

**Giles County Public Schools
151 School Road
Pearisburg, VA 24134
(540) 921-1421 phone
(540) 921-1424 fax**

IMPORTANT INFORMATION TO ALL APPLICANTS FOR SUBSTITUTE TEACHING

Please return all forms attached to the School Board Office (except the reference forms).

Background record checks--as of July 1, 2000, forms regarding record checks will be included in each substitute packet. Please read instructions on the form carefully. There is a fee for each form. Please note the child abuse form needs to be signed before a Notary. Each applicant is responsible for returning the form with a money order to the SBO in a ready-to-mail stamped envelope along with a copy of your money order receipt to be placed on file as documentation verifying the form was submitted.

Reference forms--detach and distribute them to those people you wish to complete for you. If you already have a complete teaching application or para-professional application (teacher assistant or clerical) on file, it is not necessary to complete the reference forms that are attached to the substitute application. Should you have another application on file, please indicate on your substitute form. If reference forms are needed, they may be returned to the address at the top of the form.

Employment verification form (I-9)--you must bring your social security card and driver's license to be copied. Once the substitute packet is completed, it will be submitted to the superintendent/school board for approval. Once approved, a copy of the front sheet of the packet (containing phone/address) will be distributed to schools you have indicated on the sheet. You may call to check on approval status (921-1421 x 10). Should you have any change in application information at any time, it is important that you report that change to the School Board Office (i.e. criminal history, convictions, college credit status, days of availability to sub, etc).

The following items are necessary before approval is granted:

- * completed application
- * 3 completed reference forms
- * completed forms/fingerprint card and money orders for FBI fingerprint/criminal background record checks (\$27 money order for VA State Police, \$10 money order for VA Department of Social Services)
- * completed tax forms (federal and state)
- * completed employment eligibility form and 2 ID's (preferably driver's license and social security card)
- * completed child support form
- * tine/PPD test results
- * documentation of attending the substitute training
- * substitute verification form signed and verified by administrator/designee
- * bloodborne pathogen video/internet safety video (if approved after June training)

For additional employment opportunities, you may call 921-1421 and press 5; or visit our website at <http://sbo.gilesk12.org/>



**Giles County Public Schools
151 School Road
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**SUBSTITUTE TEACHERS
REGISTRATION FORM
20____ - 20____ SCHOOL YEAR**

The Giles County Public School System does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups.

The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator (Assistant Superintendent, Curriculum)
151 School Road
Pearisburg VA 24134
(540) 921-1421 x 16

Section 504 Coordinator (Director of Special Education)
151 School Road
Pearisburg VA 24134
(540) 921-1421 x 21

For further information on notice of non-discrimination, visit <http://wdcrobcop01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

_____ Social Security #

_____ Date

Name _____

Address _____ City/State/Zip _____

Telephone _____

Education: _____ High School Graduate _____ College Attended _____

Years of College Completed (circle one) 1 2 3 4 4+ Degree(s) Earned: _____

Do you hold a Virginia Teaching Certificate that is in force? _____ If so, list the type and expiration date: _____

What subject area(s) or grade level(s) are you endorsed to teach? _____

Do you have a teaching certificate from any other state(s)? _____ If so, list: _____

List any additional grade level(s) or subject area(s) in which you would feel competent to substitute: _____

Check the level(s) in which you would be willing to substitute:

_____ K _____ 1-3 _____ 4-7 _____ 8-12 _____ Special Education _____ Physical Education

Check the school(s) in which you would be willing to substitute:

_____ Eastern Elementary/Middle (K-7) _____ Giles High (8-12)
_____ Macy McClagherty (K-7) _____ Narrows High (8-12)
_____ Narrows Elementary/Middle (K-7) _____ Technology Center (10-12)

Have you previously substituted in Giles County Public Schools? _____ If so, please list most recent school year: _____

Do you have any relatives now employed by the Giles County School Board? YES NO

I have read the information on this registration form and understand its content.

_____ Date

_____ Signature of Applicant

This registration is good for this school year only. Substitute teachers must register each school year.

