



Thank you for your interest in being considered as a Substitute Teacher for the
Westview School Corporation!

We require the following paperwork for all Substitute Teachers:

- _____ Substitute Teacher Application - Please be sure to fill out both sides completely.
- _____ W-4, WH-4 and request for Expanded Criminal History Check. Please fill this request out and send it back in with your substitute teaching packet. After you turn the request in to us, we will get you set up to complete the Expanded Criminal History Check online. There are more directions in your packet for this process.
- _____ A copy of your current Indiana Teaching Certificate **OR**
A copy of your current Indiana Substitute Teaching Certificate - If you don't have an Indiana Substitute Teaching Certificate, it is your responsibility to apply for one. The paperwork needed for this application is enclosed. **Note:** When you apply for a Substitute Teaching Certificate, we will allow you to sub while we are awaiting the issuance of the certificate. As long as we have done the limited Criminal History Check.
- _____ A copy of verification of highest completed level of education. (Example: College Transcripts, License, Certificate, Diploma, etc.)
- _____ Form I-9 (Employment Eligibility Verification)
- _____ A copy of your Social Security Card and Driver's License -we can make a copy here.
- _____ TRF (Teachers' Retirement Fund) Number **OR**
Application for Indiana Teachers' Retirement Fund Number
 - Indiana School Corporations are now required by law to enroll all of our substitute teachers in the Teachers' Retirement Fund if they have an Associate Degree or higher.

Please return the above paperwork to the Administration Office, or you may mail it to:

Westview School Corporation
Attn: Yvonne Eash
1545 S 600 W
Topeka, IN 46571



WESTVIEW WARRIORS

Substitute Teacher Pay Scale

Adopted August 11, 2016

Substitute Tier	Rate	
Tier 1	<i>substitute teacher without 3 years teaching in a certified role</i>	
	\$70 daily rate	\$40 ½ day rate
Tier 1 + Loyalty	<i>substitute teacher without 3 years teaching in a certified role who has covered classrooms more than 25 full days during a school year</i>	
	\$100 daily rate	\$55 ½ day rate
Tier 2	<i>substitute teacher with 3 or more years teaching in a certified role</i>	
	\$100 daily rate	\$55 ½ day rate
Tier 2 + Loyalty	<i>substitute teacher with 3 or more years teaching in a certified role who has covered classrooms more than 25 full days during a school year</i>	
	\$110 daily rate	\$60 ½ day rate

Substitute loyalty pay begins on the 26th FTE of classroom coverage, following administrative recommendation. Two half days of coverage will equal 1 FTE day. Coverage of leaves count toward the 26 day loyalty bump.

Accumulated days reset July 1.



Substitute Quick Reference

Technical Support: 1-800-319-4278

www.willsub.com

How to Accept a Job over the Phone

1. Answer call from Willsub– say “hello” to activate the system
2. Listen to substitute request information
3. Select option 1, 2, 3, 4, 5, 6, or 9
 1. Accept
 - i. Enter PIN number followed by the # key
 - ii. Record Request Number
 - iii. Present number to office upon arrival
 2. Decline
 - i. Declines Job
 3. Decline All
 - i. Declines all jobs for that day
 4. Call Back
 - i. Have Willsub call back later if job is still available
 5. Replay Message
 - i. Replay request information
6. Which Substitute called
 - i. Willsub will play the ID of the substitute that was called. *This is helpful if 2 or more substitutes share the same phone.*
9. Report wrong number
 - i. If this is confirmed, this will disable the user from the Willsub system.

Commitments

Commitments can be added to make you unavailable to work for a period of time. To add a commitment, select ‘New’ under the Commitments tab.

1. Select a date range for the period of time in which you want to unavailable to work.
2. Add a brief note explaining the time off(i.e. Vacation, Dr. Appt., etc...) and click ‘Add Commitment’ to finalize

Select ‘View’ under the Commitments tab to show all commitments in Willsub.

1. To remove a commitment, simply click the highlighted ‘delete’ next to the commitment.
2. If a commitment is shown displaying ‘Willsub Committed’, this refers to a day in which you have a job scheduled in Willsub, making you unavailable to accept additional jobs.

