

# *New Hire Packet*

## **Substitutes, Temporaries, As Needed & Coaches**



*1769 East Moody Blvd ■ Bunnell, FL 32110  
Telephone (386) 586-2391 or (386) 437-7526 ■ Fax (386) 586-2396  
[www.flaglerschools.com](http://www.flaglerschools.com)*

*We conform to all the laws, statutes, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic Information & Testing, Family & Medical Leave, protected veteran status, or any other characteristic protected by law. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.*



**Flagler County Schools**  
**Human Resources Department**

**Fingerprint Information**

Name \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ US Citizen:  Yes  No

Aliases AKA \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month/Day/Year

Race:  Asian  Black  White  Native American  Unknown

Sex:  Male  Female

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_ft. \_\_\_\_in. Weight: \_\_\_\_\_ pounds

Missing Digits (fingers): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Money Order: Bank \_\_\_\_\_ # \_\_\_\_\_

Credit Card Confirmation # \_\_\_\_\_ Date \_\_\_\_\_ Init \_\_\_\_\_

Fingerprinted by : \_\_\_\_\_  
(Initials)

# *Flagler County Public Schools*

P. O. Box 755 ■ 1769 E. Moody Blvd. ■ Bunnell, FL 32110  
Phone (386) 437-7526 ■ Fax (386) 437-7577  
[www.flaglerschools.com](http://www.flaglerschools.com)

## **AUTHORIZATION FOR DRUG SCREENING TEST**

**MediQuick Urgent Care - 6 Office Park Drive, Palm Coast, FL 32137**

**Phone: 386-447-6615 Fax: 386-447-1266**

**MediQuick Urgent Care – 140 Pinnacles Drive, Palm Coast, FL 32164**

**Phone: 386-597-2829 Fax: 386-313-1923**

The cost of the drug screening test is **\$35.00** and is the responsibility of the applicant/person.

Payment is due at the time of the drug screening test and can be paid by,

**CASH, CHECK, MONEY ORDER or CREDIT CARD**

**Please bring a list of all your prescription drugs with you at the time of testing; this will assist with the results of your test.**

The following applicant/person has been authorized by Flagler County Schools Human Resource Department to receive a Drug Screening Test, by MediQuick Urgent Care.

Date: \_\_\_\_\_

Applicant/Person Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Applicant/Person Signature: \_\_\_\_\_

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**This Drug Screening Testing is being performed for the following reason:**

- Pre-Employment Drug Screening
- Post- Employment Drug Screening
- Return from Leave of Absence
- Random

# Form W-4 (2019)

**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](http://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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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](http://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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://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](http://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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>
<p align="center">▶ <b>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.</b></p>				
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b>
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶				<b>7</b>
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶				<b>Date</b> ▶
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			<b>9</b> First date of employment	<b>10</b> Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>	<b>D</b>	<u>      </u>
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	<u>      </u>
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	<u>      </u>
<b>G</b>	<p><b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .</p>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>      </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ <u>      </u>
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>2</b>	\$ <u>      </u>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ <u>      </u>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ <u>      </u>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ <u>      </u>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ <u>      </u>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ <u>      </u>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	<u>      </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	<u>      </u>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	<u>      </u>

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN (last 4 digits) \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

**Complete Section I if you have never been a member of a State of Florida administered retirement plan.  
Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.**

I. I have never been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College System Optional Retirement Program (SCCSORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan was \_\_\_\_\_.

**Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSORP.**

**I understand that as a Pension Plan retiree:**

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

**I understand that as an Investment Plan, SUSORP, SCCSORP, or SMSOAP retiree:**

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

<sup>1</sup> If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup> Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

<sup>3</sup> Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup> There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCSORP, or SMSOAP members who retire on or after July 1, 2010.



