

**DALEVILLE CITY BOARD OF EDUCATION
626 North Daleville Avenue
Daleville, AL 36322**

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

NAME OF BANK: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT: _____ SAVINGS _____ CHECKING

I authorize my payment to be sent to the financial institution named above and to be deposited into the designated account.

SIGNATURE: _____

DATE: _____

Please attach a voided check OR a form from your bank indicating your account information.

Daleville City Board of Education
626 North Daleville Avenue
Daleville, AL 36322

**Employees' Sick Leave Bank Enrollment
Application for Participation**

Please Print or Type

Applicant

Employee's Name: _____

Social Security Number: _____

Please **check only one** of the following:

Certificated Personnel

Support Personnel

Indicate school where employed:

Windham Elementary School

Central Office

Daleville Middle School

Daleville High School

System-wide

Please **initial** which applies:

1. _____ I wish to be a member of the Daleville City Board of Education Employee's Sick Leave Bank and hereby authorize deposit of five (5) days of my sick leave into the sick leave bank.
2. _____ I wish to be a member of the Daleville City Board of Education Employees' Sick Leave Bank, but do not have five (5) days of sick leave in my account at this time. I hereby request permission to participate, and I authorize the deposit of the next five (5) earned days of my sick leave into the sick leave bank.
3. _____ I do not wish to be a member of the Sick Leave Bank.

I understand that I may terminate my participation in the Sick Leave Bank at any time subject to the rules of the Sick Leave Bank. I understand that, unless sooner terminated by me, my participation in the Sick Leave Bank will end on the day I am no longer employed by the Daleville City Board of Education.

Signature of employee: _____

Date: _____

Daleville City Board of Education Central Office:

1. Retain one copy in the employee's records
2. Return one copy to employee for personal records

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)	▶ _____	Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME		EMPLOYEE SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME		EMPLOYER IDENTIFICATION NUMBER (EIN)	
ADDRESS	CITY	STATE	ZIP CODE

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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

STOP Employer Completes Next Page **STOP**

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
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

Refer to the instructions for more information about acceptable receipts.

NEW HIRE REPORTING

Information for new hires is reported to the State of Alabama, Department of Industrial Relations.

Employer FEIN – 630499090
Daleville City Board of Education

Mark one of the following: New Hire

Recall

Social Security Number: _____

First Day of Work: (mm/dd/yyyy) _____

Last Name: _____

First Name: _____

Middle Initial: _____

Street Address or P. O. Box: _____

City, State, and Zip Code: _____

Email: _____

Phone Number: _____

Emergency Contact: _____

Number: _____

Employee Signature: _____

Date: _____

DALEVILLE CITY BOARD OF EDUCATION

DRUG-FREE WORKPLACE POLICY STATEMENT

Drug abuse and use at the workplace are subjects of immediate concern in our society. These problems are extremely complex ones of which there are no easy solutions. From a safety perspective, the users of drugs may impair the well-being of students, fellow employees, and the public. Therefore, it is the policy of the Daleville City Board of Education that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the system workplace is prohibited. Any employee violating this policy will be subject to disciplinary action, including termination of employment. The specifics of this policy are:

1. Daleville City Board of Education does not differentiate between drug users and drug pushers or sellers. Any employee who gives or in any way transfers controlled substances while on the job or on the premises will be subject to disciplinary action, including termination of employment.
2. The term "controlled substance" means any drug listed in 21 U.S.C. Section 812 and other federal regulations. Generally, these are drugs which have high potential for abuse. Such drugs include but are not limited to heroin, marijuana, PCP, cocaine and "crack." They also include "legal drugs" which are not prescribed by a licensed physician.
3. Each employee is required by the Drug-Free Workplace Act of 1988 to inform the Superintendent of Education, Daleville City Board of Education, within five (5) days after he or she is convicted for a violation of any federal or state criminal drug statute where such violation occurred on school system premises or during supervision of the school system's students. A conviction means a finding of (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The Superintendent of Education must notify the U. S. Department agency by which the grant was made within ten (10) days after receiving notice from the employee or otherwise receiving actual notice of such conviction.
5. If an employee is convicted of violating any criminal drug statute while in the workplace, he or she will be subject to disciplinary action. Alternatively, the system may require the employee to successfully finish a drug abuse program sponsored by an approved private or governmental institution.
6. As a condition of further employment on any federal government grant, the Act requires all employees to abide by this policy.

