



Dear New Employee,

It is with great pleasure that we welcome you to the Jackson Public School District. We are very pleased that you have chosen to accept our offer of **part-time employment**.

Enclosed you will find forms that must be completed in order to finalize your employment. All forms must be completed in black ink. Once we have received a favorable result from your background screening, you will receive a call from a Personnel Specialist who will schedule an appointment time to return all forms.

The following forms are included:

- Background Check Information and Directions
- On-Boarding Video Acknowledgment Forms
- Employment Eligibility Verification (I-9 Form) – (must provide driver's license **and** social security card, birth certificate or passport)
- Federal Tax Withholding (W-4 Form)
- MS State Employee's Withholding
- Direct Deposit Form (attach voided check or letter from bank with routing/account number listed)
- PERS Non-Covered Employment Acknowledgment
- Personal Information Form
- Employment Acknowledgment Policy Form
- Internet Safety Use Contract
- Instructions for Email Set-up
- Instructions for Active Resources Set-up

We are excited about you joining us and want to ensure that you are successful in your new role. Please don't hesitate to contact the Office of Human Resources at 601-960-8745 with any questions or concerns. We look forward to a positive working relationship!

Respectfully,

The Office of Human Resources Team



Office of Human Resources

624 South President Street
P.O. Box 2338
Jackson, MS 39225-2338

Phone: 601.960.8745

Facsimile: 601.352.4679

Website: www.jackson.k12.ms.us

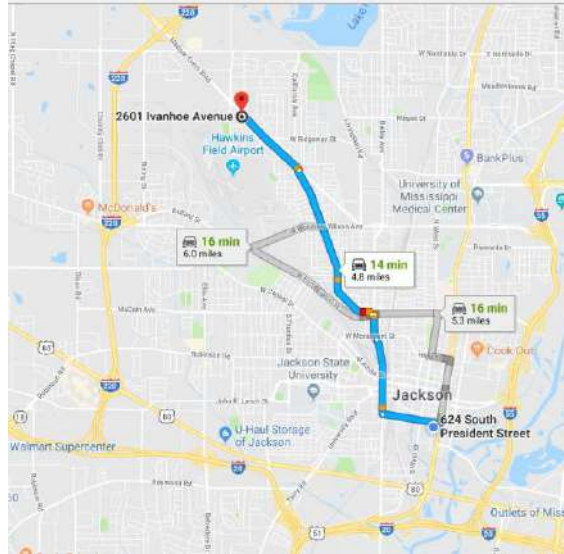
TO: All Newly Hired JPS Employees

RE: Background Checks

- CIC (Criminal Investigation Check) fingerprints processing for State and Federal are performed for each newly hired employee.
- Employees hired in a safety sensitive position, will also be sent for drug testing at MEA.
- The new employee may not report to work until the results of the background check have been received and approved by the Campus Enforcement Department.
- The current fee is \$33.00 and payment is due at the time of processing.
- Payment must be in the form of a money order made payable to Jackson Public Schools.

A Personnel Specialist from Human Resources will contact you with information on when to report to Campus Enforcement once the recommendation form has been received in the office.

BACKGROUND CHECK
REPORT TO
JACKSON PUBLIC SCHOOLS CAMPUS ENFORCEMENT
2601 IVANHOE AVENUE; JACKSON, MS 39113
601-960-8829
Open 8a.m.-5p.m.
Please have your \$33.00 money order and Picture I.D.



624 S. President Street, Jackson, MS 39201 to 2601 Ivanhoe Avenue, Jackson, MS 39213

Drive: 4.8 miles, 14 mins.

Follow E. South St. to Gallatin St.



1. Head north on S. President St. toward E. South St.



2. Turn Left at the 1st cross street onto E. South St.

Follow S. Gallatin St., Martin Luther King Jr. and Delta Dr./Medgar Evers Blvd to Liberty St.



3. Turn right onto S Gallatin St



4. Continue onto Bailey Ave



5. Turn left onto W Fortification St



6. Turn right onto Martin Luther King Jr Dr



7. Turn left onto Delta Dr/Medgar Evers Blvd

Follow Liberty St to Ivanhoe Ave



8. Turn left onto Liberty St



9. Turn right onto Ivanhoe Ave

You have arrived: 2601 Ivanhoe Avenue



JPS Acknowledgement Form

On-Boarding Video

<https://youtu.be/dOkfEMi7CII>

I acknowledge that I have viewed the JPS On-Boarding Video in its entirety. I affirm that I understand the content presented and that if I have any questions, I will contact the office of Human Resources.

Respectfully,

Human Resources Specialist

Employee

Signature_____

Date_____



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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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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 10/31/2022

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
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List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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)
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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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Department of the Treasury
Internal Revenue Service☒ **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.****Step 1 – Personal Information** (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Agency Number	Name of Employing Agency	
(a) Employee Name		(b) Social Security Number	
Home Address (number and street or rural route) (apartment number, if any)		Does the 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	State	Zip Code	County of Residence (required)
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. ☐

TIP: If you have self-employment income, see page 2.

