

New Hire Checklist- Coaches

Name of Coach: _____

School & Sport: _____

Circle One Status: Paid (Receiving Supplement) or Volunteer

Please complete the following documents:

_____ Background Check Authorization Form

_____ **Recent tuberculin test result** (must be within the past 12 months unless you are transferring from another school district and can provide a copy of the test on file with them). (FYI — the Cherokee County Health Dept. will no longer administer the TB test for employment purposes. Check with your physician, other options are: CVS Minute Clinics; Carolina Wellness; Shelby Health Dept.; Dr. Richard Ruffing – Gaffney)

_____ I-9 Form (front side completed)

_____ Copy of Drivers' License AND Social Security Card OR Passport

_____ Direct Deposit Form (with voided check or form from bank!)

_____ Vendor Form and/or Withholding Forms

_____ Retirement Plan Enrollment Form

_____ Completed Bloodborne Pathogens Quiz

Cherokee County School District Background Authorization Form

For school office use only
By signing below, you are verifying
this Volunteer is not in PODDS and
background check is needed

I hereby authorize the Cherokee County School District to request criminal record checks.

(Please print)

Last Name First Name Middle Maiden

Date of Birth: ____/____/____ Race ____ Sex ____
(Month/Date/Year)

SS#: ____ - ____ - ____ Daytime Phone _____

Address: _____

City/State/Zip: _____

Email Address: _____

Have you resided in any other state or country within the past ten (10) years?
____ Yes ____ No

If your answer is yes, please list the country(ies) and/or state(s):

If you resided in **California, New Hampshire, Ohio, Vermont, or West Virginia**, please list the county name(s) beside the state name.

I certify the above information is true and correct to the best of my knowledge. I understand that I am granting permission for the Cherokee County School District to conduct a search of the National Sex Offenders Registry and request a Criminal History Record from SLED, and that any permission to work or volunteer within the district is contingent upon receipt of satisfactory reports.

Signature

Date

Please Select All That Apply

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> BD Lee Elementary | <input type="checkbox"/> Luther Vaughan Elementary | <input type="checkbox"/> Inst. of Innovations |
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Blacksburg Elementary | <input type="checkbox"/> Northwest Elementary | <input type="checkbox"/> Adult Ed |
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Blacksburg Primary | <input type="checkbox"/> Blacksburg Middle | <input type="checkbox"/> Alt. Program |
| <input type="checkbox"/> Volunteer Coach | <input type="checkbox"/> Corinth Elementary | <input type="checkbox"/> Ewing Middle | <input type="checkbox"/> Scholars Academy |
| | <input type="checkbox"/> Draytonville Elementary | <input type="checkbox"/> Gaffney Middle | |
| | <input type="checkbox"/> Grassy Pond Elementary | <input type="checkbox"/> Blacksburg High | |
| | <input type="checkbox"/> Limestone Central Elementary | <input type="checkbox"/> Gaffney High | |

For office use only (Please initial upon completion.)

____ SLED Check ____ Sex Registry Approved: ____ Yes ____ No ____ Date

The Cherokee County School District does not discriminate on the basis of race, religion, sex, color, age, national origin, immigrant status, English-speaking status, familial status, or disability with regard to its students, employees, or applicants

Vendor Application

Substitute for IRS Form W-9

Cherokee County School District

141 Twin Lake Road

Gaffney, SC 29342

In order to comply with Internal Revenue Services (IRS) regulations, we are required to obtain your social security number (SSN) or the federal tax ID number (TIN) to satisfy Form 1099 reporting requirements. Failure to provide this information may subject all payments to you to the 28% backup withholding as required by the IRS.

Name: _____

(PLEASE PRINT AS REPORTED ON INCOME TAX RETURN)

Doing Business As (if different from above): _____

Tax Classification and Minority Reporting:

☐ Individual/Sole Proprietor

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/Estate

☐ LLC – Tax Classification: _____ C Corporation, _____ S Corporation, _____ Partnership

☐ Other – Specify: _____

Exemptions

(Codes apply only to certain entities, not individuals)

Exempt Payee Code (if any)

Exemption from FATCA Reporting Code (if any)
(Applies to accounts maintained outside the U.S.)