Substitute teaching is on a day-to-day basis and is not a full-time position. Giles County Public Schools do not contract or obligate substitute teachers for more than the specified day(s), unless a specific position or long-term situation exists, and then the obligation will be specified in a work agreement or contract.

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DISCLOSURE STATEMENT

The following statement is required of all public school employees
as a condition of employment by the Code of Virginia,
Section 22.1-296.1.

I understand and agree that by signing and submitting this application, I certify:

(i) that I have not been convicted of a felony or any offense involving
the sexual molestation, physical or sexual abuse or rape of a child

and

(ii) that I have ____ OR have not ____ been convicted of a
crime of moral turpitude

and

(iii) that I have not been the subject of a founded case of child abuse and neglect.

I further understand that if I make a materially false statement regarding any of the above offenses,
I will be guilty of a Class 1 misdemeanor.

DATE

APPLICANT'S SIGNATURE



**Giles County Public Schools
151 School Road
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AUTHORIZATION FOR RELEASE OF INFORMATION

School Board policy requires verification of an applicant's criminal history record prior to offering employment.

Conviction of a crime, in and of itself, shall not be a bar to employment by the Board. Where a conviction is related to suitability of the individual to perform duties, such a person may be denied employment or terminated.

I, _____, hereby authorize the Superintendent of Schools to obtain criminal history information concerning me. I further authorize the Giles County Sheriff's Office to release to the Superintendent of Schools, or his designee, any criminal history record information obtained from the Central Criminal Records Exchange.

DATE _____ APPLICANT'S NAME _____
ADDRESS _____
SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____

RETURN THIS SIGNED FORM WITH THE COMPLETED APPLICATION OF EMPLOYMENT FORM TO:

APPLICATIONS
GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134



Giles County Public Schools
151 School Road
Pearisburg, VA 24134
(540) 921-1421



**NON-PROFESSIONAL/PARAPROFESSIONAL
REFERENCE FORM
TO BE COMPLETED BY**

NAME OF REFERENCE

THIS IS A REQUEST FOR REFERENCE TO SUPPORT MY APPLICATION FOR THE POSITION(S) OF _____
IN THE GILES COUNTY SCHOOL SYSTEM. PLEASE COMPLETE AND FORWARD THIS FORM AS SOON AS POSSIBLE TO:

APPLICATIONS
GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134

I WAIVE MY RIGHTS TO SEE MY REFERENCE AND, THEREFORE, RECOGNIZE THAT IT SHALL
REMAIN CONFIDENTIAL. (1974 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT--RIGHT TO ACCESS)

SIGNATURE OF APPLICANT

I DO NOT WAIVE MY RIGHTS OF CONFIDENTIALITY AND, THEREFORE, WILL HAVE ACCESS TO MY
REFERENCE. (1974 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT--RIGHT TO ACCESS)

SIGNATURE OF APPLICANT

NAME OF APPLICANT (PLEASE PRINT)

NAME OF APPLICANT _____

	OUTSTAN- DING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN OR NOT APPLICABLE
OCCUPATIONAL COMPETENCE					
A.					
B.					
C.					
(FOR CLERICAL APPLICANTS ONLY)					
D.					
E.					
HUMAN RELATIONS SKILLS					
A.					
B.					
C.					
PERSONAL CHARACTERISTICS RELATED TO JOB PERFORMANCE					
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					



NAME OF APPLICANT _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

FURTHER COMMENTS ABOUT THE APPLICANT'S ABILITY TO PERFORM THE JOB APPLIED FOR: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____

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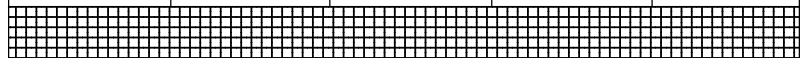
SIGNATURE OF APPLICANT

NAME OF APPLICANT (PLEASE PRINT)

