

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 both sides completely.
 W-4, WH-4 and request for Expanded Criminal History Check. Please
fill this request out and send it back 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.
*Please note that you will not be able to begin substitute teaching until the
background checks have been started and they are time sensitive.
 A copy of your current Indiana Teaching Certificate OR
A copy of your current Indiana Substitute Teaching Certificate, it is your
responsibility to apply for one. The paperwork needed for this application is
enclosed.
 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 (Teacher's Retirement Fund) Number OR
 Application for Teachers' Retirement Fund Number
 Indiana School Corporations are not 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 paperwork to the Administration Office, or you may mail it to:

Westview School Corporation Attn: Taryn Davis

1545 S 600 W Topeka, IN 46571

davista@westview.k12.in.us

WESTVIEW SCHOOL CORPORATION 1545 S 600 W TOPEKA, IN 46571

SUBSTITUTE TEACHER APPLICATION

NAME	NAME:PHONE:							
ADDR	ESS: _							
	-							
DATE:		EMAIL ADDRESS:						
CHEC	K SCHOOL	S WHERE YOU WOULD BE WILLING TO SUBSTITUTE:						
		MEADOWVIEW ELEMENTARY SCHOOL						
		TOPEKA ELEMENTARY SCHOOL						
		SHIPSHEWANA-SCOTT ELEMENTARY SCHOOL						
WESTVIEW ELEMENTARY SCHOOL								
	-	WESTVIEW JRSR. HIGH SCHOOL						
CHECI	K APPROP	RIATE SPACE:						
		ROVIDE US WITH A COPY OF VERIFICATION OF HIGHEST COMPLETED FEDUCATION. (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	2'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 PRE	EVIOUS WORK EXPERIENCE YOU	HAVE HAD WITH CHILDREN:
-PLEASE LIST REF	FERENCES REGARDING WORK EX	(PERIENCE WITH CHILDREN:
(NAME)	(ADDRESS)	(TELEPHONE)
(NAME)	(ADDRESS)	(TELEPHONE)
(NAME)	(ADDRESS)	(TELEPHONE)
OUR SUBSTITUTE	LY HAVE OTHER SCHOOL CORPO TEACHER POOL. DO YOU WANT NUMBER WITH OTHER SCHOOLS YES	US TO SHARE YOUR NAME
		_ 110

WESTVIEW SCHOOL CORPORATION

INSERT TO EMPLOYMENT APPLICATION

Request for background information

Dear Applicant:

rela	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? 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? No If yes, explain the circumstances on a separate sheet and attach it to this application.					
AU'	THORIZATION 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.						
CL/ DIS OTI	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.					
	AVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS IT OUT HEREIN.					
SIG	NATURE DATE					
PLE	EASE PRINT YOUR NAME					

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

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12	W	A	

Step 1:	(a) First name and middle initial	Last name	(2) 0	(b) Social security number				
Enter Personal Information	Address City or town, state, and ZIP code		10000	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				
	(c) Single or Married filing separately Married filing jointly or Qualifying surviving Head of household (Check only if you're unm	1 953	of keeping up a home for	or go to www.ssa.gov.				
	ps 2-4 ONLY if they apply to you; otherwon from withholding, and when to use the en			on on each step, who can				
Step 2: Multiple Job or Spouse Works	Complete this step if you (1) hold me also works. The correct amount of works also works. The correct amount of works on the following. (a) Use the estimator at www.irs.gor or your spouse have self-employ (b) Use the Multiple Jobs Workshee (c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b)	withholding depends on income withholding depends on income with the with the with the withholding depends on page 3 and enter the result of the withholding the withholding depends on income with a supplication with the withholding depends on income with a supplication with the withholding depends on income with the withho	e earned from all of the ithholding for this steed on the same on Form W-4	these jobs. ep (and Steps 3–4). If you ; or for the other job. This				
	ps 3–4(b) on Form W-4 for only ONE of thate if you complete Steps 3–4(b) on the For			bs. (Your withholding will				
Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 Multiply the number of qualifying Multiply the number of other dep Add the amounts above for qualifying	children under age 17 by \$2,0 endents by \$500	. \$					
Step 4 (optional): Other Adjustments	ptional): expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income							
Step 5: Sign Here	Under penalties of perjury, I declare that this cer		300 00 00 00 00 00 00 00 00 00 00 00 00					
Employers Only	Employee's signature (This form is not valid unless you sign it.) Employer's name and address Westview School Corporation 1545 S 600 W Topeka, IN 46571 Employer identification number (EIN) 35-1076982							

General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2024 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: • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 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 territories 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.

