

CLASSIFIED SUBSTITUTE CHECK LIST

NAME:

	Received	Comments
Application	<input type="text"/>	<input type="text"/>
Disclosure Statement	<input type="text"/>	<input type="text"/>
Sexual Misconduct	<input type="text"/>	<input type="text"/>
Ethnicity	<input type="text"/>	<input type="text"/>
AESOP Profile	<input type="text"/>	<input type="text"/>
I-9 + (2 pcs. ID)	<input type="text"/>	<input type="text"/>
W-4	<input type="text"/>	<input type="text"/>
Direct Deposit	<input type="text"/>	<input type="text"/>
Immunization	<input type="text"/>	<input type="text"/>
Staff Handbook-policies	<input type="text"/>	<input type="text"/>
WSP/FBI Fingerprint Receipt	<input type="text"/>	<input type="text"/>

Retirement:

Status	<input type="text"/>
Eligibility	<input type="text"/>

Required Trainings

First Aid Card (CPR needed PE/CTE)	<input type="text"/>
HIV/Aids/Child Abuse Reporting	<input type="text"/>

(To be given once application is turned in at District Office)

****Additional Forms Needed by Position**

Paraeducators, Specialized Technicians and Secretary Positions

Copy of High School Transcript/Diploma	<input type="text"/>
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(2.5 GPA or above required)

Copy of College Transcript or Praxis	<input type="text"/>
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MUST BE HIGHLY QUALIFIED (Have an Associates Degree, 72 quarter credits or take a PraPro test)

Food Service Positions

Copy of Food Handler's Card	<input type="text"/>
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Copy of High School Diploma or GED	<input type="text"/>
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Custodial Positions

Hazardous Chemical Quiz	<input type="text"/>
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Copy High School Diploma or GED	<input type="text"/>
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(Not required to have either-preferred)

Transportation Positions

Abstract of Driving Record Form	<input type="text"/>
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(\$13 fee required)

Copy High School Diploma or GED	<input type="text"/>
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(Not required to have either-preferred)

Playground Positions

Copy High School Diploma or GED	<input type="text"/>
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Sick Leave	<input type="text"/>
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Emergency Contact	<input type="text"/>
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CLASSIFIED EMPLOYMENT APPLICATION

Position(s) Applying For: _____

Full Time: _____ Part Time _____ Substitute: _____

Date: _____ Email Address: _____

Name: _____
Last First Middle

Other name(s) under which records may be listed: _____

Address: _____
Street City State Zip

Home Phone: _____ Business/Message Phone: _____

Have you applied for employment with Washougal School District previously? _____

Dates: _____ Positions: _____

EDUCATION AND TRAINING:

Name of School	City and State	Average Grade	Major Courses	Year Graduated

Other education and training: (List name of course, grade achieved, and year taken)

EMPLOYMENT HISTORY: (Start with last or present position and work backward)

List below your last four employers, beginning with current or most recent.

Dates: Month/Year	Name, Address, Zip and Telephone Number of Employer	Position Held Supervisor/Telephone	Reason for Leaving
From: To:			
From: To:			
From: To:			
From: To:			

(Attach additional sheets, if necessary, using same format.)

PROFESSIONAL REFERENCES

(Must include current employer if employed, or last employer if not currently employed.)

Name/Position	Company Name and Address	Telephone Number

CHARACTER REFERENCES

Name and Address	Occupation	Telephone Number

PERSONAL INFORMATION

U.S. Citizen or are you eligible for lawful employment in the U.S.? Yes ___ No ___
(proof of citizenship or legal right to work and identity will be required after hire.)

Have you ever been charged, excluding lay-off, or forced to resign for misconduct or unsatisfactory service from any position? Yes ___ No ___
(If yes, attach a statement explaining circumstances and disposition.)

Within the last seven years have you ever pled guilty, been convicted, fined, Imprisoned or placed on probation for violation of any law, police regulation, or ordinance, excluding minor traffic violations? Yes ___ No ___

Driver's License Number: _____ State _____

Commercial Vehicle Drivers

Applicants for employment in positions requiring a commercial drivers license (CDL) are subject to pre-employment controlled substance testing. District employees performing safety sensitive functions are subject to random, reasonable suspicion, post-accident, return to duty and follow-up controlled substance and alcohol testing mandated by the Federal Highway Administration (49 CFR Part 382) and district policy.