Please  
Request  
Direct Deposit  
Authorization  
Form  
From Human Resources  
During  
On-Boarding



**Flagler County Schools**  
**Human Resources Department**  
 New Employee Data Form

Name: _____	
School/Dept: _____	Job Title: _____
Address: _____	
City: _____ State: ____ Zip: _____ Phone: _____	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate: _____ Veteran <input type="checkbox"/>
Ethnicity: Hispanic/Latino (circle one) Yes No	
Federal Race: <input type="checkbox"/> Amer Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Local Race: <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Black/Non Hisp <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> White/Not Hispanic	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Does your spouse work for the Flagler County School District? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, what is his or her name? _____	
Emergency Contact: _____ Number: _____	
Personal Email: _____	

**Education & Experience (If applicable)**

Type of Degree: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Specialist <input type="checkbox"/> Doctorate
Major: _____
Total Years of Teaching Experience: _____
# of Years Teaching in Florida Public Schools _____ # Yrs in Florida Non-Public _____
# of Yrs Teaching in Out of State Public Schools _____
# Yrs Out of State Non-Public Schools _____
Do you hold a Florida Teaching Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subject Area(s) of Certification _____
Type of Certificate: <input type="checkbox"/> Professional <input type="checkbox"/> Temporary <input type="checkbox"/> Statement of Eligibility <input type="checkbox"/> Applied

## Statement Concerning Your Employment in a Job Not Covered by Social Security

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer ID# \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

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## Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



*Flagler County Schools*  
**Human Resources Department**

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**LOYALTY OATH**

**STATE OF FLORIDA  
COUNTY OF FLAGLER**

I, \_\_\_\_\_, being employed by or as an officer of the  
**(Print Name)**  
Flagler County School District and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and the State of Florida.

\_\_\_\_\_  
**(Signature of Applicant)**

State of Florida, County of \_\_\_\_\_. Sworn and subscribed before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
who is personally known to me or who has produced as identification  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Typed, Printed or Stamped Notary

\_\_\_\_\_  
My Commission Expires  
Number

Notary Public Commission

*Flagler County Public Schools*  
**HUMAN RESOURCES DEPARTMENT**

*1769 East Moody Blvd ■ Bunnell, FL 32110*  
*Telephone (386) 586-2391 or (386) 437-7526 ■ Fax (386) 586-2396*  
*www.flaglerschools.com*

**Acknowledgement of Substitute Position**

I, \_\_\_\_\_, have been hired as a substitute,

temporary, co-teacher, or “as needed” position. I understand that these positions are not eligible for benefits and there is no guarantee of days or hours to be worked during the school year. I am aware that school is not in session during the summer or winter/spring breaks, and knowingly take this position as such.

If I accept a position as a Community Ed teacher, I understand that if minimum enrollment numbers are not met, the class I am scheduled to teach may be cancelled.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date



*Flagler County Schools*  
**Human Resources Department**  
Certificate of Agreement

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I do hereby certify that I have received and read the following:

- ✓ The Code of Ethics and the Principles of Professional Conduct of the Education Profession in Florida.
- ✓ The Flagler County School Board Drug-Free Workplace Program and Policy regarding substance abuse.
- ✓ Sexual Harassment Policy
- ✓ Employee Access

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



*Flagler County Schools*  
**Human Resources Department**

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**Worker's Compensation Acknowledgement Form**

This will acknowledge that I have been provided the Employee Information Packet regarding worker's compensation for the Flagler County School District.

This Employee Information contains the following topics:

- What medical care am I entitled to?
- How does the process work?
- How will I benefit from it?
- What is the medical referral process?
- What is the procedure for changing a provider?
- How can I express any concerns regarding my treatment?
- What if I require emergency care?

I understand that if I have any questions or do not understand any part of the enclosed material, I may contact the Risk Management office for assistance.

\_\_\_\_\_  
Printed Employee Name

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

*1769 East Moody Drive ■ Bunnell, FL 32110*  
*Telephone (386) 586-2391 ■ Fax (386) 586-2396*  
[www.flaglerschools.com](http://www.flaglerschools.com)





## **Flagler County Public Schools Electronic Systems Use Agreement**

Please read this document carefully before signing.

### **GOAL**

The Flagler County School District believes the Internet and other electronic systems offer vast, diverse, and unique resources to both students and staff. Our goal in providing these services is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The utilization of computer technology by employees and students is an integral part of the educational programs and administration of the School District. It is the policy of the School Board of Flagler County to strongly encourage and support the use of technology by students and staff. The School Board recognizes that keeping pace with computer technology is vital for the success and preparation of our students in the future. Keeping pace with technology is also necessary for the efficient operation of the School District. It is the intent of the School Board to provide meaningful opportunities for students to learn and benefit from advances in computer technology and information resources. In addition, it is the intent of the School Board to support staff with training and equipment to maximize instruction and administrative efficiency.

