

HAMILTON SCHOOL BOARD
5683 Highway 129 South – Suite 1
Jasper, FL 32052
Personnel Office: (386) 792-7816

APPROVED BY HAMILTON
SCHOOL DISTRICT ON

Superintendent

SUBSTITUTE REQUEST FORM

Name _____ Social Security # _____

Mailing Address _____

City/State/Zip _____ Phone # _____

Email _____

I wish to apply as a substitute in the following role(s):

- ☐ Teacher
☐ Food Service Assistant
☐ Custodian
☐ Bus Driver (*requires clearance*):
☐ Bus Aide (*requires clearance*):
☐ Maintenance Asst. (*requires clearance*):
- General Services Clearance: _____
General Services Clearance: _____
General Services Clearance: _____

I wish to substitute at the following site(s):

- ☐ Hamilton County High School
☐ Hamilton County Elementary School
☐ General Services Department

Note: The minimum requirements must be fulfilled, verified, and on file in the Personnel Office prior to presentation for Board approval. Please complete the attached packet of materials and return to the Personnel Office for processing.

District Office Use

- ☐ A completed Application for Employment
☐ Three (3) completed reference forms
☐ A completed & signed W-4 Form (Withholding Tax Certificate)
☐ Completed direct deposit information
☐ A notarized Loyalty Oath
☐ A completed & signed Permission for Disclosure of Information from Personnel Records
☐ A copy of vocational certificate, transcript, or grade report of any college work of at least thirty (30) hours completed for pay purposes; or a copy of high school diploma or GED
☐ A completed Hamilton School Board Fingerprint Card with appropriate fee
☐ Drug Screening
☐ A signed receipt for School Board Policy 2.18 – *Prohibiting Discrimination, Including Sexual and other Forms of Harassment*, School Board Policy 6.45 – *Alcohol & Drug-Free Workplace*, and *The Code of Ethic/Principles of Professional Conduct* by the Florida Education Standards Commission
☐ A copy of license(s) required by the Department of Highway Safety & Motor Vehicles to perform job requirements in operating vehicles on Florida highways
☐ Exemption from Public Records
☐ Statement on Collection/Use/Release of Social Security Numbers
☐ Form I-9, Employment Eligibility Verification
☐ A copy of the social security card

Personnel Clearance

Date

WORKING After Retirement

• • For FRS Pension Plan Members



MyFRS
Florida Retirement System



Reemployment Rules for FRS Pension Plan Members

Returning to work with an FRS participating employer too soon after retirement could be a costly mistake. Read this brief flyer to be sure you don't shortchange yourself in retirement.

What You Need to Know

Once you become an FRS retiree:¹

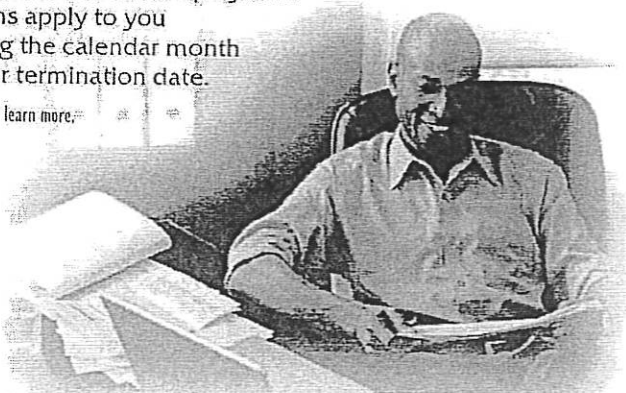
- You will not be able to rejoin the FRS — even if you return to work with an FRS participating employer.
- If you return to work with an FRS participating employer before satisfying a waiting period, your retirement may be voided and you may have to repay all benefits you have received, including any DROP payout.

When Do I Become an FRS Retiree?

You become an FRS retiree once you have terminated employment with all FRS participating employers, established an effective retirement date through the application process, and cashed or deposited a benefit payment. You are considered retired as of your effective retirement date. If you participate in the Deferred Retirement Option Program (DROP), your effective retirement date is your DROP begin date.

The termination and reemployment limitations apply to you beginning the calendar month after your termination date.

Turn the page to learn more:



¹ If you were an FRS retiree that was initially rehired by an FRS participating employer in an excepted position before July 1, 2010, your Pension Plan benefits would not be suspended during months 2 to 12, as described on the next page. If you have questions, contact the Division of Retirement at 1-866-446-9377, Option 3.

Caution!

The reemployment laws are very complex and there are no exceptions. Returning to work for an FRS participating employer after you've retired may have **significant financial consequences**.

So, before retiring or returning to work for an FRS participating employer, we **strongly recommend** that you call the Division of Retirement at 1-866-446-9377, Option 3.

Questions?

Once you are an FRS retiree, be sure you understand the impact of returning to employment with an FRS participating employer before choosing to do so. If you have questions, call the Division of Retirement at 1-866-446-9377, Option 3.

MyFRS Financial Guidance Line for PENSION PLAN MEMBERS • • • Available Monday through Friday
1-866-446-9377, Option 3 (or TRS 711) OR 1-888-738-2252, 8:00 a.m. to 5:00 p.m. ET

WORKING After Retirement

When Can an FRS Retiree Return to Work with an FRS Participating Employer?

You can return to work with an FRS participating employer at any time; however, returning within 12 calendar months of becoming an FRS retiree may void your retirement and require you to repay retirement benefits received, as described below.

If you are an FRS retiree and return to work¹ with an FRS participating employer ...

Within 6 Calendar Months	Your retirement will be voided and you will be required to repay all the Pension Plan benefits you have received, including any DROP payout.
During Calendar Months 7 to 12	Your Pension Plan benefits will be suspended for each month you are employed during this period (you must notify the Division of Retirement of your employment). If your benefits are not suspended timely, you and your employer will be required to repay benefits you should not have received.
After 12 Calendar Months	You will not be required to repay any prior benefits and you will continue receiving benefits from the Pension Plan without interruption.

Want to know when you'll reach the 6- and 12-calendar-month waiting periods?