The Drug-Free Workplace Act of 1988 is part of Public Law 100-690. It is designed to deal comprehensively with the nation's problem of drug abuse. The Act requires the contractors and grantees of federal agencies to certify that they will provide a drug-free workplace. The federal grantee is required to make such a certification before receiving a contract or grant from a federal agency. The penalty to the system for noncompliance can be as severe as the loss of federal grants for a period of five (5) years. The requirements of this Act affect the Daleville City Board of Education in that the system is a federal grantee receiving direct federal funds.

The Drug-Free Workplace Act of 1988 requires the Daleville City Board of Education to do the following:

- Publish a Policy Statement
- Communicate this policy to its employees
- Establish a drug-free awareness program
- Notify the federal granting agency of any employee's conviction for any drug-related violation on the system's premises
- Impose a sanction on any convicted employee
- Make a good faith effort to continue to maintain a drug-free workplace

This Act covers only on-the-job use.

This Act does not require drug testing of employees.

Community agencies that provide assistance include:

Spectra Care
134 Katherine Avenue
Ozark, AL 36360
334-774-9112

Southeast AL Medical Center
Hwy 84E and Ross Clark Circle
Dothan, AL 36301
334-793-8858

Dothan Drug & Alcohol Rehab
1-800-304-3319

FOR MORE INFORMATION, CONTACT THE SUPERINTENDENT AT 334-598-2456

ACKNOWLEDGEMENT OF RECEIPT

Daleville City Board of Education
Drug-Free Workplace Policy Statement
Policy Information on the Drug-Free Workplace Act of 1988 (P.L. 100-690)
Effective March 18, 1989

To the Employee:

This acknowledgement must be completed, signed, and returned to the Central Office.

I _____, an employee of the Daleville City Board of Education
(Print Name)

have received a copy of this policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on the Board of Education premises and violation of this policy can subject me to disciplinary action, including termination of employment. I realize that as a condition of employment by this Board, a federal grantee, I must abide by the terms of this policy and will notify the Daleville City Board of Education of any criminal conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I understand that on the job drug use is specifically prohibited and that the penalties may include termination of employment.

Employee's Signature

Date

DALEVILLE CITY BOARD OF EDUCATION
626 NORTH DALEVILLE AVENUE
DALEVILLE, AL 36322
334.598.2456
www.daleville.k12.al.us

TO: Daleville City Board of Education
Payroll Office

RE: Insurance Coverage

I, _____, hereby certify that I have been offered hospital/medical
(Print first and last name)
insurance through P.E.E.H.I.P (Blue Cross/Blue Shield of Alabama), but hereby decline this coverage
because I have coverage through my spouse.

Employee Signature

Witness

Date

Lee vs Macon
Disproportionality in Alabama Schools
Professional Development

Addressing Disproportionality in Alabama Schools Professional Development (or Lee v. Macon Training) has three components that must be conducted annually for all newly hired teachers, administrators, evaluators and others, as appropriate. If you have completed this training in another system, please submit a copy of your certificate.

To access all required Lee v. Macon Professional Development, click on the link below. All three training components should be completed by October of each year. The signed certificate should be sent to Julie Sconyers, Coordinator of Special Education as documentation of completion. If you have any questions, please contact the special education office. 334.598.2456

http://www.alspdg.org/Addressing_Disproportionality.html



This section must be completed by the employing Alabama school system or nonpublic/private school.

School System Code: _____

Nonpublic/Private School Code: _____

SUPPLEMENT EXP

This supplement is to be completed for verification of professional educational work experience and for verification of clock hours of professional development, if applicable.