With access to a global network also comes the potential availability of material that may be inappropriate for a school setting. The Flagler County School District, in accordance with its policies and procedures, will take reasonable precautions to ensure the appropriate use of its network by staff, students, and visitors to the district. However, it is not technically possible to control all materials and users may encounter inappropriate information either by accident or through intentional misuse of the system. The Flagler County School District believes the educational value of information and interaction through electronic systems outweighs the risk of inappropriate use. The Use Agreement below outlines terms and conditions of system use that must be followed by students, staff, and visitors to the district. Staff and students must complete and return this agreement prior to accessing any network connected systems. For students under the age of 18, a parent or guardian's signature is also required.

refs. Board Policy 321

## **ACCEPTABLE USE**

Electronic resources provided by the Flagler County School District are to be used in a manner consistent with the district's educational mission and goals. Students and staff are encouraged to use the systems in support of research, instruction, collaboration, and other forms of academic work. Use of these resources is governed by federal, state, and local regulations. Use of the district's electronic resources in an illegal or unethical manner may result in disciplinary action, including loss of privileges to use the system, school or district sanctions, and referral to appropriate law enforcement authorities. The following guidelines illustrate the types of things that users should and should not do with electronic systems.

### **Personal Security**

Personal information such as complete names, addresses, telephone numbers and identifiable photos should remain confidential when communicating on the system. Students should never reveal such information without permission from their teacher and parent or guardian. No user may disclose, use, or disseminate personal identification information regarding minors without authorization. Students should notify their teacher or other adult whenever they come across information or messages they deem dangerous or inappropriate on the web or when using electronic mail, chat rooms, instant messaging or any other form of electronic communication.

### **System Security**

1. System logins or accounts are to be used only by the authorized owner of the account for the authorized purpose. Users may not share their account number or password with another person or leave an open file or session unattended or unsupervised. Account owners are ultimately responsible for all activity under their account.
2. Users shall not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users; misrepresent other users on the system; or attempt to gain unauthorized access to any entity on the K-12 Network.
3. Communications may not be encrypted so as to avoid security review.
4. Users should change passwords regularly and avoid easily guessed passwords.
5. No use of the system shall serve to disrupt the operation of the system by others. System components including hardware or software shall not be destroyed, modified, or abused in any way. Malicious use of the system to develop programs or institute practices that harass other users or gain unauthorized access to any entity on the system and/or damage the components of an entity on the network is prohibited.

### **Appropriate Content and Behavior**

1. The unauthorized installation, use, storage, or distribution of copyrighted software or materials on district computers is prohibited. All users of the network shall comply with current copyright laws.
2. The system constitutes public facilities and may not be used to support or oppose political candidates or ballot measures.
3. Users are responsible for the appropriateness of the material they transmit over the system. Hate mail, harassment, discriminatory remarks, or other antisocial behaviors are expressly prohibited.
4. Use of the system to access, store, or distribute obscene or pornographic material is prohibited.

### **Filtering and Monitoring**

1. In accordance with federal, state, and local regulations, filtering software is used to control access to the Internet. This blocks or filters visual depictions that are obscene and other content that is harmful to minors. Parents are advised, however, that filtering technology is imperfect, and that the possibility exists of obtaining access to prohibited materials. Educational staff will, to the best of their ability, monitor students' use of the Internet, and will take reasonable measures to prevent access to inappropriate materials.
2. From time to time the district will make a determination on whether specific uses of the network are consistent with the regulations stated above. For security and administrative purposes the district reserves the right for authorized personnel to review network use and content. The district reserves the right to remove and individual's network access privileges to prevent further unauthorized activity.

**Flagler County School Board  
SCHOOL ADMINISTRATION**

***POLICY # 321***

**COMPUTER TECHNOLOGY ACCEPTABLE USE POLICY**

The utilization of computer technology by employees and students is an integral part of the educational programs and administration of the School District. It is the policy of the School Board of Flagler County to strongly encourage and support the use of technology by students and staff. The School Board recognizes that keeping pace with computer technology is vital for the success and preparation of our students in the future. Keeping pace with technology is also necessary for the efficient operation of the School District. It is the intent of the School Board to provide meaningful opportunities for students to learn and benefit from advances in computer technology and information resources. In addition, it is the intent of the School Board to support staff with training and equipment to maximize instruction and administrative efficiency.