NAME OF APPLICANT _____

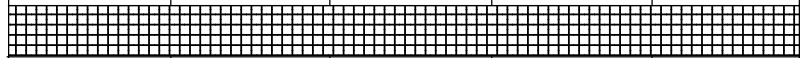
OUTSTAN- DING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN OR NOT APPLICABLE
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OCCUPATIONAL COMPETENCE



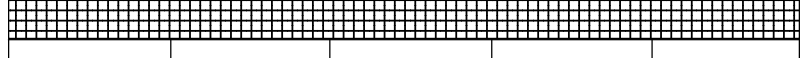
- A. BY VIRTUE OF TRAINING AND/OR JOB EXPERIENCE, HAS THE ABILITY TO PERFORM THE JOB(S) FOR WHICH APPLYING
- B. HAS THE ABILITY TO LEARN QUICKLY AND THOROUGHLY NEW SKILLS AND TECHNIQUES WHICH MAY BE REQUIRED BY THE JOB
- C. IS FAMILIAR WITH OPERATION AND CARE OF STANDARD EQUIPMENT USED IN THIS JOB FIELD

(FOR CLERICAL APPLICANTS ONLY)



- D. DEMONSTRATES AN ACCEPTABLE COMMAND OF THE ENGLISH LANGUAGE ACCORDING TO STANDARD USAGE
- E. TYPES WITH ACCEPTABLE SPEED AND ACCURACY

HUMAN RELATIONS SKILLS



- A. INTERACTS WELL WITH ALL ETHNIC GROUPS REGARDLESS OF THEIR CULTURAL, INTELLECTUAL, OR ACADEMIC BACKGROUND
- B. WORKS COOPERATIVELY WITH COLLEAGUES IN ACHIEVING COMMON GOALS
- C. IS ABLE TO COMMUNICATE EFFECTIVELY AND TACTFULLY WITH COLLEAGUES, SUPERIORS, AND SUBORDINATES

**PERSONAL CHARACTERISTICS
RELATED TO JOB PERFORMANCE**



- A. IS PUNCTUAL
- B. IS SELF-CONFIDENT ABOUT ABILITY TO PERFORM THE JOB APPLIED FOR
- C. HAS THE STAMINA TO DO THE JOB APPLIED FOR
- D. HAS THE ABILITY TO MAKE DECISIONS AND CARRY OUT RESPONSIBILITIES
- E. IS ABLE TO COPE WITH DEMANDS OF THE JOB
- F. IS OPEN-MINDED TOWARD CHANGE
- G. IS SELF-RELIANT
- H. HAS INITIATIVE
- I. IS INTERESTED IN SELF-IMPROVEMENT

NAME OF APPLICANT _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

FURTHER COMMENTS ABOUT THE APPLICANT'S ABILITY TO PERFORM THE JOB APPLIED FOR: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____

Giles County Public Schools
151 School Road
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**NON-PROFESSIONAL/PARAPROFESSIONAL
REFERENCE FORM
TO BE COMPLETED BY**

NAME OF REFERENCE

THIS IS A REQUEST FOR REFERENCE TO SUPPORT MY APPLICATION FOR THE POSITION(S) OF _____
IN THE GILES COUNTY SCHOOL SYSTEM. PLEASE COMPLETE AND FORWARD THIS FORM AS SOON AS POSSIBLE TO:

APPLICATIONS
GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134

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SIGNATURE OF APPLICANT

NAME OF APPLICANT (PLEASE PRINT)

NAME OF APPLICANT _____

	OUTSTAN- DING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNKNOWN OR NOT APPLICABLE
OCCUPATIONAL COMPETENCE					
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E.					
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G.					
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NAME OF APPLICANT _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

FURTHER COMMENTS ABOUT THE APPLICANT'S ABILITY TO PERFORM THE JOB APPLIED FOR: _____

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

DATE: _____

Giles County Public Schools

§ 60.2-114.1. Notification of withholding order.

When an individual is hired for employment, the employer shall, at the time of the initial hiring, request that the employee disclose whether he has an income withholding order pursuant to § [20-79.1](#) or § [63.2-1924](#). When an employee discloses that he owes child support that is required to be withheld, the employer shall begin withholding according to the terms of the order. Information disclosed under this section shall not be divulged except to the extent necessary for the administration of the child support enforcement program or when otherwise authorized by law.