Professional educational work experience is full-time educational employment in:

- A state public school (grades P-12) or a local public school system (P-12);
- A church-related/parochial school (grades P-12);
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative-AMSTI);
- A State Department of Education;
- A professional education association;
- A college or university that was regionally accredited when the educational experience was earned;
- An Alabama nonpublic/private school (grades P-12);
- An Alabama charter school (grades P-12);
- A nonpublic/private school or charter school (grades P-12) outside of Alabama that was regionally accredited or approved by the State Department of Education where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the experience was earned, with this form;
- A federally operated grades P-12 school (e.g., Department of Defense Education Activity, Bureau of Indian Affairs, etc.);
- A Head Start Program under the legal jurisdiction of a public school system when the experience was earned; **OR**
- A childcare facility below Kindergarten (Age 5) that was accredited by the National Association for the Education of Young Children (NAEYC) when the experience was earned.

Experience as a graduate assistant, intern, student teacher, auxiliary teacher, member of a board of education, or in positions such as aide, clerical worker, or substitute teacher will **NOT** be considered.

For *certificate renewal*, professional educational work experience in increments of less than one semester (4.5 months) or less than 20 hours per week will **not** be calculated toward full-time experience.

For *certificate issuance*, in an instructional support area (library-media, school counseling, administration and/or supervision, etc.), professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required.

For *meeting testing requirements through the certificate reciprocity approach*, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required and must have been earned within ten years prior to applying for Alabama certification.

Clock hours of professional development earned and applied toward renewal must be:

- Consistent with the Alabama Standards for Professional Development found at www.alsde.edu/EdCert (click *Certificate Renewal* & *Professional Educator*);
- Based on the individual's professional growth needs as identified through performance evaluations, if employed; **and**
- Related to professional education with consideration given to the sponsoring organization, the professional qualifications of the presenter, and the purposes, goals, and evaluation of the activity.

For additional information and rules regarding certification requirements, which all applicants are responsible for meeting, please refer to the appropriate summary sheet(s) and the Alabama Administrative Code rules at www.alsde.edu/EdCert. **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

I. PERSONAL DATA: TO BE COMPLETED BY THE APPLICANT. TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone			
() <input style="width:100%;" type="text"/>	() <input style="width:100%;" type="text"/>	() <input style="width:100%;" type="text"/>			
Social Security Number	Date of Birth (mm-dd-yyyy)	E-mail Address			
- - <input style="width:100%;" type="text"/>	- - <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>			

II. PURPOSE OF SUBMISSION: TO BE COMPLETED BY THE APPLICANT

- Certificate Renewal.
- Meeting testing requirements *through the certificate reciprocity approach*.
- Issuance of a _____ certificate.
- Other Employment Verification _____

Name: _____

Social Security Number: _____ - _____ - _____

SECTIONS III., IV., and V. ARE TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER OR ASSOCIATION DIRECTOR.

DO NOT RETURN THIS FORM TO THE APPLICANT. FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE. AT THE APPLICANT'S REQUEST, THE EMPLOYER MAY FORWARD THIS FORM TO AN ALABAMA SCHOOL SYSTEM OR AN ALABAMA COLLEGE/UNIVERSITY.

III. EMPLOYMENT INFORMATION

Name of School System, Nonpublic/Private School, College/University, or Association

From: Month/Day/Year	To: Month/Day/Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full Time / Part Time	If Part-Time, List Hours per Week
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

IV. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT:

(Section IV. applies **ONLY** to those seeking the renewal of an Alabama Certificate. Attach additional sheets if necessary.)

Specific Professional Development Activity	Beginning Month/Day/Year	Ending Month/Day/Year	Number of Clock/Contact Hours

Total Clock/Contact Hours of Professional Development _____

V. I certify that all of the above information pertaining to this individual is true and correct:

A notary seal must be affixed to this form **OR** the business card of the authorized official must be attached.

Sworn to and subscribed before me this _____ day of _____

Seal and Signature of Notary Public

My Commission Expires: _____

Signature of:
Superintendent *or* Headmaster
College/University Human Resources/Payroll Officer
Association Director

Typed or Printed Name

Position Held

School System, Nonpublic/Private School, College/University, Association

Address

City/State/ZIP Code

Telephone Number

Date

DALEVILLE CITY SCHOOLS NEW EMPLOYEE GENERAL INFORMATION

New employee paperwork is completed at the Central Office. For payroll purposes, all employees must provide a copy of the social security card and a picture ID. If you have not completed a new employee packet, please see Tawanna Chorn at the Central Office.