How to Accept a Job Online

1. When there are jobs available, a link will appear on your homepage- New Jobs Available (2). Clicking the link will bring you to all available jobs.
 - i. Available jobs are also able to be viewed under the Requests tab, by selecting ‘View Available...’
2. To view the details of the available jobs, click the highlighted date for the job.
3. Review the details of the job. After reviewing you have the option of accepting or declining the job. Click ‘Accept Request’ to accept the job.
4. Upon accepting the job, you will receive a notice letting you know that if the submission is accepted, the job will appear on your homepage.

Preferences

To set up your preferences in Willsub, please follow the steps as outlined.

1. Select ‘My Preferences’ under the Information tab to set your preferences with regards to the days and times that you would like Willsub to call and/or text message you.
 - i. Select ‘Update’ to save changes.
2. Select ‘Worksite Choices’, and ‘District Choices’ to select available districts.
 - i. Listed are all districts available to you. Click into each district that you would like to work in, and check the box for ‘Selected’ to make the buildings in this district available to select. Click ‘Update to save.
3. Select ‘Building Preferences’ to select the specific buildings that you would like to be available for jobs.
 - i. Change the drop down box from ‘Buildings I Work At’, to ‘All Available Buildings’ to view all buildings available for you to work in.
 - ii. Select the link for the name of the building that you would like to work in, which will bring up the specifics of the building.
 - iii. For the position(s) that you would like to be available as a substitute, change the drop-down boxes from No to Yes.
 - iv. Select ‘Update’ to save. **Repeat this process for all buildings that you would like to be available to work in.**

Viewing Payroll Information

In Willsub you are able to access pay information for all jobs that have been performed in Willsub. As PCMI does not send paper copies of pay stubs, the information accessed through Willsub will serve as your pay stub. The following steps will guide you on how to view this information.

1. To access your pay information, select ‘View Payroll Transactions’ in the ‘Payroll’ tab
 - a. Provided will be a link to access your payroll account.
 - i. To set up your account, you will be asked to set up a couple security questions.
 - b. Once you have registered your payroll account, you will now be able to select the link in your Willsub account titled, “Click Here to access DynamicHR Account”.
 - i. In your payroll account, you will be able to view pay stubs, view tax withholdings, and access your W-2’s.

Westview School Corporation

Substitute Teaching

The job of a substitute teacher is a challenging one. It requires dedicated and conscientious effort and entails far more than just watching the students. You will succeed as a substitute teacher to the extent that you approach the position as a professional service.

As a substitute teacher you are an important staff member of Westview School Corporation. When professional staff members are ill, called away by personal business or attending staff development meetings, you must be ready to replace them. Often you will be given very short notice. This demands that you be flexible, knowledgeable and able to establish rapport with students immediately. Below are the daily schedules for each Westview building.

Building	Arrival Time	Classes Begin	Classes End	Departure Time	1/2 Day Departure
Meadowview Elem.	7:30 a.m.	7:50 a.m.	2:15 p.m.	2:30 p.m.	11:00
Shipshewana Elem.	7:30 a.m.	7:50 a.m.	2:15 p.m.	2:30 p.m.	11:00
Topeka Elem.	7:30 a.m.	7:50 a.m.	2:15 p.m.	2:30 p.m.	11:00
Westview Elem.	7:50 a.m.	8:00 a.m.	3:15 p.m.	3:20 p.m.	11:40
Westview Jr/Sr H.S.	8:05 a.m.	8:15 a.m.	3:25 p.m.	3:30 p.m.	11:45

On Monday's only, Westview will start the day ½ hour later. Arrival times for the K-4 buildings will be 8:00, Westview Elementary 8:20 and Westview Jr. Sr. High School 8:35.

If we have a weather delay or other reason for a delay on a Monday, school will start two hours later using the regular arrival time listed above in the chart. Not two hours later using the delay schedule for Monday's.