Form W-4 (2024)	Form W-4 (2024) Page 4											
Married Filing Jointly or Qualifying Surviving Spouse												
Higher 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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999 \$70,000 - 79,999	1,020	2,220 2,220	3,420 3,420	3,690	3,890 4,240	4,320 5,320	5,320 6,320	6,320 7,320	7,320 8,320	8,320 9,320	9,320	10,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	11,320 13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590
	Single or Married Filing Separately											
Higher Paying Job			Ta .	7.0	loso .	Too.	al Taxable	20	To the second			T-
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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870 2,040	3,690 4,050	5,040	6,240 6,600	7,440 7,800	8,640	9,170 9,530	9,370 9,730	9,570 10,180	9,770 11,180	9,970	10,810
\$100,000 - 124,999 \$125,000 - 149,999	2,040	4,050	5,400 5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	12,180 14,180	13,120 15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over_	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870
					lead of							
Higher Paying Job		<u> </u>	r		Γ	r	I Taxable					
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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070 1,870	3,270 4,070	4,810 5,670	6,010 7,070	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999 \$100,000 - 124,999	2,020	4,420	6,160	7,560	8,270 8,760	9,470 9,960	11,160	11,870 12,360	12,720 13,210	12,920 13,880	13,120 14,880	13,450 15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230
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State of Indiana

State Form WH-4
State Form 48845
(R10 / 8-23)

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	<u> </u>	Social Security Numb	er or ITIN
Home Address	City	State	ZIP Code
Indiana County of Residence as	of January 1:		(See instructions)
Indiana County of Principal Empl	oyment as of January 1:		(See instructions)
Check this box if the changes to	the counties are effective for the ne	xt calendar year. (See instru	ctions)
*	How to Claim Your With	holding Exemptions	
You are entitled to one exemption. If y Nonresident aliens must skip lines 2		ter "1"	
2. If you are married and your spouse de	oes not claim his/her exemption, yo	u may claim it, enter "1"	
3. You are allowed one (1) exemption fo	r each dependent. Enter number cla	aimed	
4. Additional exemptions are allowed if:	(a) you and/or your spouse are ov	er the age of 65 and/or	
	(b) if you and/or your spouse are le		_
Check box(es) for additional exemption			
Enter the total number of boxes check	<ed< td=""><td></td><td></td></ed<>		
5. Add lines 1, 2, 3, and 4. Enter the total	l here		
6. You are entitled to claim an additional	exemption for each qualifying depe	endent (see instructions)	
7. You are entitled to claim an additional	exemption for each qualifying depe	endent claimed for the first tir	me (see instructions) ▶
8. You are entitled to claim an additional	exemption for each adopted qualify	ying dependent (see instructi	ions)
9. Enter the amount of additional state v	rithholding (if any) you want withhel	d each pay period	\$
10. Enter the amount of additional county	withholding (if any) you want withh	eld each pay period	\$
I hereby declare that to the best of my	knowledge the above statements	are true.	5.
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 year. Please check the box if you are requesting a change to a county of residence or work for the next calendar year.

Nonresident alien Ilmitation. 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 9. 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 8.

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 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 \$4,400 gross income during the tax year (unless the person is your child and either (1) is under age 19 or (2) is under age 24 and a full-time student at a qualified educational institution during at least 5 months of the tax year).

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, foster child, and/or child for whom you are a legal guardian. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Line 7 - First-time Claimed Additional Exemption. If an additional dependent exemption on Line 6 is being claimed for one or more children for the first time, enter the number of children for whom you are claiming. This exemption is good only for the calendar year in which the WH-4 claiming the exemption is submitted. If you claim this in multiple tax years, you MUST submit a new WH-4 each year for which this exemption is claimed. Do not claim this exemption if the child was eligible for the additional dependent exemption in any previous year, regardless of whether the exemption was claimed. This includes instances where the child was eligible for the additional dependent exemption before 2023. This also includes instances where the child was eligible to be claimed for the additional dependent exemption by another individual.

Line 8 - Additional Adopted Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on lines 3 and 6 and have been adopted by you or your spouse. The dependent child must be a son, stepson, daughter, or stepdaughter. The dependent must be under age 19 or must be both under age 24 and a full-time student at a qualified educational institution during at least 5 months of the taxable year.