View or download the comprehensive reemployment tables by visiting MyFRS.com. On the home page, click "Reemployment After Retirement," then "Reemployment Tables."

Can I Rejoin the FRS After Becoming an FRS Retiree?

No. Once you are considered an FRS retiree under the Pension Plan and DROP, you cannot renew your membership in the FRS, no matter when you return to employment with an FRS participating employer. This means that you will not be eligible to earn any additional benefits under an FRS plan.²

Do These Reemployment Rules Apply if I Am Hired by a Non-FRS Employer?

No. Being hired by a private employer or a non-FRS public employer³ after becoming an FRS retiree will have no impact on your Pension Plan benefits (except for disability retirement — see below).

Would Being Rehired Affect My FRS Disability Benefits?

Yes. You cannot receive disability benefits if you are employed. Your FRS disability benefits will be terminated upon returning to work for any employer (includes private, non-FRS, and FRS participating employers).

¹ This includes work in a temporary, part-time, OPS, or regularly established position, regardless of whether it is an FRS-covered or non-covered position.

² The FRS plans include the Pension Plan, Investment Plan, and other non-integrated defined contribution plans.

³ If you are retiring from an employer that no longer offers FRS membership to new employees and you plan to return to employment with this same employer after termination, please call the Division of Retirement at 1-866-446-9377, Option 3, to determine what reemployment restrictions apply.



This publication is a summary of the reemployment provisions for the Florida Retirement System Investment Plan and Pension Plan and is not intended to include every program detail. Complete details can be found in Chapter 121, Florida Statutes, the rules of the State Board of Administration of Florida in Title 19 and the Department of Management Services, Division of Retirement, in Chapter 60-S, Florida Administrative Code, and the Investment Plan and Pension Plan Summary Plan Descriptions. In case of a conflict between the information in this publication and the statutes and rules, the provisions of the statutes and rules will control.

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Hamilton County School District

5683 US Highway 129 South – Suite 1
Jasper, Florida 32052

Phone: 386.792.1228 – Fax: 386.792.3681

Rex L. Mitchell, Superintendent

School Board Members

Cheryl McCall – District 1

Gary Godwin – District 2

Saul Speights – District 3

Johnny Bullard – District 4

Suzette Wiggins – District 5

EMPLOYMENT NOTICE

Individuals who are interested in regular employment with the Hamilton County School District should submit a completed application along with three (3) reference forms.

In addition to the above information, applicants for instructional and administrative positions should also submit one of the following: A copy of the valid teaching certificate, or a copy of the Statement of Eligibility from the Florida Department of Education confirming that the applicant is eligible for either a temporary or professional teaching certificate.

All applications will be screened and not all applicants will be called for an interview. Questions regarding the application process or vacancies can be directed to the Director of Administrative Services by phone at (386) 792-7815.

Applications will remain on file for one (1) year from the date received in the Personnel Office. Applications will not automatically be pulled for any position. YOU MUST NOTIFY THE PERSONNEL DEPARTMENT AND ASK TO HAVE YUR APPLICATION ACTIVATED FOR A PARTICULAR ADVERTISED/POSTED POSITON.

Please be advised that there is the availability of reasonable accommodations prior to reporting for interviews or at any point during the application process in compliance with ADA: 1630.9. Please contact the Personnel Office for additional information.



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Gary Godwin – District 2
Saul D. Speights – District 3
Johnny Bullard – District 4
Suezette Wiggins – District 5

Memorandum

TO: All Applicants

FROM: Mrs. Ida Daniels, District Equity Coordinator

SUBJECT: DISABILITY ACCOMMODATIONS

Please be advised that there is the availability or reasonable accommodations prior to reporting for interviews or at any point during the application process in compliance with ADFA: 1630.9.

Should you have any questions, please do not hesitate to contact the Personnel Office at 386-792-7816.

Thank you for your attention to this matter.



Hamilton County School District
 5683 Highway 129 South – Suite 1
 Jasper, FL 32052
 Phone: 386-792-1228 Fax: 386-792-3681

Application for Employment
(An Equal Opportunity Employer)

Personal Information

Name: _____
 Permanent Address: _____
 Temporary Address: _____
 Social Security Number: _____ Date of Birth: _____
 Phone Numbers: _____ Email: _____
 Chauffer's License No. _____ Expiration Date: _____

Are you a citizen of the United States?

If "No," do you possess an I-155 Card, or an I-94 Card stamped "Employment Authorized?"

☐ Yes ☐ No
☐ Yes ☐ No

Note: If the answer to both questions is "No," you are ineligible for employment.

Have you ever been arrested for an offense other than a minor traffic violation?

☐ Yes ☐ No

A "Yes" or "No" answer is required by Florida Law. Failure to accurately answer this question could cause denial of employment. If you check the "Yes" box, you must provide the information requested for each charge. Please attach a separate sheet if you need more space.

City Where Arrested	State	Date of Arrest	Charge	Disposition

Employment Desired

Position applied for:	Available start date:
Can you perform the duties of the job for which you have applied in a manner that is safe to you and the other employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," explain:	

Education

Name/Address of High School	Received: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Equivalency <input type="checkbox"/> None (highest grade completed _____)	Date Received
Your name, if different from application		

College, University or Professional School		Dates of Attendance (Month/Year)		Hours Earned		Primary Course Of Study	Secondary Course Of Study	Degree Received/Date
Name	Address	From	To	Qtr.	Sem.			

Business, Correspondence, Trade, Technical or Vocational School		Dates of Attendance (Month/Year)		Hours Earned		Area of Study	Diploma/Certificate Received/Date
Name	Address	From	To	Class	Clock		

Educator's Certificate

Number of Florida Certificate (Valid or Expired): _____	Certificate Type: _____
Highest Acceptable Level of Training: _____	Validity Period: _____
Subject Coverage(s): _____	

Employment Record

List each employer starting with present/most recent. Include military service, if applicable.

Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			
Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			
Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			
Name of Employer	Job Title	From (Month/Year)	To (Month/Year)
Address (including city/state)		Duties	
Name & Title of Supervisor	Telephone		
Reason for Leaving			

References

List names & address of people who have known you over 3 years. Do not list relatives.

Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone

Veteran's Preference

Check if you are claiming Veteran's Preference as:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A disabled veteran who is eligible for or receiving compensation under public laws administered by the U.S. Veterans Administration and the Department of Defense, or	The spouse of a veteran who cannot qualify for employment because of a total & permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or	A veteran of any war or who has served on active duty for 180 consecutive days or more during the wartime era, or	The unmarried widow or widower of a veteran who dies of a service-connected disability.
Branch of Service:		Date of Entry:	Date of Honorable Discharge:

Please Read Before Signing

I hereby verify that the information provided is true, complete and accurate. I agree that the school district may investigate all of the statements made on this application and that any misrepresentation or omission is cause for dismissal.

Signature of Applicant _____

Date _____

**Hamilton County School District
Non-Instructional Reference Form**

Section A – To be completed by applicant:

Applicant's Name (Please print/type): _____

I have applied for a non-instructional position with the Hamilton County School District in the following area(s):

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Custodial | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Substitute | <input type="checkbox"/> Other: _____ |

Section B – To be completed by reference:

Consider this applicant in relationship to the areas listed below. Please indicate by circling the appropriate number using the following scale:

- | | | |
|-------------------------|-------------------------|------------------------------|
| 5 – Extremely competent | 3 – Competent | 1 – Much less than competent |
| 4 – Very competent | 2 – Less than competent | 0 – No basis for judgment |

TECHNICAL KNOWLEDGE – Level of understanding & ability to use technical information for the job 5 4 3 2 1 0

TECHNICAL PROFICIENCY – Level of performance in technical area 5 4 3 2 1 0

WORK STANDARDS – Quantity and quality of work 5 4 3 2 1 0

JUDGMENT – Making decisions which are based on logical assumptions and which reflect factual information 5 4 3 2 1 0

DEPENDABILITY – Reliable and trustworthy 5 4 3 2 1 0

PUNCTUALITY – Observant of appointed time 5 4 3 2 1 0

ENERGY – Maintains high activity level; alert; energetic 5 4 3 2 1 0

INITIATIVE – Takes action to achieve goals beyond what is necessarily called for 5 4 3 2 1 0

ADAPTABILITY – Maintains effectiveness in varying environments, tasks, and responsibilities 5 4 3 2 1 0

SENSITIVITY – Considers the feelings and needs of others 5 4 3 2 1 0

COMMUNICATIONS -	Oral communication	5	4	3	2	1	0
	Written communication	5	4	3	2	1	0
	Non-verbal communication	5	4	3	2	1	0
	Listening skills	5	4	3	2	1	0

This assessment covers the period from _____ to _____. I have known the applicant _____ ☐ months ☐ years in my capacity as _____.

Additional comments: _____

Name & address of person completing form (please print): _____

Please include phone number(s) where you can be contacted to verify this reference: _____

Signature _____	Position _____	Date _____
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Please mail this form to the personnel office at 5683 Highway 129 South – Suite 1, Jasper, FL 32052 or fax to 386-792-3681.

**Hamilton County School District
Non-Instructional Reference Form**

Section A – To be completed by applicant:

Applicant's Name (Please print/type): _____

I have applied for a non-instructional position with the Hamilton County School District in the following area(s):

- | | | | |
|---|---|-------------------------------------|--|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Paraprofessional | <input type="checkbox"/> Custodial | <input type="checkbox"/> Food Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Substitute | <input type="checkbox"/> Other: _____ |

Section B – To be completed by reference:

Consider this applicant in relationship to the areas listed below. Please indicate by circling the appropriate number using the following scale:

5 – Extremely competent
4 – Very competent

3 – Competent
2 – Less than competent

1 – Much less than competent
0 – No basis for judgment

TECHNICAL KNOWLEDGE – Level of understanding & ability to use technical information for the job 5 4 3 2 1 0

TECHNICAL PROFICIENCY – Level of performance in technical area 5 4 3 2 1 0

WORK STANDARDS – Quantity and quality of work 5 4 3 2 1 0

JUDGMENT – Making decisions which are based on logical assumptions and which reflect factual information 5 4 3 2 1 0

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SENSITIVITY – Considers the feelings and needs of others 5 4 3 2 1 0

COMMUNICATIONS -	Oral communication	5	4	3	2	1	0
	Written communication	5	4	3	2	1	0
	Non-verbal communication	5	4	3	2	1	0
	Listening skills	5	4	3	2	1	0

This assessment covers the period from _____ to _____. I have known the applicant _____ ☐ months ☐ years in my capacity as _____.

Additional comments: _____

Name & address of person completing form (please print): _____

Please include phone number(s) where you can be contacted to verify this reference: _____

Signature _____	Position _____	Date _____
-----------------	----------------	------------

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**Hamilton County School District
Non-Instructional Reference Form**

Section A – To be completed by applicant:

Applicant's Name (Please print/type): _____

I have applied for a non-instructional position with the Hamilton County School District in the following area(s):

☐ Clerical ☐ Paraprofessional ☐ Custodial ☐ Food Services
☐ Transportation ☐ Maintenance ☐ Substitute ☐ Other: _____

Section B – To be completed by reference:

Consider this applicant in relationship to the areas listed below. Please indicate by circling the appropriate number using the following scale:

5 – Extremely competent
4 – Very competent

3 – Competent
2 – Less than competent

1 – Much less than competent
0 – No basis for judgment

TECHNICAL KNOWLEDGE – Level of understanding & ability to use technical information for the job 5 4 3 2 1 0

TECHNICAL PROFICIENCY – Level of performance in technical area 5 4 3 2 1 0

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INITIATIVE – Takes action to achieve goals beyond what is necessarily called for 5 4 3 2 1 0

ADAPTABILITY – Maintains effectiveness in varying environments, tasks, and responsibilities 5 4 3 2 1 0

SENSITIVITY – Considers the feelings and needs of others 5 4 3 2 1 0

COMMUNICATIONS - Oral communication 5 4 3 2 1 0
 Written communication 5 4 3 2 1 0
 Non-verbal communication 5 4 3 2 1 0
 Listening skills 5 4 3 2 1 0

This assessment covers the period from _____ to _____. I have known the applicant _____ ☐ months ☐ years in my capacity as _____.