(1993, c. 165.)

Under the Code of Virginia § 60.2-114.1, the Division is required to request all new employees to disclose whether they are subject to any child support orders and to comply with the terms of any such order.

1. Are you currently subject to any income withholding order pursuant to any child support obligations?

_____ YES

_____ NO

2. If the answer to Question #1 was yes, please provide the details, including the party to whom payments are due under the order and the identity of the court or agency that entered the order. Also, please provide a copy of the order.

Name: _____

Signature: _____

Date: _____



Criminal Background Check Information

Last Name: _____

Maiden Name: _____

First Name: _____

Middle Name: _____

Race: _____

Gender: Male____ Female____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

****Please note:** You must also submit a fingerprint card that is completed by the Sheriff's Department.

**GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG, VA 24134**

DIRECT DEPOSIT AUTHORIZATION FORM

This is an authorization agreement for automatic deposits and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is to remain in full force and effect until otherwise noted.

Name _____

School _____

Employee Number _____

Email Address _____

Bank Name and Address _____

Account Number _____

Please circle one (Savings OR Checking)

I wish to have my paychecks directly deposited in my specified bank account. I understand that I must notify the payroll specialist 30 days in advance to make changes to my current account and that the bank I use must be a participant in the Automated Clearinghouse (ACH).

Signature _____ **Date** _____

ATTACH VOIDED CHECK HERE

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)

2601064 Rev. 11/07

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

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.

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 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 to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household please note:

Generally, you 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment			10 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. 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 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.

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.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • 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. • 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. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • 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). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. 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>	G	_____
H	Add lines A through G and enter the total here	H	_____

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.

1	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	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	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)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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 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 - \$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.



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

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

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

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

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

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

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

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

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

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

GILES COUNTY PUBLIC SCHOOLS

151 School Road
Pearisburg, VA 24134

SUBSTITUTE VERIFICATION FORM

PLEASE RETURN THIS FORM WITH THE SUBSTITUTE APPLICATION

NAME _____ ADDRESS _____

PHONE _____

SS# _____

- _____ I have completed and/or reactivated a substitute's application and it is on file in the office of the Superintendent. My reference forms have been distributed and have been, or will be forwarded to the Superintendent within seven days. I understand that once my application is placed on file, that it must be personally reactivated each year.

- _____ I have submitted the two necessary forms for record checks regarding criminal history, sex offender, and child abuse/ neglect, and am hereby declaring that I have no history of the above offenses (with one stamped envelope).

- _____ I have submitted verification of a negative screening for TB that was administered within the last year.

- _____ I have completed the necessary payroll information and have forwarded it to the School Board Office. These include the necessary tax and I-9 Employee Verification form (with 2 forms of ID attached).

- _____ I have read and understand the excerpts and summary of the sexual harassment and drug free workplace policies.

- _____ I understand that all necessary paperwork must be completed and forwarded to the School Board Office to be approved for substituting. Also, upon my first day of substituting, if my paperwork is incomplete, my paycheck may be held by the Payroll Clerk.

- _____ I understand that my application will be taken before the School Board for approval/ confirmation and should I not be approved to substitute by the School Board, I will be notified.

Substitute Teacher's Signature

Date

Signature of Administrator
SubformverGreen

Date

SB-99
9/00

**GILES COUNTY PUBLIC SCHOOLS
151 SCHOOL ROAD
PEARISBURG VA 24134**

Policy File GBE (Staff Health and Safety) states that all school employees will, within sixty (60) days prior to employment in the Giles County Public Schools, and thereafter as requested by the Health Department of Board, present evidence of immunity from tuberculosis by either x-ray, tine test, or a PPD-5TU from a health department.

PHYSICIAN'S CERTIFICATE: PUBLIC SCHOOL EMPLOYEE

Name: _____ Sex: _____ Date of Birth: _____

Address: _____

On basis of tine test and/or examinations, I hereby certify that the above named person is believed free of communicable tuberculosis, this date.