Because substitute teaching is a difficult job, the information below has been prepared to help you understand the essential aspects of your job. Topics covered are:

Reporting to Work

When arriving in the school, the substitute must report to the main office. Here you receive the following:

- Access to the room and a substitute teacher name tag.
- Schedule of duties: classroom assignments and other duties.
- Explanation of any special activities for the day.
- Location of bathrooms and lunchroom. Please note, no smoking is allowed in any public school building.
- Emergency procedures.

Leaving Work

Before leaving work for the day, the substitute teacher is expected to complete the following:

- Ensure doors and windows in the classroom are closed.
- Write a summary of work accomplished for the teacher.

Expectations

- Be professional in your conduct.
- Support school procedures and policy.
- Greet students and get them involved in a learning activity as soon as possible.
- Be considerate, but firm, in dealing with students.
- Make every effort to carry out all the teacher's lesson plans.
- Maintain confidentiality.
- Demonstrate a professional image in appearance and/or attire.
- Follow established building student attendance procedures.
- Follow the plan for the day's work as outlined in your substitute lesson plans.
- Report all accidents or injuries to the office.
- You are responsible for the security of your personal belongings.
- Consult the school office for any additional information.

Duties of a Substitute Teacher

Discipline

Substitute teachers are responsible for the control of their assigned classroom. Classroom teachers will leave their discipline plan for you to follow. If problems arise, substitutes should call the office for assistance. **Corporal punishment is not to be administered!**

Confidentiality of Records and Information

A substitute teacher is expected to observe the privacy rights of pupils and ethical codes of the teaching profession. The records and information to which the substitute has access must be handled with complete confidentiality. Federal law prohibits the release of any student information by school personnel to anyone other than the parent/guardian.

Classroom Materials

The following materials will be available through the classroom teacher:

- Lesson Plan (showing the day's work to be accomplished).
- Attendance procedures and seating chart(s).
- Teaching materials and student copies.
- Schedule for the day, special classes, programs, etc.
- List of classroom rules and procedures.

If this is an emergency absence, the Principal or Assistant Principal may need to assist you in retrieving some of this information. Normally, the classroom teacher will have this prepared ahead of time and waiting for you.

Classroom Management Tips

- Be prepared. Arrive early, obtain needed information, scout the classroom and locate needed teaching materials.
- Take charge of the classroom. Start the class on time with (kind) authority, take roll efficiently, and have the lesson materials prepared and ready for students.
- Take time to clarify your expectations of student behavior. Make sure you use the classroom discipline plan, give specific directions about desired behavior, encourage positive behavior through feedback, and circulate frequently around the classroom.
- Communicate the significance of learning by teaching the lesson the classroom teacher left. Require that all students participate, give feedback to students about their work/answers, and provide closure at the end of the class time.

It is important that you communicate with the building principal if the teacher didn't leave appropriate lesson plans or if any unexpected problems occurred.

WESTVIEW SCHOOL CORPORATION
1545 S 600 W
TOPEKA, IN 46571

SUBSTITUTE TEACHER APPLICATION

NAME: _____ PHONE: _____

ADDRESS: _____

DATE: _____ EMAIL ADDRESS: _____

CHECK SCHOOLS WHERE YOU WOULD BE WILLING TO SUBSTITUTE:

- _____ MEADOWVIEW ELEMENTARY SCHOOL
- _____ TOPEKA ELEMENTARY SCHOOL
- _____ SHIPSHAWANA-SCOTT ELEMENTARY SCHOOL
- _____ WESTVIEW ELEMENTARY SCHOOL
- _____ WESTVIEW JR.-SR. HIGH SCHOOL

CHECK APPROPRIATE SPACE:

-ALSO PROVIDE US WITH A COPY OF VERIFICATION OF HIGHEST COMPLETED LEVEL OF EDUCATION. (I.E. TRANSCRIPTS, LICENSE, CERTIFICATE, DIPLOMA, ETC.)