Additional comments: _____

Name & address of person completing form (please print): _____

Please include phone number(s) where you can be contacted to verify this reference: _____

Signature _____ Position _____ Date _____

Please mail this form to the personnel office at 5683 Highway 129 South – Suite 1, Jasper, FL 32052 or fax to 386-792-3681.

THE SCHOOL DISTRICT OF HAMILTON COUNTY

**STATEMENT ON THE COLLECTION, USE OR RELEASE OF
SOCIAL SECURITY NUMBERS OF EMPLOYEES AND OTHERS*****

Read the information below, sign and return this
document to the person who provided you the form.

The School District of Hamilton County is authorized to collect, use or release social security numbers (SSN) of employees and other individuals*** for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [§119.071(5)(a) 2 & 3, Fla. Stat.].

1. **Employment eligibility, report to IRS, SSA, UC, and FAWI, including for W-4's and I-9's.** [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and §119.071(5)(a) 6, Fla. Stat.]
2. **Receipts to employees for wages and statements required in case of sick pay paid by third parties.** [Required by federal statute 26 U.S.C. 6051, and §119.071(5)(a) 6, Fla. Stat.]
3. **Verification of an alien's eligibility for employment, including I-9.** [Authorized by 8 U.S.C. 1324 a (b) and 8 C.F.R. 274a. 2.]
4. **Income tax withholding (including for annuity and sick leave)/Payroll deductions on Form W-2.** [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and §119.071(5)(a) 6, Fla. Stat.]
5. **Teacher retirement system benefits and contributions.** [Authorized by §238.01 et seq., including 238.07, Fla. Stat., and §119.071(5)(a) 6, Fla. Stat.]
6. **Retirement contributions required for enrollment in Florida Retirement System (FRS) Investment Plan, second election retirement plan enrollment, or for participation in and contributions to FRS.** [Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19-11.007 and §119.071(5)(a) 2 & 6, Fla. Stat. or required by §121.051 and 121.071, Fla. Stat., and Fla. Admin. Code 19-13.003 and §119.071(5)(a) 2 & 6, Fla. Stat.]

7. Reports pertaining to deferred vested retirement programs. [Required by 26 C.F.R. 301.6057-1 and §119.071(5)(a) 6, Fla. Stat.]
8. Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. §423.34 and 42 C.F.R. §423.886. [Authorized by 42 C.F.R. 423.884 and §119.071(5)(a) 6, Fla. Stat.]
9. Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay. [Required by §§1012.56 and 119.071(5)(a) 6, Fla. Stat. and/or authorized by §§1012.21 and 119.071(5)(a) 6, Fla. Stat.]
10. Criminal history, Level 1 and Level 2 background checks/identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available. [Required by Fla. Admin. Code 11C-6.003 and §119.071(5)(a) 6, Fla. Stat.]
11. Registration information regarding sexual predators and sexual offenders. [Authorized by §943.04351, Fla. Stat. and required by §119.071(5)(a) 2 & 6, Fla. Stat.]
12. Reports on staff required to be submitted to Florida Department of Education (DOE), including but not limited to Out-of-County/ Out-of-State Verification of Highly Qualified. [Authorized and required by §119.071(5)(a) 2 & 6, Fla. Stat. and/or EDGAR at 34 CFR 80.40(a) or §1008.32, Fla. Stat.]
13. Social security contributions. [Required by Fla. Admin. Code 60S-3.010 and §119.071(5)(a) 2 & 6, Fla. Stat.]
14. State directory of new hires (including for determining support obligations and eligibility for several federal and state programs). [Required by federal law 42 U.S.C. 653a and §409.2576, Fla. Stat. and §119.071(5)(a), Fla. Stat.]
15. Notice to Payor and Income Deduction notices for child support, or for alimony and child support. [Required by §61.1301 (2)(e), Fla. Stat. and §119.071(5)(a), Fla. Stat.]
16. Child support enforcement. [Required by 45 C.F.R. 307.11 and §§61.13, 742.10 or 409.2563 or 742.031, Fla. Stat.]
17. Garnishment payment pursuant to a Notice of Levy. [Required by Fla. Admin. Code 12E-1028m and §119.071(5)(a), Fla. Stat.]

18. **Request from depository for support payments.** [Required by §61.181(3)(b), Fla. Stat. and §119.071(5)(a), Fla. Stat.]
19. **Record of remuneration paid to employees.** [Required by federal regulation 20.C.F.R. 404.1225, Fla. Admin. Code 60BB-2.032, §119.071(5)(a) 6, Fla. Stat.]

***Note: This form states the reasons for collecting, using or releasing the social security numbers only of employees and individuals other than students, parents and volunteers. A separate written statement sets forth the reasons for collecting, using or releasing the social security numbers of students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer application.

Signature

Date

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <ul style="list-style-type: none">• You're single and have only one job; or• You're married, 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.	B	_____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.			

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

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2017, 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 ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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

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
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
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 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Hamilton School Board

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Hamilton School Board to initiate credit entries and, if necessary a debit entry in accordance with NACHA rules reversing a credit entry made in error, to my account at the financial institution named. Direct deposit data remains active in the School Board Payroll Office until one year after separation of employment or until changed by:

- a) Me in writing by submitting this form requesting a change;
- b) My death or legal incapacity;
- c) The financial institution or;
- d) The Hamilton School Board.

I understand that I am required to stop or change my direct deposit information with the Hamilton School Board before I close my bank account.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking
☐

Savings
☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check that includes your imprinted name or correspondence from your financial institution that includes the account holder's name, account number, and routing number must be attached here for account verification.

Do not attach a deposit slip. Forms with deposit slips attached will be rejected since the banking codes are not valid for direct deposit.