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:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$		
	Multiply the number of other dependents by \$500..... <input type="checkbox"/> \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. 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 (For Employer Use Only)

Central Payroll Bureau
P.O. Box 2396
Annapolis, MD 21404

First date of employment

Employer identification number (EIN)



Mississippi Department of Revenue
P.O. Box 960
Jackson, MS 39205

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name _____ SSN _____

Employee's Residence _____

Address _____

Number and Street _____ City or Town _____ State _____ Zip Code _____

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION			
	Marital Status	Personal Exemption Allowed	Amount Claimed
EMPLOYEE: File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single	<input type="checkbox"/> Enter \$6,000 as exemption ▶ <input type="checkbox"/>	\$
	2. Marital Status (Check One)	(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 <input type="checkbox"/> ▶	\$
		(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶ <input type="checkbox"/>	\$
	3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶ <input type="checkbox"/>	\$
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents	\$
	5. Age and Blindness	<ul style="list-style-type: none"> Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed. ▶ * Note: No exemption allowed for age or blindness for dependents.	\$
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5 ▶		\$
	7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶		\$
	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form		_____

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

1. The personal exemptions allowed:

(a) Single Individuals	\$6,000	(d) Dependents	\$1,500
(b) Married Individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(c) Head of family	\$9,500	(f) Blindness	\$1,500

2. Claiming personal exemptions:

(a) Single Individuals enter \$6,000 on Line 1.

(b) Married individuals are allowed a joint exemption of \$12,000.

If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).

(c) Head of Family

A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).

(d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent **excluding** the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but

should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.

(e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.

(f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are **blind**. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

3. Total Exemption Claimed:

Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.

4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN

5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION

6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL

7. To comply with the Military Spouse Residency Relief Act (PL111-97) signed into law

JACKSON PUBLIC SCHOOLS

Business Services • P.O. Box 2338 • Jackson, Mississippi 39225 • (601) 960-8700

NEW EMPLOYEE

CHANGE

Effective July 1, 2012, Jackson Public Schools no longer prints payroll checks for employees of the District. Direct Deposits can no longer be cancelled, only changed/updated with new account information.

I hereby authorize JACKSON PUBLIC SCHOOLS to initiate credit and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

CHECKING

SAVINGS

This authorization is to remain in full force and effect until JACKSON PUBLIC SCHOOLS has received written notification from me of a change in such time and in such manner as to afford JACKSON PUBLIC SCHOOLS and DEPOSITORY a reasonable opportunity to act on it (a minimum of five days) prior to date of payroll.

NAME

SOCIAL SECURITY NO.

SCHOOL/OFFICE

BANK (OR OTHER DEPOSITORY)

ROUTING NO.

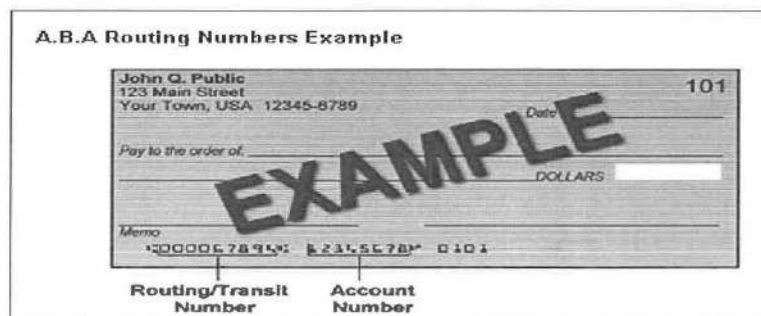
ACCOUNT NO.

SIGNATURE

DATE _____

You may access and print any and all of your direct deposit stubs via the [JPS Intranet \(www.jackson.k12.ms./Intranet\)](http://www.jackson.k12.ms./Intranet). Click the Resources tab and then click Active Resources.

****PLEASE ATTACH A VOIDED CHECK OR LETTER FROM YOUR INSTITUTION VERIFYING ROUTING AND ACCOUNT INFORMATION FOR THE ACCOUNT TO BE CREDITED.





Non-Covered Employment Acknowledgment

Form 4A – Revised 12/1/2013

Complete only if employee is not receiving PERS service retirement benefits and is not contributing to PERS through another employer. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

1 Employee Information


First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

2 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*, and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS.  If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: _____ Date mm/dd/ccyy: _____

3 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: _____

Employee's Hire Date mm/dd/ccyy: _____ Employee's Termination Date mm/dd/ccyy: _____

Employer Name: _____ Employer No.: _____ - _____

Employer Representative's Name: _____ Employer Representative's Title: _____

Employer Representative's Phone: _____ Fax: _____ E-Mail: _____

As employer representative, I understand that wages earned and paid to the above-named individual during this period of employment **will not** be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, *Eligibility of Part-time Employees for State Retirement Annuity Service Credit*, and PERS Board of Trustees Regulation 36, *Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS)*.