- _____ HOLD VALID INDIANA TEACHING CERTIFICATE
- _____ GRADUATE OF ACCREDITED TEACHER EDUCATION PROGRAM, BUT DO NOT HAVE AN INDIANA TEACHING CERTIFICATE
- _____ HOLD AN EXPIRED INDIANA TEACHING LICENSE
- _____ HOLD A DEGREE FROM AN ACCREDITED INSTITUTION
- _____ HIGH SCHOOL DIPLOMA

TEACHER'S RETIREMENT NUMBER (IF YOU HAVE ONE): _____

(OVER)

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION

EDUCATION:

(HIGH SCHOOL)

(COLLEGE)

MAJOR SUBJECT AREA

MINOR SUBJECT AREA

EXPERIENCE:

-PLEASE LIST PREVIOUS WORK EXPERIENCE YOU HAVE HAD WITH CHILDREN:

-PLEASE LIST REFERENCES REGARDING WORK EXPERIENCE WITH CHILDREN:

_____ (NAME)	_____ (ADDRESS)	_____ (TELEPHONE)
_____ (NAME)	_____ (ADDRESS)	_____ (TELEPHONE)
_____ (NAME)	_____ (ADDRESS)	_____ (TELEPHONE)

WE OCCASIONALLY HAVE OTHER SCHOOL CORPORATIONS ASK US TO SHARE OUR SUBSTITUTE TEACHER POOL. DO YOU WANT US TO SHARE YOUR NAME AND TELEPHONE NUMBER WITH OTHER SCHOOLS?

_____ YES _____ NO



Date: _____

Dear Applicant:

According to Indiana code 22-4-14-7, Educational Institutions are required to give reasonable assurance, not a contract of employment, to you as a substitute for Westview School Corporation, that you will be re-employed after established and customary periods including Christmas and spring break during school years. The code states in part: With respect to service performed in an instructional, research, or principal administrative capacity for an educational institution, unemployment benefits may not be paid based on the service for any week of unemployment commencing during the period between two (2) successive academic years, or terms or to any individual if the individual performs the services in the first of the academic years or terms and if there is a reasonable assurance that the individual will perform services in an instructional, research, or principal capacity for any educational institution in the second of the academic years or terms. The code also states in part: compensation payable shall be denied to any individual for any week which commences during an established and customary vacation period or holiday recess if there is a reasonable assurance that the individual will perform the services in the period immediately following the established, vacation period or holiday recess. These letters of reasonable assurance are issued each school year.

Unless otherwise notified, you may accept this letter, which is not a contract of employment, as reasonable assurance that you will be re-employed or on our substitute list if you are a sub, after established and customary breaks including Christmas and spring break during the current school year.

Signature of Applicant

Date

Sincerely

Brian Christner
Director of Finance

**INFORMATION FOR APPLYING FOR A
SUBSTITUTE TEACHER PERMIT
AT WESTVIEW SCHOOL CORPORATION**

Please go to the website <https://license.doe.in.gov/> and the "LVIS" program will appear. Select "Create Profile." You will enter all requested information and create your use ID and password, then submit it. You will receive an email to verify your email address and then a link will take you to LVIS to login and complete your application. Please select "original", even if you are renewing your substitute permit, because the system will not allow you to process if you select "Renewal." When it asks for "Current Employer", please select the name of the school corporation where you will be substitute teaching (from the drop down list). Be sure to provide all the required information, because the system will not allow you to pay if it is incomplete. After you pay with a credit card, you will receive a payment confirmation email that you can print for your records. After you have paid, your application will be electronically forwarded to the school corporation that you chose. After your application has been approved, you will receive an email telling you that you can view/print your Substitute Teaching Permit.

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: {
 - \$25,100 if you're married filing jointly or qualifying widow(er)
 - \$18,800 if you're head of household
 - \$12,550 if you're single or married filing separately
 } 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



Form WH-4
State Form 48845
(R3 / 5-15)

State of Indiana
Employee's Withholding Exemption and County Status Certificate
This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1"
Nonresident aliens must skip lines 2 through 6. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"
3. You are allowed one (1) exemption for each dependent. Enter number claimed
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.
Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind
Enter the total number of boxes checked
5. Add lines 1, 2, 3, and 4. Enter the total here
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....
7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$
8. Enter the amount of additional county withholding (if any) you want withheld each pay period \$

I hereby declare that to the best of my knowledge the above statements are true.
Signature: _____ Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter "not applicable" on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions increases. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willfully supplying false information or information which would reduce the withholding exemption.