Hamilton County School District

Oath of Loyalty

I, _____, a citizen of the State of Florida and of the United States of America, and being employed by, or an officer of, the Hamilton 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 Constitutions of the United States and the State of Florida.

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF HAMILTON

Sworn to and subscribed before me this _____ day of _____, _____,
by _____, who is personally known to me
or who has produced _____ as identification.

Signature of Notary Public

Typed, Printed or Stamped Name

My Commission Expires

Notary Public Commission Number

Hamilton County School District

**Permission for Disclosure of Information
From Personnel Records
(for credit purposes only)**

I, _____, hereby authorize the
(please print)
Hamilton County School District to disclose information from my personnel records to
agencies such as:

- ☐ Credit Union
- ☐ Credit Bureau
- ☐ Other (finance companies, stores, etc.) _____

I, the employee, understand that unless this form is signed by me to be placed in my
personnel file, no information will be shared by phone or in writing.

In consideration for value of the Hamilton County School District's time and expense in
providing this information, I agree to hold the Hamilton County School District harmless
for all damages incurred by me, my estate or assigns resulting from the release of this
information.

Signature of Employee

Address

City/State/Zip

Date



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

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

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

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

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 (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
<p>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.</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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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
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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 		<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 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 	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Hamilton County School District

**Signature of Receipt of
School Board Policies and Code of Ethics**

I hereby acknowledge receipt of the following documents:

- ☐ Policy 2.18: Prohibiting Discrimination, Including Sexual and Other Forms of Harassment
- ☐ Policy 6.45: Alcohol and Drug Free Work Place
- ☐ Code of Ethics/Principles of Professional Conduct

I further acknowledge that I have read the documents and that my signature verifies my knowledge of implementation by the Hamilton County School District and that this signed form will become a part of my personnel record.

Signature of Employee

Printed Name

Position

Date

CHAPTER 2.00 - SCHOOL BOARD GOVERNANCE AND ORGANIZATION

PROHIBITING DISCRIMINATION, INCLUDING SEXUAL AND OTHER FORMS OF HARASSMENT

2.18

1. Policy Against Discrimination
 - A. No person shall, on the basis of race, color, religion, gender, age, marital status, sexual orientation, pregnancy, disability, political or religious beliefs, national or ethnic origin, or genetic information, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this School District, except as provided by law.
 - B. The School Board shall comply with all state and federal laws, which prohibit discrimination and are designed to protect the civil rights of applicants, employees, and/or students, or other persons or organizations protected by applicable law.
 - C. The School Board shall admit students to District Schools, programs, and classes without regard to race, color, religion, gender, age, national or ethnic origin, marital status, disability or handicap.
2. Policy Against Sexual Harassment or Other Forms of Harassment Prohibited by Law
 - A. The School Board desires to maintain an academic and work environment in which all employees, volunteers, and students are treated with respect and dignity. A vital element of this atmosphere is the Board's commitment to equal opportunities and the prohibition of discriminatory practices. The Board's prohibition against discriminatory practices includes prohibitions against sexual harassment, or any other form of harassment based upon a person's membership in a protected class and specifically prohibited by applicable state or federal law. The School Board forbids sexual harassment, or any other form of illegal harassment, of any employee, student, volunteer or visitor. The Board will not tolerate sexual harassment, or any other form of illegal harassment by any of its employees, students, volunteers or agents.
 - B. The prohibition against discrimination including sexual and other forms of illegal harassment shall also apply to nonemployee volunteers who work subject to the control of school authorities, and to all vendors or service providers who have access to School Board facilities.

CHAPTER 2.00 - SCHOOL BOARD GOVERNANCE AND ORGANIZATION

Definition of Sexual Harassment

- C. Prohibited sexual harassment includes, but is not limited to, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature when
 1. Submission to the conduct is explicitly or implicitly made a term or condition of an individual's employment, academic status, or progress.
 2. Submission to or rejection of the conduct by an individual is used as the basis for employment or academic decisions affecting the individual.
 3. The conduct has the purpose or effect of having a negative impact on the individual's academic performance or employment, unreasonably interfering with the individual's education or employment, or creating an intimidating, hostile, or offensive educational or employment environment.
 4. Submission to or rejection of the conduct by the individual is used as the basis for any decision affecting the individual regarding any term or condition of employment, employment or academic benefits, or services, honors, programs, or activities available at or through the school.
- D. Types of conduct which are prohibited in the District and which may constitute sexual harassment include, but are not limited to
 1. Graphic verbal comments about an individual's body or appearance.
 2. Sexual jokes, notes, stories, drawings, pictures or gestures.
 3. Sexual slurs, leering, threats, abusive words, derogatory comments or sexually degrading descriptions.
 4. Unwelcome sexual flirtations or propositions for sexual activity or unwelcome demands for sexual favors, including but not limited to repeated unwelcome requests for dates.
 5. Spreading sexual rumors.
 6. Touching an individual's body or clothes (including one's own) in a sexual way, including, but not limited to, grabbing, brushing against, patting, pinching, bumping, rubbing, kissing, and fondling.
 7. Cornering or blocking normal movements.

