Temporary County Certificates

Upon fingerprint clearance, your Temporary County Certificate will be activated. This document will allow you to work as a substitute in Madera County until your permit or credential is granted by the Commission on Teacher Credentialing.



CERTIFICATED SUBSTITUTE APPLICATION

MADERA COUNTY SUPERINTENDENT OF SCHOOLS

28123 Avenue 14
Madera, California 93638
(559) 673-6051

PERSONAL INFORMATION

Name _____
Last First Middle

Permanent Address _____ Phone _____
Street City State Zip

Present Address _____ Phone _____
Street City State Zip

Social Security No. _____ (optional) Email Address _____

EDUCATIONAL AND PROFESSIONAL TRAINING

Name of School or University	State	Field of Study (Major/Minor)	Type of Degree	Dates Attended

Number of semester units of graduate work beyond BA or BS degree? _____ MA or MS? _____ Doctorate? _____
 CBEST Passed Failed (1 quarter unit = 2/3 semester unit)

EDUCATIONAL EXPERIENCE *(Indicate if Student Teaching. Do not include Substitute Teaching.)*

Name of School or University	City/State	Position Held (Grade/Subject)	Dates From/To Mth/Yr	Total Years

CREDENTIAL INFORMATION *List below California education credentials HELD.*

California Credential Held	Expiration Date	Major/Minor Authorizations

DISTRICTS: _____ _____	OFFICE USE ONLY GRADES _____ SPED Y / N ALT ED Y / N	TB EXP: _____ FP CLEARANCE: _____
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CREDENTIAL INFORMATION List below California education credentials for which you have **APPLIED**.

California Credential Applied for	Application Date	Major/Minor Authorizations

WORK EXPERIENCE (Please list most recent work experience)

Name of Employer	City/State	Position Held	Dates From/To Mth/Yr	Total Years

PLEASE ANSWER THE FOLLOWING QUESTIONS If you answer yes to any question, please explain your answer in the space provided.

1. List languages (including Sign Language) in which you are fluent other than English: _____

2. Have you ever been convicted of, pleaded guilty to, or entered a plea of nolo contendere to, any felony or misdemeanor other than traffic violations? (A conviction will not necessarily disqualify a candidate) _____ If yes, please explain: _____

3. Have you ever had any credential, application, permit, license or other document authorizing public school service or teaching suspended, revoked, voided, denied, and/or otherwise rejected for cause in California or any other state or place? _____ If yes, please explain: _____

4. Have you ever been dismissed, asked to resign, or not reemployed in any probationary or permanent teaching or administrative position? _____ If yes, please explain: _____

5. Can you, after employment, submit verification of your legal right to work in the United States? _____

6. Is any adverse action now pending against any credential you hold which authorizes public school service or teaching in California or any other state? _____ If yes, please explain: _____

REFERENCES List any persons who will answer questions concerning your qualifications for the position you seek. Include persons under whom you have taught (i.e., superintendents, principals, supervisors) and those who know your character, scholarship, and teaching ability.

Name	Title	Address/Telephone

Do we have permission to contact your current employer? _____

I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or false-answered statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed with the Madera County Superintendent of Schools.

Signature

Date

*Madera County Superintendent of Schools
is an Equal Opportunity/Affirmative Action Employer*

Form W-4 (2012)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2012, 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 ▶		7
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 lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	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 who claims no withholding allowances; 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 possessions 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.

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature _____ Date *(month/day/year)* _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>
Madera COE - 28123 Avenue 14, Madera, CA 93638		

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
--	------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND
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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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 Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

MADERA COUNTY OFFICE OF EDUCATION
28123 Avenue 14
Madera, California 93638

EMERGENCY PROCEDURE AND CURRENT ADDRESS INFORMATION

In order to maintain accurate personnel records, please complete and return this informational sheet to Human Resources upon initial employment, at the beginning of each school year, and whenever a change is made.

IT IS THE EMPLOYEE'S RESPONSIBILITY TO IMMEDIATELY NOTIFY HUMAN RESOURCES IN WRITING OF ANY CHANGES. THE MADERA COUNTY OFFICE OF EDUCATION WILL NOT BE HELD RESPONSIBLE FOR DELAY OF OR INABILITY TO DELIVER MAIL DUE TO THE EMPLOYEE'S FAILURE TO PROVIDE US WITH UPDATED INFORMATION.

A. LEGAL NAME _____ Last 4 digits of SS# _____

PHYSICAL ADDRESS (Required) _____
(Street) (City) (Zip)

MAILING ADDRESS _____

TELEPHONE NO. _____ CELL/ALT. TELEPHONE NO. _____

B. In case of emergency, I would like the following procedure followed:

1. Contact: _____

Daytime Address: _____

Daytime Phone: _____

2. Contact: _____

Daytime Address: _____

Daytime Phone: _____

3. Other: _____

MEDICAL EMERGENCY (Indicate 1st, 2nd, 3rd choice)

() Contact Doctor: _____

Name Address Phone No.

() Take to the nearest hospital.

() Take to _____ hospital.