All of the information I have provided in this application is true, correct, and complete. I authorize Washougal School District to inquire with former employers and/or references and obtain any and all information regarding my job-related background. I also authorize Washougal School District to check for any conviction(s) on record. I release and waive Washougal School District, my former employers, and all references from any and all liability in obtaining or disclosing such information. I agree that if I have provided false or incomplete statements, the district may, at its sole discretion, without notice or due process procedures, terminate my employment.

Applicant Signature

Date

WASHOUGAL SCHOOL DISTRICT 112-6 IS AN EQUAL OPPORTUNITY EMPLOYER

Title IX Officer & Civil Rights Coordinator: Marian Young (360) 954-3050

Section 504 Officer: Allison Blakely (360) 954-3020

"EVERYDAY, EVERYBODY A SUCCESS"

What attributes do you bring to our district that will make you a "cut above" the other candidates?
(Please answer in your own handwriting in the space below.)

[illegible]

Washougal School District 112-6 Applicant Disclosure Statement

YOU MUST ANSWER ALL NINE (9) ITEMS ON THIS FORM.

(Reference RCW 26A.400, RCW 43.43)

1. Check any of the following for which you have been convicted, including any of these crimes as they may have been renamed: (The term "convicted" includes all instances in which a finding of guilt, a plea of guilty or nolo contendere, or stipulation to facts, or deferred or suspended sentence occurred.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Custodial Assault | <input type="checkbox"/> Selling or distributing Erotic Material to Minor(s) | <input type="checkbox"/> Child Abuse or Neglect as Defined in RCW 26.44.020 |
| <input type="checkbox"/> First, Second or Third Degree Manslaughter | <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Aggravated Murder |
| <input type="checkbox"/> First or Second Degree Child Molestation | <input type="checkbox"/> First or Second Degree Custodial Interference | <input type="checkbox"/> Criminal Abandonment |
| <input type="checkbox"/> First, Second or Third Degree Assault of a child | <input type="checkbox"/> Sexual Exploitation of Minor(s) | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> First or Second Degree Sexual Misconduct | <input type="checkbox"/> Felony Indecent Exposure | <input type="checkbox"/> First or Second Degree Murder |
| <input type="checkbox"/> First, Second or Third Degree Rape | <input type="checkbox"/> Incest | <input type="checkbox"/> First or Second Degree Criminal Mistreatment |
| <input type="checkbox"/> First, Second or Third Degree Assault | <input type="checkbox"/> Communication with a Minor for Immoral Purposes | <input type="checkbox"/> Child Buying or Selling |
| <input type="checkbox"/> Patronizing a Juvenile Prostitute | <input type="checkbox"/> Vehicular Homicide | <input type="checkbox"/> First or Second Degree Extortion |
| <input type="checkbox"/> First or Second Degree Robbery | <input type="checkbox"/> First, Second or Third Degree Rape of a Child | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> First Degree Arson | <input type="checkbox"/> First or Second Degree Kidnapping |
| | <input type="checkbox"/> Unlawful Imprisonment | <input type="checkbox"/> First Degree Promoting Prostitution |
| | <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Prostitution |
| | <input type="checkbox"/> First Degree Burglary | |
| | <input type="checkbox"/> Malicious Harassment | |

☐ Check here if you have not been convicted of any of the above, including any of these crimes as they may have been renamed.

2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended and listed as follows:

- First, second or third degree extortion;
- Forgery or any of these crimes as they may be renamed in the future
- First, second or third degree theft
- First or second degree robbery

Answer: ☐ No ☐ Yes If Yes, please explain. _____

3. Have you ever been convicted of any crime involving the manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance?

Answer: ☐ No ☐ Yes If Yes, please explain. _____

¹ All volunteers and prospective employees, who will or may have unsupervised access to children under 16 years of age, developmentally disabled persons, and/or vulnerable adults, and all prospective employees are "applicants."

4. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abuse any minor?

Answer: ☐ No ☐ Yes If Yes, please explain. _____

5. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor, or to have physically abused any minor?