CHAPTER 2.00 - SCHOOL BOARD GOVERNANCE AND ORGANIZATION

8. Displaying sexually suggestive drawings, pictures, written materials, and objects in the educational environment.
3. Definition of Other Forms of Prohibited Harassment
 - A. Illegal harassment on the basis of any other characteristic protected by state or federal law is strictly prohibited. This includes verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, national origin, age, disability, marital status, sexual orientation, citizenship, or genetic information or any other characteristic protected by law and that
 1. Has the purpose or effect of creating an intimidating, hostile or offensive work or academic environment;
 2. Has the purpose or effect of interfering with an individual's work or academic performance; or
 3. Otherwise, adversely affects an individual's employment or academic performance.
 - B. Examples of prohibited actions, which may constitute harassment include, but are not limited to, the following:
 1. Epithets, slurs or negative stereotyping;
 2. Threatening, intimidating or hostile acts, such as stalking; or
 3. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the school or District office premises or circulated in the workplace or academic environment.
4. Retaliation Prohibited
 - A. Any act of retaliation against an individual who files a complaint alleging a violation of the District's antidiscrimination policy and/or sexual or illegal harassment policy or who participates in the investigation of a discrimination complaint is prohibited.
 - B. Retaliation may include, but is not limited to, any form of intimidation, reprisal or harassment based upon participation in the investigation of, or filing a complaint of, discrimination.
5. Procedures for Filing Complaint of Discrimination, Sexual Harassment, or Other Form of Illegal Harassment
 - A. Procedures for Filing Complaints

CHAPTER 2.00 - SCHOOL BOARD GOVERNANCE AND ORGANIZATION

1. Any person who believes that he or she has been discriminated against, or placed in a hostile environment based on gender, marital status, sexual orientation, race, national origin, religion, age or disability by an employee, volunteer, agent or student of the School District should within sixty (60) days of alleged occurrence file a written or oral complaint. The complaint should set forth a description of the alleged discriminatory actions/harassment, the time frame in which the alleged discrimination occurred, the person or persons involved in the alleged discriminatory actions, and any witnesses or other evidence relevant to the allegations in the complaint.
 2. The complaint should be filed with the School Principal, Site Administrator or supervisor. Complaints filed with the Principal, Site Administrator, or supervisor must be forwarded to the District's EEO Officer within five (5) days of the filing of the complaint. If the complaint is against the principal or site administrator, the complaint may be filed directly with the EEO officer.
 3. If the complaint is against the District's EEO Officer, the Superintendent, or other member of the School Board, the complaint may be filed with the School Board Attorney.
- B. Procedures for Processing Complaints
1. Complaints filed against persons other than the Superintendent or member of the School Board
 - a. Upon receipt of the written complaint by the District EEO Officer, the District EEO Officer shall appoint an investigator to conduct an investigation of the allegations in the complaint. The investigator shall interview the complainant and the accused; interview any witnesses identified by the complainant, accused, or by other sources; take statements from all witnesses; and review any relevant documents or other evidence. Upon completing a review of all evidence relevant to the complaint, the investigator shall prepare a written summary of the investigation, and make a recommendation to the District EEO Officer as to whether there is reasonable cause to believe a violation of the District's antidiscrimination policy has occurred. Copies of documents, evidence and witness statements which were considered in the investigation must be sent to the EEO officer along with the summary and recommendation.

CHAPTER 2.00 - SCHOOL BOARD GOVERNANCE AND ORGANIZATION

- b. If the complaint is against the EEO officer, the School Board Attorney shall appoint an investigator, who shall conduct an investigation in the manner set forth in section VI.B.1.a.
- c. The investigation, summary, relevant documents, witnesses' statements and recommendation should be completed and forwarded to the EEO Officer within thirty (30) days, or to the School Board Attorney within thirty (30) days, if the complaint is against the EEO Officer. The EEO Officer, or School Board Attorney, respectively, shall review the investigation summary, evidence and recommendation, and determine within ten (10) days whether there is reasonable cause to believe a discriminatory practice occurred.
- d. If the EEO Officer or School Board Attorney determines there is reasonable cause to believe a violation of the nondiscriminatory policy occurred, he or she shall within ten (10) days provide notice of the reasonable cause finding to the complainant and the accused. The EEO Officer or School Board Attorney shall then forward the investigatory file, reasonable cause determination, and all related documents and evidence, to the Superintendent.
- e. If the EEO Officer or School Board Attorney determines, after a review of the investigation, summary, recommendation and other evidence, that there is no reasonable cause to believe a discriminatory practice occurred, he or she shall provide within ten (10) days notice of the finding of no reasonable cause to the complainant and accused.
- f. The complainant may request a no reasonable cause finding by the EEO Officer or School Board Attorney be reviewed by the Superintendent within ten (10) days of receipt of this notice. The complainant shall provide a written statement detailing facts in support of his or her disagreement with the determination. The complainant will also be given an opportunity to meet with the Superintendent and EEO Officer/School Board Attorney to present his or her position. The Superintendent and EEO Officer/School Board Attorney shall prepare a written memorandum summarizing the content of the conference to be included in the complaint file. The Superintendent shall within ten (10) days of receipt of the notice make a final determination as to whether there is

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reasonable cause to believe a discriminatory practice occurred.

- g. If review by the Superintendent is not timely requested, the EEO Officer or School Board Attorney's determination of no reasonable cause shall be final.
 - h. The accused may request, within ten (10) days of receipt of a notice of a finding of reasonable cause, that the determination be reviewed by the Superintendent. The request must include a written statement expressing the accused's position on the complaint and findings, and address any facts, statements or evidence which he or she submits are inaccurate. The accused will be given an opportunity to meet with the Superintendent and the EEO Officer/School Board Attorney to present his or her position. The Superintendent and EEO Officer/School Board Attorney must within ten (10) days of receipt of the notice prepare a memorandum summarizing the content of the meeting to be included in the complaint file.
 - i. After providing the opportunity for an informal hearing as referenced in section VI.B.1.h., the Superintendent shall evaluate all the evidence, the investigation summary, recommendations and findings, along with any input by the accused and complainant, and make a final determination as to whether there is reasonable cause to support the complainant's allegations. He or she shall then determine any necessary disciplinary, remedial, or other action. Notice of the final disposition of the complaint and any disciplinary and/or remedial action shall within ten (10) days of the informal hearing be forwarded to the accused and the complainant, and a copy of the notice will be filed with and maintained in the office of the District EEO Officer and the Personnel Director.
- Complaints against School Board Members or against the Superintendent
- a. Complaints against School Board Members or the Superintendent shall be filed with the School Board Attorney. The School Board Attorney will within twenty (20) days appoint an outside, independent investigator to conduct an investigation and make a recommendation as to whether a discriminatory practice has occurred. It is recommended, but

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not mandatory, that the investigator be an attorney familiar with federal and state law prohibiting discrimination on the basis of a protected status.