WESTVIEW WARRIORS

Directions for Expanded Background Check:

First of all, there is a cost associated with this. It should only cost between \$20 and \$30, so please have your debit/credit card handy. The background check is good for 5 years.

Please type in the link to get it started:

<https://secure.safevisitorsolutions.com/Safe/Volunteer/005498/noncert>

Fill out the information on the next few screens. On the Authorization screen at the bottom where it asks you to scan your driver's license, you **DO NOT** need to this.

Once you've entered your information and submitted your credit card info, you are done with the first step.

Step 2:

Several days after you've done the first part above, you will receive 2 back to back emails from either DCS or KidTraks. One email has a password, one email has a link. Once you receive them, please act on it right away as these links expire within 14 days of receiving them. The main thing here is you need to list the COUNTIES that you've lived in since Jan. 1988.

None of this is difficult, you just need to really read through it. If you have any questions along the way, don't hesitate to give me a call. 260-768-4404.

I would rather have Yvonne submit the link for me to my email address.

Name: _____

E:mail Address: _____

WESTVIEW SCHOOL CORPORATION

INSERT TO EMPLOYMENT APPLICATION Request for background information

Dear Applicant:

Employment with the Westview School Corporation involves contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to provide us with this information; you are not being singled out for closer inspection. This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered. "The conviction of a crime, an arrest for a crime, any information obtained through the release of investigatory record, or any affirmative answer provided by you on this insert, shall not be an automatic bar to employment. The school corporation will consider the nature of any conviction or alleged conduct underlying the arrest, investigatory record, or affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the conviction or alleged conduct underlying the arrest, investigatory record, or affirmative response and the position for which you are applying."

1. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer? Yes No If yes, explain the circumstances on a separate sheet and attach it to this application.
2. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated? Yes No If yes, explain the circumstances on a separate sheet and attach it to this application.
3. Have you ever been investigated for, charged with or plead guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor? Yes No If yes, explain the circumstances on a separate sheet and attach it to this application.
4. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? Yes No If yes, explain the circumstances on a separate sheet and attach it to this application.

AURORIZATION AND RELEASE

I authorize the Westview School Corporation to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "limited criminal history", possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employees or local, state or federal agencies to provide the school corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS OR CAUSES OF ACTION, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLICTION OR EMOTIONAL DISTRESS, INVASION OF PRIVACY, OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST THE WESTVIEW SCHOOL CORPORATION, ITS OFFICIALS, EMPLOYEES, TRUSTEES OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN.

SIGNATURE _____

DATE _____

PLEASE PRINT YOUR NAME _____



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 (Family Name)		First Name (Given Name)		Middle Initial	Other 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		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

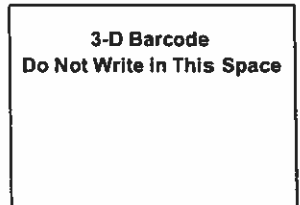
2. Form I-94 Admission Number: _____

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)



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

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 (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



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 Payroll	
Last Name (Family Name) Grimm	First Name (Given Name) Michele	Employer's Business or Organization Name Westview School Corporation		
Employer's Business or Organization Address (Street Number and Name) 1545 S 600 W	City or Town Topeka	State IN	Zip Code 46571	

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):
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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):
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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:	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	LIST B Documents that Establish Identity	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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<p style="text-align: center;">AND</p> <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.



Enrollment Form for New Members

State Form 37680 (R8/2-00)
Approved by the State Board of Accounts 2000

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Fax #: (317) 232-3882
Home page: <http://www.state.in.us/trf/>

INSTRUCTIONS:

This form is to be sent in for new members of the Indiana State Teachers' Retirement Fund. Pre-existing members wanting to make changes to their account should use the "Request for Member Data Change" form (State Form 43567) that is available from our offices. The employer must sign to certify that the member meets eligibility requirements.