Answer: ☐ No ☐ Yes If Yes, please explain. _____

6. Have you ever been found in any disciplinary board final decision to have sexually or physically abused any minor or developmentally disabled person, or to have abused or financially exploited any vulnerable adult? "Disciplinary board final decision" means (a) any final decision by the director of the Department of Licensing for real estate brokers and salespersons and (b) any final decision by a disciplinary authority under Chapter 18.130 RCW or the secretary of the Department of Health for the following businesses or professions: chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathic medicine and surgery, physical therapy, physicians, practical nursing, registered nursing, and psychology.

Answer: ☐ No ☐ Yes If Yes, please explain. _____

7. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer: ☐ No ☐ Yes If Yes, please explain. _____

8. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 1 through 7 above? Answer: ☐ No ☐ Yes

9. Have you ever been convicted of any crime not otherwise listed?

Answer: ☐ No ☐ Yes

Pursuant to RCW 9A.72.085, I certify under perjury under the laws of the State of Washington that the foregoing is true and correct.

Last Name: _____ First Name: _____

Applicant Signature

Date and Place

TO BE COMPLETED AFTER CONDITIONAL EMPLOYMENT IS OFFERED.

I certify under penalty of perjury that as of this date _____, a date on or after which I have been offered conditional employment with Washougal School District 112-6, the foregoing remains true and correct.

Your signature must be witnessed.

Prospective Employee Print Name

Prospective Employee Signature

Witness Print Name

Witness Signature

Washougal School District Ethnicity and Race Data Collection Form

Last Name

First

Middle

QUESTION 1. Are you of Hispanic or Latino origin? (Check all that apply)

☐ **Not Hispanic/Latino**

☐ **Any of the 9 Hispanic/Latino Groups**

- ☐ CUBAN
- ☐ DOMINICAN
- ☐ SPANIARD

- ☐ PUERTO RICAN
- ☐ MEXICAN/MEXICAN AMERICAN/CHICANO
- ☐ CENTRAL AMERICAN
- ☐ SOUTH AMERICAN
- ☐ LATIN AMERICAN
- ☐ OTHER HISPANIC/LATINO

QUESTION 2. What race(s) do you consider yourself? (Check all that apply.)

☐ **African American or Black**

☐ **White**

☐ **Any of the 15 Asian Groups**

- ☐ ASIAN INDIAN
- ☐ CAMBODIAN
- ☐ CHINESE
- ☐ FILIPINO
- ☐ HMONG
- ☐ INDONESIAN
- ☐ JAPANESE
- ☐ KOREAN
- ☐ LAOTIAN
- ☐ MALAYSIAN
- ☐ PAKISTANI
- ☐ SINGAPOREAN
- ☐ TAIWANESE
- ☐ THAI
- ☐ VIETNAMESE
- ☐ OTHER ASIAN

☐ **Any of the 9 Pacific Islander Groups**

- ☐ NATIVE HAWAIIAN
- ☐ FIJIAN
- ☐ GUAMANIAN or CHAMORRO
- ☐ MARIANA ISLANDER
- ☐ MELANESIAN
- ☐ MICRONESIAN
- ☐ SAMOAN
- ☐ TONGAN
- ☐ OTHER PACIFIC ISLANDER

☐ **Any of the 31 American Indian Groups**

- ☐ ALASKA NATIVE
- ☐ CHEHALIS
- ☐ COLVILLE
- ☐ COWLITZ
- ☐ HOH
- ☐ JAMESTOWN
- ☐ KALISPEL
- ☐ LOWER ELWHA
- ☐ LUMMI
- ☐ MAKAH
- ☐ MUCKLESHOOT
- ☐ NISQUALLY
- ☐ NOOKSACK
- ☐ PORT GAMBLE KLALLAM
- ☐ PUYALLUP
- ☐ QUILEUTE
- ☐ QUINAULT
- ☐ SAMISH
- ☐ SAUK-SUIATTLE
- ☐ SHOALWATER
- ☐ SKOKOMISH
- ☐ SNOQUALMIE
- ☐ SPOKANE
- ☐ SQUAXIN ISLAND
- ☐ STILLAGUAMISH
- ☐ SUQUAMISH
- ☐ SWINOMISH
- ☐ TULALIP
- ☐ YAKAMA
- ☐ OTHER WASHINGTON INDIAN
- ☐ OTHER AMERICAN INDIAN

Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **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:
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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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
 - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
 - (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the **"USCIS Privacy Act Statement"** below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)							
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State	Zip Code					
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								E-mail Address		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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (*See instructions*)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):		
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Fingerprinting Services

You may complete the electronic live scan fingerprint process in person at ESD #112, 2500 NE 65th Avenue, Vancouver, WA 98661. Fingerprinting is available by appointment only, Monday—Friday. Appointments take approximately 15 minutes. You must show government issued Photo ID such as a driver's license or passport at time of service. To make your fingerprint appointment please go to our site: www.esd112.org/fingerprinting. If you're unable to schedule an appointment using the online system, please contact the Human Resources Department at 360-952-3390. The fee for fingerprinting is \$82.00 (\$47 FBI/WSP background check and \$35 ESD Service fee). Fees may be paid with a personal check, cashier's check, or money order payable to ESD 112.

ESD 112 uses a Livescan system (digital fingerprints) to scan fingerprints. If your fingerprints are of good quality, live-scan reduces the turnaround time to obtain the results. If you have worn or fine ridges in your fingers, the fingerprints may not be of a quality that allows them to be processed by the Washington State Patrol (WSP). If prints are rejected for poor quality, you can be reprinted up to two times free of charge. If quality prints cannot be obtained after the second reprint attempt, you will have to travel to the WSP Criminal Records Division in Olympia, WA where WSP takes and guarantees your prints.

If you are concerned about worn prints, please let the fingerprint technician know before your prints are taken. The ESD office cannot refund the fingerprinting fee once your prints are submitted electronically.

Washington State law (RCW 28A.400.303) requires that all new employees of a school district, an educational service district, the state center for childhood deafness and hearing loss, the state school for the blind, approved charter schools and their contractors hiring employees who have regularly unsupervised access to children be fingerprinted for a record check through the Washington State Patrol (WSP) and Federal Bureau of Investigation (FBI).

Washington State law (RCW 28A.410.010) requires that all applicants who do not possess a valid Washington educational certificate at the time of application be fingerprinted for a record check through the WSP and FBI.

By law, if you have completed a fingerprint record check through WSP and the FBI within the previous two years, the school employer may waive the requirement. **If you change school district employers or leave employment and return to the same district, and if your previous record check is more than two years old, you must provide a new fingerprint record check.**

AESOP SUBSTITUTE PROFILE

Name: _____

Phone: _____

Address: _____

Email: _____

QUALIFICATIONS: (check all that apply)

- ☐ 1st Aid Certification- Expiration Date: _____
- ☐ Food Handlers Card – Expiration Date: _____
- ☐ Emergency Certified Substitute – Expiration Date: _____
- ☐ Certified Substitute – Expiration Date: _____
- ☐ Custodian – Training Date: _____
- ☐ Secretary/Library
- ☐ Para-Educator/Playground
- ☐ Server
- ☐ SPACE/Preschool

Once we have all of your HR data entered, you will receive an email from the AESOP system giving you instructions with your user id and password. After you have logged in, you can set your personal preferences for which schools you would like to contact you with potential substitute positions that you are qualified for. Also, if you prefer you can turn off or restrict the automatic sub calling and be proactive by regularly searching for available jobs on the AESOP website.

Received by HR: _____

Received by Payroll: _____

Washougal School District Staff Handbook 2021-2022

Table of Contents:

The Washougal School District recognizes all employees need the information contained in the following policies:

RCW 42.52.160	Ethics in Public Service	3241	Classroom Management, Discipline and Corrective Action
0050	Equity, Diversity, and Inclusion		
2020	Course Design, Selection and Adoption of Instructional Materials	3244	Prohibition of Corporal Punishment
		3245	Students and Telecommunication Devices
2022	Electronic Resources and Internet Safety	3246	Restraint, Isolation, and Other Uses of Reasonable Force
2025	Copyright Compliance		
2145	Suicide Prevention	3416	Medication at School
2161	Special Education and Related Services for Eligible Students	3418	Response to Student Injury or Illness
2162	Education of Students with Disabilities Under Section 504	3421	Child Abuse, Neglect and Exploitation Prevention
2190	Highly Capable Program	4020	Confidential Communication
2320	Field Trips, Excursions, and Outdoor Education	4040	Public Access to District Records
	- High Risk Activities to Avoid	4210	Regulation of Dangerous Weapons on School Premises
	- Expectations for Supervision During Field Trips	4215	Use of Tobacco and Nicotine Substances
2331	Controversial Issues/Guest Speakers	4220	Complaints Concerning Staff or Programs
2333	Flag Exercises	4314	Notification of Threats of Violence or Harm
2336	Required Observances		
2340	Religious-Related Activities	5010	Nondiscrimination and Affirmative Action
2420	Grading and Progress Reports		
3122	Excused & Unexcused Absences	5011	Sexual Harassment
3205	Sexual Harassment of Students	5201	Drug Free Schools
3207	Prohibition of Harassment, Intimidation and Bullying	5251	Conflicts of Interest
		5253	Maintaining Professional Staff/Student Boundaries
3210	Nondiscrimination		
3211	Transgender Students	5271	Reporting Improper Governmental Action
3220	Freedom of Expression		
3224	Student Dress	5282	Civility
3230	Student Privacy and Searches	6511	Staff Safety
3231	Student Records		
3232	Parent and Student Rights in Administration of Surveys, Analysis or Evaluations		

Policy listed in bold has been added or updated since last handbook

Note: This handbook is not meant to be a complete list. A full listing of WSD Board policies can be found on the WSD Website at www.washougal.k12.wa.us. Board policies and related state laws are subject to change without notice, and staff are expected to follow any and all relevant laws and policies that may apply.



Retirement Status Verification

Employers can use this form to document the retirement status of all new employees, as required by RCW 41.50.139.

Contact Information for
Employer Support Services at DRS
360.664.7200, option 2
800.547.6657, option 6, option 2
employersupport@drs.wa.gov

Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Employers can document retirement status through their own processes or by using this DRS form. If using this form, follow these instructions:

- Ask the employee to complete and sign the Employee Information section below.
- Use Member Reporting Verification (MRV) to review the employee's retirement status.
- Record the results in the Employer Verification section below.
- Determine whether the employee retired using the 2008 Early Retirement Factors. ☐ Yes ☐ No
If yes, contact DRS Employer Support Services (ESS) immediately.
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form.
- Retain this form for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box: ☐

Employer Signature

I have verified the information above using MRV or by contacting a DRS representative. I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.

Employer Signature	Date
--------------------	------



Position Eligibility Worksheet - PERS, SERS, TRS Plan 2 & Plan 3

Check only one: **PERS** ☐ **SERS** ☐ **TRS Plan 2 & Plan 3** ☐

You must evaluate the **POSITION** and the **PERSON**.

- If the **position** is eligible as determined in section 2, report the employee from the first day of eligibility.
- If the employee is working in more than one position for you, determine if the **person** is retirement eligible in Section 3.

Section 1: Employee Data

Name		
Social Security Number	Date eligibility evaluated	Date employee entered position
Position Title		Position Number
Is this position new or existing?	New Existing	If existing, position formerly held by:

Section 2: Evaluating if the **POSITION** is retirement eligible

Place a check mark in the box to verify your determination.

1. Does this position ever require at least 70 hours of compensated employment in a month?

PERS/SERS	No Yes	If no, not eligible If yes, go to next question
TRS	No Yes	If no, not eligible. If yes, go to next question

2. Does this position require at least 5 months of 70 or more hours of compensated employment per month during a 12-month period for PERS/SERS or a school year for TRS?

PERS/ SERS	No Yes	If no, not eligible If yes, and this is an existing position, the position is eligible; report to DRS. If this is a new position, go to question 3.
TRS	No Yes	If no, not eligible If yes, the position is eligible. Report to DRS.

3. If this is a new position, is the position expected to require at least 5 months of at least 70 hours for two consecutive years?

PERS/ SERS	No Yes	If no, not eligible If yes, the position is eligible. Report to DRS.
TRS	Not applicable	

- A PERS/SERS eligible position requires at least five months of 70 hours or more for two consecutive years initially. Once a position is determined to be eligible, it will continue to be eligible if it requires at least five months of 70 or more hours of compensated service at least every other year.
- Do not include educational substitute on-call service in the initial eligibility determination of a position.
- If multiple people share the same eligible position, all are retirement eligible.
- If a project position meets these requirements, the position may be eligible. Refer to Chapter 2 of the *Employer Handbook*.