Policy Manual

The school principal will provide teachers with the Daleville City School Policy Manual. Please review all policies and keep the manual in your classroom for reference. If you leave employment with the Daleville City Schools, please leave the Policy Manual with the school secretary.

Hospital/Medical Insurance

Hospital/Medical Insurance is available through the Public Education Employee Health Insurance Program (PEEHIP). New employees must enroll in PEEHIP coverage(s) within 30 days of their employment by using the Member Online Services (MOS) system accessible at www.rsa-al.gov. New employees will receive information from PEEHIP concerning enrollment procedures. Paper forms are available on their website if needed.

The PEEHIP Member Handbook is available at:

http://www.rsa-al.gov/uploads/files/PEEHIP_Member_Handbook_bookmarked.pdf

Optional Plans available through PEEHIP

In addition to hospital/medical insurance, PEEHIP offers 4 optional plans, Dental; Vision; Indemnity; and cancer. See the PEEHIP Handbook for further information concerning optional plans.

Dental Insurance

The Daleville City Board of Education offers a Blue Cross/Blue Shield dental plan for you and your family. Single premium is \$26.64 and family premium is \$58.90. You will be required to provide social security number and date of birth for your family members when enrolling in this plan. If your spouse is covered by another dental plan, you will need to provide the name of the plan and group number of that plan.

Adding/Removing Dependents from Insurance Coverage

If you have a QLE "qualifying life event" (marriage, birth of a child, divorce, loss of insurance etc), you must add or remove dependent from hospital/medical and dental insurance within **45 days** of the qualifying event date. A copy of the marriage certificate, birth certificate (for children) and a second document which shows the marriage is still current (i.e. bill with both names listed at same address, tax form with both names, etc.), is required to add a dependent. A notarized divorce decree or a letter indicating your spouse lost insurance will be required to remove a spouse. Please see the PEEHIP Member Handbook at www.rsa-al.gov for complete information concerning dropping/adding dependents.

RSA-1 Deferred Compensation Plan

The Retirement Systems of Alabama offers the RSA-1 program, a 457 Deferred Compensation Plan, which allows you to defer a portion of your paycheck *before taxes*. There is no minimum contribution amount and it is payroll deductible. RSA-1 information is available at <http://www.rsa-al.gov/index.php/members/rsa-1/>

Purchasing Classroom Instructional Materials with Board of Education Funds:*

Please follow these procedures when expending school *board of education* funds:

1. Obtain a Requisition Form from the principal's office.
2. Complete the Requisition Form and have it signed by your principal.
3. The Requisition Form will be forwarded to Donna Pettis at the Central Office.
4. Purchase Order will be completed at Central Office and submitted for approval of Superintendent.
5. When approved, Purchased Order will be sent to the vendor (either faxed, mailed or teacher may hand carry.)
6. If order is hand carried, the receipt for items purchased must be turned in to the Central Office in a timely manner.
7. You must not purchase anything in the name of the school without an approved purchase order. If this procedure is not followed, you may be held responsible for payment of the item(s).

*If you are a club/class/athletic sponsor and will be collecting money, contact Pam Ferrell at the Central Office or the school secretary for information. These funds are school monies instead of board monies and have different procedures for keeping track of receipting, expending, etc.

Request to Attend a Professional Development Activity (Certified Employees) **

Please follow these procedures to request attendance to a professional development activity:

1. Turn in a Professional Development Request Form to the principal's office.
2. When available, school vehicles should be used for professional development travel. To schedule the use of a school vehicle contact Donna Pettis in the Central Office at 598-2456 ext 2201.
3. Keep all receipts for reimbursement.
4. When the professional development activity is concluded, complete a Travel Reimbursement Form. Attach all receipts and a Professional Development Evaluation to the reimbursement claim, sign, and send to Jessica Anderson at the Central Office. All professional development forms are available from your principal, school secretary, or at the central office.