The responsible use of such equipment is of utmost importance; therefore, the following rules have been adopted as to the use of computer technology by employees and students.

- (1) Computer technology is defined as computers, computer networks, computer software and hardware and programming, data files, e-mail, computer telecommunications, Internet services and all equipment related to computer systems.
- (2) The use of computer technology may be revoked or be the subject of student discipline, or employee reprimand/termination, if abused. Abusive use of School District computer technology would include:
  - (a) Employee use of School District computer technology for private commercial business or personal financial gain. Computer technology provided by the School District is to be used for School District purposes. Employees should not have any expectation of privacy in computer files, data, disks or e-mail that are used by the employee.
  - (b) Student use of computer technology for purposes unrelated to the educational purposes of the School District. Students are to use technology for educational purposes. Students should not have any expectation of privacy in computer files, data, disks or e-mail used by the student.
  - (c) The placing of unlawful information, data files or programs on the computers or networks.
  - (d) The use or downloading of obscene, abusive or otherwise objectionable language or graphics.
  - (e) Unauthorized use of intellectual property belonging to others, including programs and/or data files.
  - (f) Theft and/or destruction of computer software, hardware and related equipment, data files and intellectual property maintained by the School District and others.
  - (g) Attempts to violate the security of any network system.
  - (h) Deliberate actions which deny access to, disruption of, or destruction of service of any network system or computer.

- (i) Deliberate unauthorized installation of personal computer software on the computers and the computer networks, including but not limited to: games, viruses, programs and applications software. Individual authorization may be obtained from the principal or his designee.
- (j) Violating the conditions of the Florida and Federal Education Codes dealing with the student's rights to privacy.
- (k) Use of computers, computer networks, and related equipment to create a forgery or to commit any crime.

***POLICY # 321 (continued)***

- (3) All use of computer telecommunications services and networks shall be consistent with the mission, goals, policies and priorities of the School District. Successful participation in a network or telecommunications requires that students and employees regard it as a shared resource and that they conduct themselves in a responsible, ethical and legal manner while using the systems.
- (a) The School District computer telecommunications and network accounts shall be used only by the authorized users of the accounts for the purposes specified. Authorized users shall be ultimately responsible for all activity under their account and password.
  - (b) Student use of the computer telecommunications services for accessing the Internet shall be supervised and shall require prior written approval from parents/guardians and a signature by the student acknowledging that he or she understands the proper usage of these systems, has read the School Board's Computer Technology Acceptable Use Policy, and understands the consequences of improper usage.
  - (c) The Superintendent or designee shall be responsible for authorizing use of the computer telecommunications and networking services in accordance with this policy.
  - (d) Each school or site administrator shall designate a "network administrator" who shall be responsible for maintaining the security of the school network, school Internet access, distributing access forms, authorizing access, maintaining the network and network software, and related documentation. The "network administrator" shall have the authority to deny or terminate access to the school network or e-mail system to any student or employee who knowingly violates the standards of conduct for network usage as set forth herein. Such terminations or denials shall be referred to the school principal or site administrator, or his or her supervisor, should the school principal or the site administrator be the violator, for final determination.

***Statutory Authority*** 230.22(2), F.S.

***Laws Implemented:*** 230.23, F.S.

Flagler County School Board  
Faculty & Staff

POLICY # 321

**District Copy  
(Return This Page Only)**

**SCHOOL DISTRICT OF FLAGLER COUNTY**

**Acceptable Use Signature Page for Faculty/Staff**

**All staff are governed by the Flagler County Acceptable Use Policy and the Technology Guidelines & Internet Access Policy. By accessing the network, staff are agreeing to abide by the guidelines therein. Violations to these policies can result in the termination of Network and Internet access.**

I have read and understand the Flagler County School computer Technology Acceptable Use Policy and the Technology Guidelines & Internet Access Policy and agree to abide by the guidelines therein. I understand that if I violate the terms and conditions of the Acceptable Use Policy and the Technology Guidelines that my Internet access and Network access can be terminated and all future access denied. I understand that further disciplinary action may be taken in accordance with the policies provided in the Acceptable Use Policy #317. I understand that Internet Access is filtered in accordance with School Board policies.

Name (Print): First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Location: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_