Lines 9 & 10 - 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) a dependent no longer qualifies for an additional dependent or an adopted dependent exemption.

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



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <u>Instructions</u>.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee I day of employment, be						yees	must comp	lete an	d sign	Section	on 1 of Fo	rm I-9 ı	no later	than the first
Last Name (Family Name)		F	irst Name	e (Giver	Nam	Name) Middle Initial (If any) Other I			Other Last	ast Names Used (if any)				
Address (Street Number and	Name)		1	Apt. Nur	lumber (if any) City or Town					State	7	ZIP Code		
Date of Birth (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy) U.S. Social Security Number						Email Addres	SS				Employe	e's Telep	hone Number
provides for Imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or					Illowing boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): If the United States In national of the United States (See Instructions.) In national of the United States (See Instructions.)									
immigration status, is to correct.					OR	Single-year at all the a			OR					***
Signature of Employee									lodays	Date (i	mm/dd/yyyy)).		
If a preparer and/or train	nslator assis	ted you in	complet	ing Sec	tion 1	1, that p	person MUS1	comple	te the Pr	eparer	and/or Trai	nslator C	ertificati	on on Page 3.
Section 2. Employer R business days after the em authorized by the Secretar documentation in the Addit	mlarranta fin	at days at a	man las con			and mlan	ataallee assam	tion on.			data a dama dala	au altaan	antice me	annaduun
		List A			OR			st B			ND		List (
Document Title 1								33.30						
Issuing Authority														
Document Number (if any)														
Expiration Date (if any)														
Document Title 2 (if any)					Ad	dition	al Informati	ion						
Issuing Authority														
Document Number (if any)														
Expiration Date (if any)]									
Document Title 3 (if any)														
Issuing Authority														
Document Number (if any)		-ti												
Expiration Date (if any)						Check	here if you us	ed an alt	ternative	proced	ure authorize			nine documents.
Certification: I attest, under employee, (2) the above-lists best of my knowledge, the en	d document	ation appe	ars to be	genuir	re and	d to rel	ate to the em					First Da (mm/dd		ployment
Last Name, First Name and Tit	le of Employe	er or Author	rized Rep	resenta	tive	Si	gnature of En	nployer o	r Authoriz	zed Rep	presentative		Today's	Date (mm/dd/yyyy)
Employer's Business or Organi	zation Name			Emp	loyer':	s Busin	ess or Organi	zation Ad	idress, C	ity or T	own, State, 2	ZIP Code		

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AN	D Documents that Establish Employment Authorization
U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		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,	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
that contains a photograph (Form I-766) 5. For an individual temporarily authorized		and address 3. School ID card with a photograph	Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
to work for a specific employer because of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States bearing an official seal
 b. Form I-94 or Form I-94A that has the following: 		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	Native American tribal document
(1) The same name as the passport; and		Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
(2) An endorsement of the individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	Identification Card for Use of Resident Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or	For persons under age 18 who are unable to present a document listed above:		7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and
limitations identified on the form.		10. School record or report card	Section 13 of the M-274 on uscis.gov/i-9-central.
Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
Marshall Islands (RMI) with Form 1-94 or Form 1-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.
		Acceptable Receipts	
May be prese		I in lieu of a document listed above for a to	emporary period.
a Descint for a replacement of a last		For receipt validity dates, see the M-274. Receipt for a replacement of a lost, stolen, or	Receipt for a replacement of a lost, stolen, or
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	damaged List B document.	damaged List C document.
Form I-94 issued to a lawful permanent resident that contains an	6		
I-551 stamp and a photograph of the individual.			
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

^{*}Refer to the Employment Authorization Extensions page on 1-9 Central for more information.

Form I-9 Edition 08/01/23 Page 2 of 4

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.