(OVER)

VOLUNTARY MEDICAL INFORMATION

For your benefit and protection in the case of an emergency, you are invited to respond to the following items. There is no requirement for you to do so. The information provided will be held in the strictest confidence and used only to guide this office in securing immediate and appropriate medical care.

Is there any type of health problem(s) of which we should be made fully aware?

YES NO

If so, please explain: _____

Is there any type of medication(s) that you are currently taking, due to minor or major health conditions?

YES NO

TYPE OF MEDICATION	FREQUENCY
_____	_____
_____	_____
_____	_____
_____	_____

WE THANK YOU FOR YOUR COOPERATION.

EMPLOYEE SIGNATURE

DATE

Madera County Office of Education
Direct Deposit

Enrollment Agreement

IT IS CRITICAL THAT YOU NOTIFY PAYROLL WHEN YOU HAVE A CHANGED/CANCELLED BANKS/ACCOUNTS

<p>Name: _____ SS#: _____</p> <p>Name of Bank/Credit Union: _____</p> <p>Please take the following action: Start Stop Change</p> <p>Option: Checking Account(22) _____ (Attach voided check)</p> <p> Savings Account(32) _____ (Attach bank direct deposit form)</p>
--

I hereby authorize Madera County Office of Education to initiate credit entries and adjusting debit entries to my checking or savings account in order to directly deposit wages paid by my employer. I understand and agree to the following as a result of participation in this Automatic Pay Deposit (APD) program.

This enrollment agreement is effective for the first payroll period in which it is received in Payroll on or prior to the established cutoff date of the 20th of each month.

*****PLEASE READ*****

Termination of this agreement must be made by written notification to Payroll and is effective the first payroll period in which it is received by the district prior to the established cutoff date of the 20th of each month.

Upon separation from the district, this contract will terminate itself.

If a Direct Deposit cannot be credited to an account because it has been closed, the Bank will reject the Direct Deposit and reroute it back to the employer. This return process may take several days. Participants in the program agree that if this happens they will wait for the funds to be received by the employer before receiving a payroll check.

Name (please print): _____

Signature: _____

Date: _____

LOYALTY OATH

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Executed On _____, 20__ at _____.

Signed _____

School District

Witness: _____

Date: _____, 20__.

I understand that as a public employee I am a disaster service worker pursuant to Government Code 3100 and 3102 and that I am required to take this oath before entering the duties of my employment. In the event of natural, manmade, or war-caused emergencies which result in conditions of disaster or extreme peril to life, property, and resources, I am subject to disaster services activities assigned to me by my supervisor.

RETIREMENT INFORMATION FOR NEW CERTIFICATED EMPLOYEE AND NAME CHANGE

Name _____ Maiden Name if Married Woman _____

Present Address _____

Birthdate _____ Telephone Number _____

SSN # _____ Position _____

1. Indicate type of employment:

Full Time _____ Part Time _____ Substitute _____

2. Has Employee taught in/or currently working in California? YES NO

If the answer is yes, please supply the following information:

(A) County/District last taught in _____ Date (Year) _____

(B) Was employment for: Full Time _____ Part Time _____

(C) Was Employee a member of State Teachers Retirement System? YES NO

If the answer is yes, it is necessary that we have the following information:

1. Were retirement contributions withdrawn upon termination of the last employment? YES NO

2. If so, has redeposit been made? YES NO

3. Is Employee retired? YES NO

4. If yes, are you receiving retirement benefits? YES NO

NAME CHANGE ONLY

Name _____
(Last) (First) (Middle)

Previous Name _____
(Last) (First) (Middle)

Date _____ School District _____

By _____

******* This Report is to be prepared for each New Certificated Employee and is to be forwarded to the County Office of Education immediately upon employment or status change.**

Permissive Election <small>(See attached form)</small>	<u>Elect</u>	<u>Decline</u>	<u>Mandatory Member</u>	<u>Current Member</u>	<u>Member/Non-Member date</u>
	_____	_____	_____	_____	_____/_____/_____

TO: Part-time, temporary, or seasonal employees or Madera County Office of Education

Subject: SISC Defined Benefit Plan

Effective January 1, 1994, all part-time, temporary, or seasonal employees of the Madera County Office of Education who are not already participating in the Public Employees Retirement System (PERS) or the State Teacher's Retirement System (STRS) have the option of remaining in Social Security or participating in the Defined Benefit Plan offered by the Self-Insured Schools of California (SISC).

Please check one:

_____ I am presently a member of the Public Employees Retirement System (PERS) or State Teacher's Retirement System (STRS).