(signature) _____ M.D.

Address _____

Telephone _____

I am a licensed physician in _____ (state or district), United States.

NOTICE TO EMPLOYEES

RE: UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPENSING,
POSSESSION OR USE OF A CONTROLLED SUBSTANCE

The Giles County School Board is committed to maintaining a Drug Free workplace.

A. Violations

- (1) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance (including alcohol or anabolic steroids) by any employee on school property, at any school activity, or on any school-sponsored student trip is prohibited.
- (2) Any employee convicted of any criminal drug statute for a violation occurring under the circumstances described in A(1) shall notify the superintendent within five (5) days after such conviction.

Compliance with the above provisions is a condition of employment.

B. Disciplinary Action

- (1) The superintendent and school board will take appropriate personnel action up to and including dismissal of any employee found in violation of paragraphs A(1) and A(2), above.
 - (2) Such actions of the superintendent and school board may begin immediately on notification of a violation.
-
-



Giles County Public Schools
151 School Road
Pearisburg, VA 24134
540.921.1421



Sexual Harassment
(Excerpts and Summary from Giles County Public Schools' Policy JFHA)

It is the policy of the Giles County School board to maintain a working and learning environment for all employees and students which provides for fair and equitable treatment, including freedom from sexual harassment. It is prohibited for any employee or student, male or female to harass another employee or student by making unwelcome sexual advances or requests for sexual favors, or engaging in other verbal or physical conduct of a sexual nature, when (1) submission to or rejection of such conduct is used as a basis for employment or academic decisions affecting the employee or student; (2) such conduct creates an intimidating, hostile or offensive working or learning environment; or (3) submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment or participation in school programs.

Any employee or student who believes that he or she has been subjected to sexual harassment should file a complaint of the alleged act immediately to the compliance officer. The compliance officer shall request that the complaint be in writing. Refusal to put the complaint in writing shall not preclude an investigation of the complaint. The complaint should state the detail basis for the complaint, the names of the persons involved, and the dates of any specific incident. A thorough investigation of all reported incidents to determine the nature and extent of any alleged sexual harassment will be undertaken immediately. The confidentiality of the reporting party will be observed provided it does not interfere with the investigation or with the ability to take corrective action.

False charges of sexual harassment shall be treated as a serious offense and those persons making false charges shall be subject to disciplinary action.

If the complaint is against the compliance officer, the complaint shall be filed with the superintendent. If the complaint is against the superintendent, the complaint shall be filed with the chairman of the School Board. The question of whether a particular action or incident is prohibited behavior requires a determination based on all the available facts in the matter. A written report shall be filed at the conclusion of any investigation of sexual harassment regardless of the outcome of that investigation. Any employee with knowledge of the occurrence of sexual harassment should notify the compliance officer.

Any administrator, teacher or other employee or student who is found after appropriate investigation to have engaged in sexual harassment of another employee or student will be subject to disciplinary action appropriate to the offense from a warning up to expulsion or discharge.

Any individual filing a sexual harassment complaint is assured that he/she will be free from any retaliation from filing such a complaint. Retaliators will be subject to discipline up to and including expulsion or discharge. Retaliation against anyone reporting or thought to have reported sexual harassment behaviors is prohibited. Such retaliation shall be considered a serious violation of the policy and shall be independent of whether a charge or informal complaint of sexual harassment is substantiated. Encouraging others to retaliate also violates this policy.

All students attending Giles County Public Schools may participate in educational programs and activities, including but not limited to health and physical education, music, vocational and technical education. Educational programs and services will be designed to meet the varying needs of all students and will not discriminate against any individual for reasons of race, color, national origin, religion, age, disability or gender.

Giles County Public Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

Title IX Coordinator
Assistant Supt. For Curriculum
151 School Road
Pearisburg, VA 24134
(540) 921-1421 X 16

Section 504 Coordinator
Director of Special Education
151 School Road
Pearisburg, VA 24134
(540) 921-1421 X 21