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:
This one is for anyone that is not a teacher:
https://secure.safevisitorsolutions.com/Safe/Volunteer/005498/noncert

This one is for a teacher:

https://secure.safevisitorsolutions.com/Safe/Volunteer/005498/cert

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 Taryn submit the lir	ık for me to my email address.
Name:	
E:mail Address:	

Date:				
Dear Applicant:				
According to Indiana Code 22-4-14-7, Education Institution not a contract of employment, to you as a substitute for W re-employed after established and customary periods incluschool years. The code states in part: With respect to service principal administrative capacity for an educational institute based on the service for any week of unemployment comm successive academic years, or terms to any individual if the of the academic years or terms and if there is a reasonable services in an instructional, research, or principal capacity for academic years or terms. The code also states in part: compindividual for any week which commences during an established period immediately following the established, vacation per reasonable assurance are issued each school year.	estview School Corporation, that you will be ding Christmas and spring break during ce performed in an instructional, research, or sion, unemployment benefits may not be paid nencing during the period between two (2) individual performs the services in the first assurance that the individual will perform for any institution in the second of the pensation payable shall be denied to any lished and customary vacation period or adividual will perform the services in the			
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,				
Kendra Sandquist Director of Finance				



Substitute Quick Reference

Employee Engagement: 1-877-855-7264

hrmidwest@ess.com 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
 - Have willSub call back later if job is still available
 - 5. Replay Message
 - i. Replay request Information
 - 6. Which Substitute called
 - willSub will play the ID of the substitute that was called. This is helpful if 2 or more substitutes share the same phone.
 - 7. Report wrong number
 - 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.

- Select a date range for the period of time in which you want to unavailable to work.
- 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.

- To remove a commitment, simply click the highlighted 'delete' next to the commitment.
- 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

- When there are jobs available, a link will appear on your homepage- <u>New Jobs Available (2)</u>. Clicking the link will bring you to all available jobs.
 - Available jobs are also able to be viewed under the Requests tab, by selecting 'View Available...'
- To view the details of the available jobs, click the highlighted date for the job.
- 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.
- 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.

- 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.
 - . Select 'Update' to save changes. .
- Select 'Worksite Choices', and 'District Choices' to select available districts.
 - 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.
- Select 'Building Preferences' to select the specific buildings that you would like to be available for jobs.
 - Change the drop down box from 'Buildings I Work At', to 'All Available Buildings' to view all buildings available for you to work in.
 - 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.
 - 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 ESS 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 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 potions as s 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 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 a.m.
Shipshewana Elem.	7:30 a.m.	7:50 a.m.	2:15 p.m.	2:30 p.m.	11:00 a.m.
Topeka Elem	7:30 a.m.	7:50 a.m.	2:15 p.m.	2:30 p.m.	11:00 a.m.
Westview Elem.	7:50 a.m.	8:00 a.m.	3:15 p.m.	3:20 p.m.	11:40 a.m
Westview Jr/Sr H.S.	8:00 a.m.	8:00 a.m.	3:25 p.m.	3:30 p.m.	11:45 a.m.

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 <u>regular arrival time listed above in the chart</u>. Not two hours later using the delay schedule for Mondays.

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 will 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 days' 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 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 community with the building principal if the teacher didn't leave appropriate lesson plans or if any unexpected problems occurred.



Substitute Teacher Pay Scale Adopted Nov. 11, 2021

Substitute Tier	Rate		
Tier 1	substitute teacher without 3 years teaching in a certified role		
	\$90 daily rate	\$50 ½ day rate	
Tier 1 + Loyalty	substitute teacher without 3 years teaching in a certified role has covered classrooms more than 25 full days during a scho year		
	\$120 daily rate	\$65 ½ day rate	
Tier 2	substitute teacher with 3 or more years teaching in a certified role		
	\$120 daily rate	\$65 ½ day rate	
Tier 2 + Loyalty	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		
	\$130 daily rate	\$70 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.

WESTVIEW SCHOOL CORPORATION



CHOOL:		77.00		
DDRESS:			_	
		···	-	
REQUEST FOR TEACH	ING EXPERIEN	CE VER	IFICATIO	N
	has been		رما في مراسية	
chool Corporation. Please supply the f	ollowing information	:	a for employ	ment in the Westview
ACCUMULATED SICK LEAVE:				
TEACHER RETIREMENT NUMBE	R:			
NAME OF SCHOOL	GRADE/SUBJECT	YEAR	#DAYS	SUPERINTENDENT
			<u> </u>	
Person completing this form:		***		
Title:				
Date:				
				
Please return to:	Michele Grimm, Pa	yroll		

1545 South 600 West • Topeka, IN 46571 • 260-768-4404 • Fax 260-768-7368

email: grimmm@westview.k12.in.us

School:	_,				
Address:					
REQUEST FOR NURSIN		CATION employment in the Westview School Corporation.			
Please supply the following inf	ormation:	,			
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