Employer Representative's Signature: _____ Date mm/dd/ccyy: _____



Personal Information

Full Name:

Address:

Street Address

Apartment#

City

State

Zip Code

Home Phone:

Cell Phone:

Email Address:

Social Security Number:

Birth Date:

Marital Status:

Spouse's Name:

Spouse's Employer:

Spouse's Work Phone:

Emergency Contact Information

Full Name:

Last Name

First Name

Middle Initial

Address:

Address

City

State/Zip

Primary Phone:

Alternate Phone:

Relationship:

EMPLOYEE POLICY FORM

As an employee of the Jackson Public School District, I acknowledge that I will access a copy of the policies listed below on the Jackson Public Schools website. These policies can be obtained by visiting the [Board Approved Policies page at www.jackson.k12.ms.us/BoardPolicies](http://www.jackson.k12.ms.us/BoardPolicies).

POLICIES

1. GACN/JCP – Sexual Harassment- Employees and Students
2. GAEE – Anti-Bullying Policy and Procedures for Employees
3. JCBA – Anti-Bullying Policy and Procedures for Students
4. GAHA – Instructional and Support Staff Dress Code Policy
5. GBA – Staff Ethics
6. GBEM – Drug and Alcohol Policy and Procedures
7. GBF – Professional Development Policy and Procedures
8. JCIA – Prohibition of Corporal Punishment
9. GADB – Overtime and Compensatory Pay for Employees

I understand that it is my responsibility to read and adhere to these policies while employed with the district.

Employee Printed Name

Date

Employee Signature

The superintendent or the superintendent's designee has the authority to amend or revise the Acceptable Use and Internet Safety Contract as deemed necessary and appropriate consistent with this policy.

XI. EXAMPLES OF RESPONSIBLE USE

- Use school technologies for school---related activities.
- Follow the same guidelines for respectful, responsible behavior online that I am expected to follow offline.
- Treat school resources carefully and alert staff if there is any problem with their operation.
- Encourage positive, constructive discussion if allowed to use communicative or collaborative technologies.
- Alert a teacher or other staff member if I see threatening, inappropriate, or harmful content (images, messages, posts) online.
- Use school technologies at appropriate times, in approved places, for educational pursuits.

This is not intended to be an exhaustive list. Users should use their own good judgment when using school technologies.

XII. LIMITATIONS OF LIABILITY

JPSD will not be responsible for damage or harm to persons, files, data, or hardware.

While JPSD employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

JPSD will not be responsible, financially or otherwise, for unauthorized transactions conducted over the school network.

Violations of this policy may have disciplinary consequences, including:

- Suspension of network, technology, or computer privileges;
- Notification of parents;
- Detention or suspension from school and school-related activities;
- Employment disciplinary action, up to and including termination of employment;
- Legal action and/or prosecution.

Staff, students and parents/guardians shall be required to sign Jackson Public Schools' Acceptable Use Policy annually before Internet or network access shall be allowed.

SOURCE: JACKSON PUBLIC SCHOOL DISTRICT, JACKSON, MISSISSIPPI

LEGAL REF.: 47 USC §254; 18 USC 1460; 20 USC 1232

DATE: AUGUST 19, 2002

REVISED: OCTOBER 21, 2014



Welcome to the JPS Email System!

Once you have completed the employment process in Human Resources, email and user accounts are automatically created for each employee.

Step 1: Sign the JPS Acceptable Use and Internet Safety Policy.

(www.jackson.k12.ms.us/AcceptableUse)

Step 2: Get your JPS user name. Go to the Jackson Public School Website. Click on the **Departments** tab, click on **Information Technology Services**. Look at the bottom of the page and follow instructions under **Retrieving Your Username**.

Step 3: Reset your password. Once your password has been reset successfully, you will be able to use your JPS email account and login into any computer that is connected to the Jackson Public Schools network.

Password reset directions:

- Go to the JPS Internet on any JPS computer.
- Go to Departments on main page.
- Click on Information Technology.
- Look under title "Recovering Your Password or Username."
- Look under **option 2 and** click the link that states "Self –Service Reset Password Management."
- Click Forgot my password.
- Enter your user name and click Continue.
- Correctly answer the three security questions.
- Click Reset Password.
- Carefully read and follow the password rules and enter your new password two times in the correct boxes.
- Click Reset Password and wait.
- If all is done correctly, it will say Congratulations!

Information Technology Contacts

Help Desk 601-973-8601

Joycelyn Linburgen 601-960-8831



ELECTRONICALLY OBTAINING YOUR CHECK STUB AND W-2 PROCEDURES

1. Visit the [Jackson Public Schools Intranet \(www.jackson.k12.ms.us/Intranet\)](http://www.jackson.k12.ms.us/Intranet).
2. Click Resources and then Active Resources.
3. Click **Sign up for an Account!**

4. Complete requested sections. Please note that Username and Password fields are case sensitive.

Please contact the Payroll Department at (601) 960-8700 if you have any additional questions or need assistance in accessing your Active Resources Account.