- b. The complainant and accused shall be interviewed by the outside investigator. Both shall provide written lists of witnesses to be interviewed, and documents or other evidence to be reviewed as relevant to the complaint. The investigator shall interview all witnesses identified by the complainant or accused, in addition to witnesses with relevant knowledge which the investigator may discover from other sources. The investigator shall also review relevant documents and other evidence. The investigator shall within twenty (20) days of receiving the complaint prepare a written summary of his or her investigation, and a recommendation to the School Board Attorney as to whether there is reasonable cause to believe that a discriminatory practice may have occurred.
 - c. If reasonable cause is recommended by the investigator against a School Board Member or an elected Superintendent, the recommendation shall within twenty (20) days be forwarded to the Governor's office to determine if there is evidence that a misfeasance or malfeasance of office occurred. The Governor's office will be responsible for taking any necessary action in accordance with applicable law with reference to an elected official. The School Board shall receive and make the final determination if the Superintendent is appointed by the Board.
 - d. A finding of no reasonable cause by the outside investigator, which is reviewed and confirmed by the School Board Attorney shall be final. In compliance with Florida Statute, the investigation file shall become public record and the Superintendent or School Board Member shall answer to their constituency.
- C. Penalties for Confirmed Discrimination or Harassment
- 1. Student - A substantiated allegation of discrimination or harassment against a student shall subject that student to disciplinary action consistent with the *Code of Student Conduct*.

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2. Employee or Volunteer - A substantiated allegation of discrimination or harassment against an employee may result in disciplinary actions including termination and referral to appropriate law enforcement authorities. A volunteer shall be removed from service and a referral may be made to appropriate law enforcement authorities.
- D. Limited Exemption from Public Records Act and Notification of Parents of Minors
 1. To the extent possible, complaints will be treated as confidential and in accordance with Florida Statutes and the Family Educational Rights and Privacy Act (FERPA). Limited disclosure may be necessary to complete a thorough investigation as described above. The District's obligation to investigation and take corrective action may supersede an individual's right to privacy
 2. The parents of a person under the age of 18 who has filed a complaint of discrimination and/or harassment shall be notified within three (3) days of receipt of a complaint.

STATUTORY AUTHORITY: 120.54, 1001.41, 1001.42, 1012.23, F.S.

LAW(S) IMPLEMENTED: 112.51, 119.07, 760.01 *et seq.*,

1000.05, 1000.21, 1001.43, 1012.22, F.S.

34 CFR 99, 34 CFR 108, 34 CFR 200.43(c), P.L.110-233

STATE BOARD OF EDUCATION RULE(S): 6A-19.001 *et seq.*

HISTORY: ADOPTED: 11/9/98

REVISION DATE(S): 3/25/02, 3/22/04, 6/22/09, 6/11/12, 1/11/16

FORMERLY: 2.29; 2.291; 2.71; 2.72; 2.81

CHAPTER 6.00 – HUMAN RESOURCES

ALCOHOL AND DRUG-FREE WORKPLACE

6.45

1. No employee shall possess, consume or sell alcoholic beverages or be under the influence of alcohol on the job or in the workplace.
2. No employee shall unlawfully manufacture, distribute, dispense, possess, use or be under the influence of, on the job or in the workplace, any narcotic, drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in the Controlled Substances Act (21 USC 812) and as further defined by regulations at 21 CFR 1300 or Florida Statutes, Chapter 893, without a valid prescription.
3. The appropriate use of legally prescribed drugs and nonprescription medication is not prohibited. However, it is the employee's responsibility to inform the physician of the employee's job duties and to ask the prescribing physician to determine whether or not the prescribed drug may impair the employee's job performance. It is the employee's responsibility to remove himself/herself from service if unfit for duty.
4. An employee in a safety sensitive position must obtain a written release from the prescribing physician if he/she has prescribed any substance that carries a warning label indicating that mental functioning, motor skills or judgment may be adversely affected. The release must state that the employee is able to perform safety sensitive functions.
5. *Workplace* is defined as the site for the performance of work done in connection with the duties of an employee of the School Board. That term includes any place where the work of the School District is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; or any off-school property during a school-sponsored or school-approved activity, event or function, such as a field trip, workshop or athletic event.
6. As a condition of employment, each employee will
 - A. Abide by the terms of this policy, and
 - B. Present a negative drug screen result. The drug screen must have been conducted by a Board approved, independent, certified laboratory within thirty (30) days prior to employment.

CHAPTER 6.00 – HUMAN RESOURCES

- C. Notify the Superintendent of any criminal drug statute arrest or conviction for a violation occurring on the premises of the School Board, at the workplace, or during the conduct of any official activity related to the School Board within forty-eight (48) hours. Identified employees must be in compliance with Policy 6.40, sections II and III.
7. The School Board shall
- A. Notify the appropriate agency within ten (10) days after receiving such notice from an employee or otherwise receiving actual notice of such conviction; and
 - B. Take one of the following actions, within thirty (30) days of receiving such notice, with respect to any employee who is so convicted:
 - a. Require such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency; or
 - b. If the employee fails to participate satisfactorily in such program, the employee may be nonrenewed or his or her employment may be suspended or terminated, at the discretion of the School Board; or
 - c. Take appropriate personnel action against such an employee, up to and including termination.
 - C. Offer assistance and information on drug abuse in order to maintain an alcohol and a drug-free workplace. Employee assistance will be available through the personnel department and the Employee Assistance Program. The School Board shall also conduct periodic workshops on drug and alcohol abuse in the workplace to inform employees and supervisors of the dangers of substance abuse and of the provisions in this policy.
8. Drug and/or alcohol testing will be conducted for employees under the following circumstances:
- A. An employee may be subject to drug testing based on a reasonable belief that he/she is using or has used drugs in violation of the Drug-free Workplace policy.