Based on this evaluation, the position is:		Eligible <input type="checkbox"/>	Ineligible <input type="checkbox"/>
If the employee is working in only <i>one position</i> , you have completed the eligibility determination. Next, notify the employee in Section 4.		Please continue on next page →	
If the employee is working in <i>more than one position</i> , the employee may still be retirement eligible. Continue to Section 3.			

Section 3: Complete this section only if the PERSON is working in more than one position for you

- All the monthly work of an employee for one employer counts as one position.
- However, do not include educational substitute on-call service in the initial eligibility determination.
- If the employee is working in multiple systems (example: PERS and TRS) contact Employer Support Services for assistance.

1. List the job titles and job numbers.

Job Title 1	Position number
Job Title 2	Position number

2. Return to Section 2 to evaluate the eligibility of an employee working in one system using the combined hours of service. For example, for two PERS positions combine the hours worked in both positions. If the employee's combined hours of employment meet the definition of an eligible position in Section 2, the employee is retirement eligible.

Section 4: Make your eligibility determination and notify the employee

The employer checks the appropriate box below; then has the employee sign the form to acknowledge the position eligibility determination. The employer retains the worksheet to document eligibility determinations.

The position has been determined to be: Eligible ☐ Not Eligible ☐ for membership.

Employee's Signature and Date

Employer Representative Name and Title (Please print)

Employer Representative Signature

Section 5: Employers should review eligibility periodically

Eligibility Has Changed

Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:
Date: Reviewer:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:

Employer retains this worksheet to document eligibility decisions.

DIRECT DEPOSIT

Attached please find the direct deposit form for you to complete.

- Any bank can be used for direct deposit
- Your funds will be deposited on payday

Please attach for verification purposes:

- **Voided Check** or
- Print out from your bank **with your name, the bank name, routing number and account number**

If you **submit this form to the Payroll Office before the 15th of the month**, your next paycheck will be deposited into this bank account.

If you **submit this form after the 15th of the month**:

- The first month will be a trial run so your bank can verify your information and inform us of any errors. You will receive a regular paycheck the first month, which you will need to be pick-up from District Office on payday
- The following months, your paycheck will be deposited into your bank account and you will receive a direct deposit pay stub (unless you opt to go paperless)

If you change banks or close the account, you will need to notify the Payroll Office immediately. If you do not, your money will be in limbo until the bank rejects the funds back to us.

Please call the Payroll Office if you have any questions at 360-954-3007.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

NAME _____
(PLEASE PRINT)

I hereby authorize **Washougal School District #112-6**, hereinafter called COMPANY, to initiate credit entries to my account (**select one**) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY/BANK _____

TRANSIT ROUTING/
ABA NUMBER _____ ACCOUNT NO. _____

TYPE OF ACCOUNT (select one) Checking Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGNED _____

Your paystub information can be viewed and printed from the Washougal School District Employee Access website. You may choose to opt out of receiving this information in printed form here:

I choose to opt out of receiving a printed direct deposit notification.

Please attach a VOIDED CHECK here



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

To:	SCHOOL DISTRICT EMPLOYER	<input type="checkbox"/> No prior school district employment
	PERSONNEL DEPARTMENT	
	STREET ADDRESS	
	CITY, STATE, ZIP	
	FAX #	

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 181-87 and WAC 181-88. Your assistance is appreciated.

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed below, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature

Date

This section to be completed by former school district employer(s) only.

- ☐ No sexual misconduct materials were found.
☐ Yes, sexual misconduct materials are available.
Please contact for more information.
☐ No record of employment

Was a complaint of sexual misconduct filed with OSPI?

☐ Yes ☐ No

Former Employer Representative Signature

Title

Date

Employing School Receipt Date: _____

Received By: _____

Return all completed information to:

SCHOOL DISTRICT Washougal School District 112-6		
ADDRESS 4855 Evergreen Way		PHONE 360-954-3000
STATE WA	ZIP 98671	FAX 360-954-3099