_____ I would like to participate in Social Security.

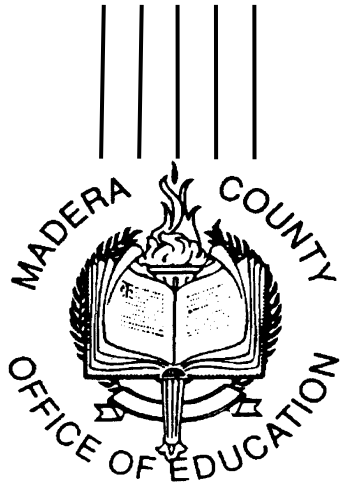
_____ I would like to participate in the SISC Defined Benefit Plan.
(Sub Teachers: Only available at Bass Lake and MCOE)

Sign

Print

Social Security Number

Date



Cecilia Massetti, Ed. D.
Superintendent

DATE: July 1, 2011
TO: New Substitute Teachers
FROM: Kristen Andersen, Credentials Analyst, ext. 261
RE: Tuberculosis (TB) Examination Verification

All employees are required to have a record of a Tuberculosis Examination on file. TB examination must have been taken within the last 60 days, unless transferred from another school district. (Ed. Code 49406(a), 49406(h).)

The following locations provide TB skin tests at no cost:

Madera County Health Department:

14215 Road 28, Madera

Phone: (559) 675-7893

Tuesday: 2:00 - 4:30 p.m.

Mandatory Recheck:

Thursday after 1:00 p.m., or Friday: 8:00 a.m.-12:00 p.m., or 1:00 - 4:30 p.m.

Oakhurst Department of Health:

41969 Hwy 41, Oakhurst

Phone: (559) 658-7456

2nd and 4th Tuesdays each month: 2:00 – 4:00 p.m.

Mandatory Recheck:

Thursday: 2:00 – 4:00 p.m.

Chowchilla Senior Center:

820 W. Robertson Blvd., Chowchilla

Phone: (559) 675-7893

Monday before the first Wednesday of each month: 9:00 - 10:30 a.m.

Mandatory Recheck:

Wednesday 2:00 – 4:00 p.m.: **Chowchilla Library**
300 Kings, Chowchilla

If you have any questions, please call: (559) 673-6051.

Madera County School District Information for Substitute Teachers

District	Contact Person	Phone Number	How will you be contacted for jobs?	Pay Rates
Alview-Dairyland School District	Linda Romeri	(559) 665-2394	Telephone	\$100.00 per day \$110.00 on the 11th consecutive day
Bass Lake Joint Union School District	Kris Rich	(559) 642-1555	Telephone	\$90.00 per day \$100.00 on the 6th consecutive day
Chawanakee Unified School District	Vivian Mahar	(559) 877-6209 x 213	AESOP Sub System: Telephone & Internet	\$110.00 per day \$110.00 for long term
Chowchilla School District	Crystal Moss	(559) 665-8000 x 0	AESOP Sub System: Telephone & internet	\$120.00 per day \$200.10 on the 21st consecutive day
Chowchilla Union High School District	Sheila Romeri	(559) 665-1331 x 201	AESOP Sub System: Telephone & internet	\$125.00 per day
Golden Valley Unified School District	Sabrina Malm	(559) 645-7500 x 20	Sub Finder System: Telephone & internet	\$100.00 per day \$112.00 on the 21st consecutive day \$122.00 on the 46th consecutive day
Madera Unified School District	Rosa Magos	(559) 675-4500 x 276	Sub Finder System: Telephone & internet	\$100.00 per day \$115.00 on the 11th consecutive day
Madera Adult School (MUSD)	David Hernandez	(559) 675-4425 x 124	Telephone	\$21.75 per hour \$21.75 per hour for long term
Raymond Knowles Union Elementary School District	Karen Hutchings	(559) 689-3336	Telephone	\$110.00 per day \$125.00 on the 11th consecutive day
Yosemite Unified School District	Ginny Moody (K-8) Patty Chandler (9-12)	(559) 658-7566 (559) 683-4667	Telephone	\$90.00 per day \$95.00 on the 6th consecutive day \$100.00 on the 11th consecutive day \$105.00 on the 16th consecutive day \$110.00 on the 21st consecutive day
Madera County Office of Education Special Education and Alternative Education	Nicki Sullivan	(559) 673-6051 x 240	Sub Finder System: Telephone & internet	\$115.00 per day \$130.00 on 11th consecutive day

Additional Questions Please Call:
Kristen Andersen, Credentials Analyst, (559) 673-6051 x 261

Updated: 7/1/2011

Madera County Superintendent of Schools Notification Form For Substitute Teachers

My initials and signature below signify that I have received, read and understand my responsibilities and obligations as described in the following policies of the Madera County Superintendent of Schools (MCSOS). As a substitute, I agree to comply with these policies. I understand that my failure to do so may result in disciplinary actions up to and including dismissal.

POLICY:

**EMPLOYEE
INITIALS**

- Condition of Employment Pursuant to both Dependent Adult Abuse and Child Abuse Reporting

- Drug-Free Workplace Awareness Policy

- Tobacco-Free Environment Policy

- General Harassment Including Sexual Harassment

- Madera County Superintendent of Schools Employee Computer, Telephone, and Network Acceptable Use Policy

- Copyrighted Material

- Substitute Teacher and Substitute Instructional Assistant Resource Guide

- SISC Medical Provider Network – Employee Handbook

NAME (PRINT)

DATE

SIGNATURE

Policies are posted on the Madera County Office of Education website under:

Human Resources>Substitute Services>Policies