Please forward the completed form to the retirement system within five (5) days of the teacher's date of employment. You must complete all items on this form, using "N/A" where not applicable. If an employee is already a member, we do NOT need a new membership record.

PRIVACY NOTICE
Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

MEMBER INFORMATION			
Social Security Number		TRF Number	Date of Birth (mm/dd/ccyy)
Date of Application (mm/dd/ccyy)			
CURRENT NAME	First Name	MI	Last Name
PREVIOUS NAME	First Name	MI	Last Name
Address		Home Phone Number () -	
		Other Phone Number () -	
City		State	Zip Code
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		CURRENT MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	
You are required to submit a copy of your Social Security Card and Birth Certificate from your Public Health Department. If you do not submit a copy of your Social Security Card and Birth Certificate with this form, you must forward one to the Teachers' Retirement Fund as soon as possible.			

PREVIOUS MEMBERSHIP INFORMATION (To be completed by member)	
Have you ever served on active duty in the Armed Forces of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed in a position covered by the Indiana Public Employees Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, are you receiving benefits from the Indiana Public Employees Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously been employed in a position covered by the Indiana State Teachers' Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, are you receiving benefits from the Indiana State Teachers' Retirement Fund?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever served in an out-of-state teaching position?	<input type="checkbox"/> YES <input type="checkbox"/> NO

BENEFICIARY INFORMATION				
Beneficiary	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Date of Birth
Beneficiary	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Date of Birth
Beneficiary	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Date of Birth
Beneficiary	Relationship	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Social Security / Tax I.D. Number	Date of Birth
In accordance with the provisions of Ind. Code § 21-6.1-4-8, I designate the above as my primary beneficiary. If the primary beneficiary herein nominated shall survive me, he or she shall receive all funds due to a beneficiary from my participation in the Teachers' Retirement Fund. If the primary beneficiary shall not survive me, then the secondary beneficiary shall receive such funds; if neither shall survive me, then the beneficiary shall be my estate. I understand that I have the right to designate "NONE" as secondary beneficiary or both primary and secondary beneficiary. If no designation is made, any death settlement due would be payable to my estate. I reserve the right to change the primary or secondary beneficiary at any time prior to retirement by filing a "Data Change Form" with the Board of Trustees of the Indiana State Teachers' Retirement Fund.				
Signature of Member			Date of Signature (mm/dd/ccyy)	

(CONTINUED ON REVERSE SIDE)

CURRENT EMPLOYMENT INFORMATION (To be completed by employer)

Date Employed (mm/dd/ccyy)	Name of Employer
Current Position or Title	Employer Unit Number

EMPLOYER CERTIFICATION

Pursuant to Title 515 IAC 1-2-17(e), by signing below, you are verifying that the above teacher is qualified to serve as a teacher.

Authorized Signature	Date of Signature (mm/dd/ccyy)	
Title	Telephone Number () -	Fax Number () -

SCHOOL: _____

ADDRESS: _____

REQUEST FOR TEACHING EXPERIENCE VERIFICATION

_____ is a Substitute Teacher in the Westview School Corporation. Please supply the following information in regards to previous permanent contracted teaching position.

TEACHER RETIREMENT NUMBER: _____

NAME OF SCHOOL	GRADE TAUGHT	#DAYS	YEAR	SUPERINTENDENT

Person completing this form: _____

Title: _____

Date: _____

Please return to: Westview School Corporation
1545 S 600 W
Topeka, IN 46571
Attention: Michele Grimm
fax: 260-768-7368

SCHOOL: _____

ADDRESS: _____

REQUEST FOR NURSING EXPERIENCE VERIFICATION

_____ has been offered employment in the Westview School Corporation. Please supply the following information:

NAME OF EMPLOYER	DATES EMPLOYED AS NURSE

Person completing this form: _____

Title: _____

Date: _____

Please return to: Westview School Corporation
1545 S 600 W
Topeka, IN 46571
Attention: Michele Grimm
fax: 260-768-7368