CHAPTER 6.00 – HUMAN RESOURCES

- B. An employee may be subject to follow up testing at the recommendation of a substance abuse professional or medical review officer.
 - C. An employee shall be subject to a drug screen immediately following a work related accident or injury.
 - D. An employee who is subject to the requirements of the Omnibus Transportation Employees Testing Act (OTETA) shall be subject to random drug testing, post accident drug testing and return to duty testing as required by federal law.
9. The Superintendent shall develop procedures to implement the provisions of an alcohol and drug-free workplace.

STATUTORY AUTHORITY: 893.01, 1001.41, 1012.22, 1012.23, 1012.27, F.S.

LAW(S) IMPLEMENTED: 440.102, 1001.41, 1001.43, 1012.795, F.S.
DRUG FREE WORKPLACE ACT OF 1988,
34 CFR PART 85, SUBPART F

HISTORY: ADOPTED: 11/9/98
REVISION DATE(S): 3/13/06, 5/11/09, 12/12/11, 11/09/15
FORMERLY: NEW

of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial, investigatory or adjudicatory. In addition, shall self-report any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion program, or entering of a plea of guilty or Nolo Contendere for any criminal offense other than a minor traffic violation within 48 hours after the final judgement. When handling sealed and expunged records disclosed under this rule, school districts shall comply with the confidentiality provisions of Sections 943.0585(4)(c) and 943.059(4)(c), Florida Statutes.

- (n) Shall report to appropriate authorities any known allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 1012.795(1), Florida Statutes.
- (o) Shall seek no reprisal against any individual who has reported any allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 1012.795(1), Florida Statutes.
- (p) Shall comply with the conditions of an order of the Education Practices Commission.
- (q) Shall, as the supervising administrator, cooperate with the Education Practices Commission in monitoring the probation of a subordinate.

State Board of Education Rule 6B-1.001, FAC

The Code of Ethics of The Education Profession in Florida

- (1) The educator values the worth and dignity of every person, the pursuit of truth, devotion to excellence, acquisition of knowledge, and the nurture of democratic citizenship. Essential to the achievement of these standards are the freedom to learn and to teach and the guarantee of equal opportunity for all.
- (2) The educator's primary professional concern will always be for the student and for the development of the student's potential. The educator will therefore strive for professional growth and will seek to exercise the best professional judgement and integrity.
- (3) Aware of the importance of maintaining the respect and confidence of one's colleagues, of students, of parents, and of other members of the community, the educator strives to achieve and sustain the highest degree of ethical conduct.

Adams v. State of Florida Professional
Practices Council, 406 So.2nd 1170 Fla.
1st DCA 1981

*"By virtue of their leadership
capacity, teachers are
traditionally held to a high
moral standard in
a community."*

For further information call or write:
Bureau of Educator Recruitment,
Development and Retention
325 West Gaines Street, Suite 124
Tallahassee, FL 32399
(850)245-0441, SUNCOM 205-0441

The Code of Ethics and The Principles of Professional Conduct of The Education Profession in Florida

Professionalism Through Integrity



Florida Department of Education
www.fldoe.org

The Principles of Professional Conduct of The Education Profession in Florida

- (1) The following disciplinary rule shall constitute the Principles of Professional Conduct of the Education Profession in Florida.
- (2) Violation of any of these principles shall subject the individual to revocation or suspension of the individual educator's certificate, or the other penalties as provided by law.
- (3) Obligation to the student requires that the individual:
 - (a) Shall make reasonable effort to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.
 - (b) Shall not unreasonably restrain a student from independent action in pursuit of learning.
 - (c) Shall not unreasonably deny a student access to diverse points of view.
 - (d) Shall not intentionally suppress or distort subject matter relevant to a student's academic program.
 - (e) Shall not intentionally expose a student to unnecessary embarrassment or disparagement.
 - (f) Shall not intentionally violate or deny a student's legal rights.
 - (g) Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to assure that each student is protected from harassment or discrimination.
 - (h) Shall not exploit a relationship with a student for personal gain or advantage.
 - (i) Shall keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
- (4) Obligation to the public requires that the individual:
 - (a) Shall take reasonable precautions to distinguish between personal views and those of any educational institution or organization with which the individual is affiliated.
 - (b) Shall not intentionally distort or misrepresent facts concerning an educational matter in direct or indirect public expression.
 - (c) Shall not use institutional privileges for personal gain or advantage.
 - (d) Shall accept no gratuity, gift, or favor that might influence professional judgement.
 - (e) Shall offer no gratuity, gift, or favor to obtain special advantages.
- (5) Obligation to the profession of education requires that the individual:
 - (a) Shall maintain honesty in all professional dealings.
 - (b) Shall not on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, or social and family background deny to a colleague professional benefits or advantages or participation in any professional organization.
 - (c) Shall not interfere with a colleague's exercise of political or civil rights and responsibilities.
 - (d) Shall not engage in harassment or discriminatory conduct which unreasonably interferes with an individual's performance of professional or work responsibilities or with the orderly processes of education or which creates a hostile, intimidating, abusive, offensive, or oppressive environment; and further, shall make reasonable effort to assure that each individual is protected from such harassment or discrimination.
 - (e) Shall not make malicious or intentionally false statements about a colleague.
 - (f) Shall not use coercive means or promise special treatment to influence professional judgement of colleagues.
 - (g) Shall not misrepresent one's own professional qualifications.
 - (h) Shall not submit fraudulent information on any document in connection with professional activities.
 - (i) Shall not make any fraudulent statement or fail to disclose a material fact in one's own or another's application for a professional position.
 - (j) Shall not withhold information regarding a position from an applicant or misrepresent an assignment or conditions of employment.
 - (k) Shall provide upon the request of the certificated individual, a written statement of specific reason for recommendations that lead to the denial of increments, significant changes in employment, or termination of employment.
 - (l) Shall not assist entry into or continuance in the profession of any person known to be unqualified in accordance with these Principles of Professional Conduct of the Education Profession in Florida and other applicable Florida Statutes and State Board of Education Rules.
 - (m) Shall self-report within 48 hours to appropriate authorities (as determined by district) any arrests/charges involving the abuse of a child or the sale and/or possession of a controlled substance. Such notice shall not be considered an admission