When professional development CEU's/PLU's are earned, please enter all pertinent information in the STIPD software. Contact Jan Smith, at 598-2456 ext 2215 or email smithj@daleville.k12.al.us for questions concerning professional development. You will need at least 50 professional development clock hours when it is time to renew your Professional Educator Certificate. Five PLU's are required to renew a Professional Leadership Certificate. PD hours must be earned during the valid period of your certificate.

Substitutes

Substitutes will be obtained through Kelly Automated Scheduling System (KASS) which allows you to log your absences and request a substitute via the internet or telephone. Kelly Education Staffing will provide training at your school. (Substitutes for bus drivers will not be obtained through Kelly Services. Contact Mr. Ted Folsom, High School Assistant Principal/Transportation Director for information).

Sick and Personal Leave

Employees earn one day of sick leave for each month worked. Certified teachers have two personal leave days per school year provided at no charge and up to three additional personal leave days you can "buy" for \$60 per day. Support personnel have two personal leave days provided at no charge and two additional personal leave day "buys" provided at \$50 per day.

Inventory Items/Classroom Equipment

Equipment and inventory items purchased with school funds must be tagged and identified as school property. Contact Pam Ferrell (598-2456 extension 2252) at the Central Office for further information.

An Inventory Disposition Request Form must be completed to move equipment or classroom inventory items from your classroom to another classroom. Forms are available from your principal, school secretary, or at the central office.

Miscellaneous

- Please check your e-mail on a regular **daily** basis.
- Check with the school secretary for information regarding ID name tags and parking decals.
- Employees are paid once a month, generally on the last workday of the month

Websites

Daleville School website	www.daleville.k12.al.us
Alabama State Department of Education	www.alsde.edu
PEEHIP (Health Insurance) PH 877-517-0020	www.rsa-al.gov
Retirement Systems of Alabama PH 877-517-0020	www.rsa-al.gov
Kelly Automated Scheduling System (KASS) PH 800-676-0047	www.kellyeducationalstaffing.com
Blue Cross and Blue Shield of Alabama: Dental insurance PH 800-292-8868	www.bcbsal.com
Southland National Insurance PH 800-277-8762 (Optional policies - dental, vision, cancer, indemnity)	www.southlandnational.com

CONTACT INFORMATION

- Central Office 334-598-2456

Dr. Lisa Stamps - Superintendent ext 2206
Christy Kearley - Dir of Programs & Curriculum ext 2204
Julie Sconyers – Special Ed Director ext 2216
Jessica Anderson - CSFO, ext 2211
Ryan Kelley - Technology ext 2299
Donna Pettis - Receptionist, Trans Secretary, inst supply ext 2201
Pam Ferrell - Local sch funds, equip inventory ext 2252
Tor’Ressa Osborne - Child Nutrition Director ext 2205
Shanda Lucky - Special Ed Secretary ext 2217
Tawanna Chorn- Personnel/Payroll ext 2212

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kearleyc@daleville.k12.al.us
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andersonj@daleville.k12.al.us
kelleyr@daleville.k12.al.us
pettisd@daleville.k12.al.us
ferrellp@daleville.k12.al.us
osbornet@daleville.k12.al.us
luckys@daleville.k12.al.us
chornt@daleville.k12.al.us

- Daleville High School 334-598-4461

Josh Robertson - Principal ext 2207
Ted Folsom - Assistant Principal/Trans Director ext 2223
Lori Woodham– High School Secretary ext 2202
Candice Lawrence Guidance Counselor – ext 2231
Kim Folsom– Registrar/Guidance Secretary ext 2230

robertsonj2@daleville.k12.al.us
folsomt@daleville.k12.al.us
woodhaml@daleville.k12.al.us
lawrencec@daleville.k12.al.us
folsomk@daleville.k12.al.us

- Windham Elementary School 334-598-4466

Lynn Irwin – Principal ext 3305
Sally Sutley - School Counselor ext 3306
Bonita Peters – Secretary ext 3301

irwinl@daleville.k12.al.us
sutleys@daleville.k12.al.us
petersb@daleville.k12.al.us

- Daleville Middle School

Chris Mitten – Principal ext 4405
Janet Nabinger – Secretary ext 4401

mittenc@daleville.k12.al.us
nabingerj@daleville.k12.al.us