Social Security Number: _____ - _____ - _____ OR Federal Tax ID: _____ - _____

Minority Owned Business: _____ YES OR _____ NO

Women Owned Business: _____ YES OR _____ NO

Socially or Economically Disadvantaged Small Business: _____ YES OR _____ NO

Please Provide
Certification if Applicable
for Disadvantaged Small
Business

Order Address	Remit to Address
Street:	Street:
City:	City:
State:	State:
Zip Code:	Zip Code:
Phone Number:	Phone Number:
Fax Number:	Fax Number:
Email Address:	Email Address:

Print Name:	Signature:
Title:	Date:

Certification: I Certify that (1) I am a US Person and duly authorized to complete this form; (2) the legal organization and tax identification number shown on this form are correct; (3) I am not subject to backup withholding and (4) the FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

Print or type in black ink
Please read the instructions on Page 2
before completing this form.

ELECTION OF NON-MEMBERSHIP
SC Public Employee Benefit Authority
Attention: Enrollment
202 Arbor Lake Drive
Columbia, SC 29223

SECTION I **EMPLOYEE INFORMATION**

If you currently have funds on deposit in the Retirement Systems, you may **not** elect non-membership.

1. Last Name & Suffix (PLEASE PRINT)		2. First/Middle Name (PLEASE PRINT)		3. Social Security Number		4. Date of Birth			
5. Address				6. City		7. State		8. ZIP+4	
9. Sex <input type="checkbox"/> M <input type="checkbox"/> F		10. Email Address		11. Date of Employment		12. Position Title		13. Monthly Salary	

SECTION II **EMPLOYEE CERTIFICATION AND SIGNATURE**

I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire).

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY. THE SOUTH CAROLINA PUBLIC EMPLOYEE BENEFIT AUTHORITY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Employee Signature: _____ Date: _____

SECTION III **EMPLOYMENT CATEGORY (TO BE COMPLETED BY THE EMPLOYER)**

If the employee's position qualifies him or her to elect non-membership, please mark the appropriate box. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. See Instructions on Page 2 for more information.

Non-membership Qualification Reason

<input checked="" type="checkbox"/>	Non-permanent position
<input type="checkbox"/>	Optional Membership - Exemptions authorized by the Retirement Act
<input type="checkbox"/>	Elected official earning \$9,000 or less per year
<input type="checkbox"/>	Employee earning less than \$2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman cannot participate in PORS. (If employer is covered under SCRS, employee may elect to enroll as member of SCRS.)
<input type="checkbox"/>	Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years of service
<input type="checkbox"/>	Individual first elected to serve in the General Assembly after general election of 2012

I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to elect non-membership.

Employer Name: Cherokee County Schools Employer Code: 811.02

Employer Signature: _____ Date: _____

Title: _____ Work Telephone: _____

INSTRUCTIONS

SECTION I - THE EMPLOYEE COMPLETES THIS SECTION.

Complete items 1-13 by providing the requested information.

SECTION II - THE EMPLOYEE COMPLETES THIS SECTION.

Read carefully the statements in this section, then sign and date the form in the spaces provided.

SECTION III - THE EMPLOYER COMPLETES THIS SECTION.

If the employee's position qualifies him or her to elect non-membership, please indicate the appropriate box in Section III. If an employee currently has funds on deposit in the Retirement Systems, the employee may not elect non-membership. Also indicate the name and the title of the employer representative who completed the form, that individual's work telephone number, and the date the form was completed.

An individual may elect non-membership provided he or she does not have funds on deposit in the Retirement Systems and is filling a position in one of the categories listed on Page 1 and described in further detail below.

EMPLOYMENT CATEGORY

Non-permanent position: The employee is employed in connection with any program or activity that is of a non-permanent nature. If the position is permanent, the employee is required to participate. Temporary employees have the option to elect non-membership. Substitute teachers and public school bus drivers are examples of approved non-permanent positions. Individuals who are retired from SCRS or PORS may not elect non-membership.

Optional Membership - Exemptions authorized by the Retirement Act: Positions approved are: day laborers; non-state local hospital nursing service, medical technicians, housekeeping, dietary, and laundry personnel employed by an employer that came under SCRS by application; individuals employed on the date of admission for new coverage groups (SCRS or PORS); individuals having a monthly compensation from public funds of \$100.00 or less per month; and state employees required to participate in the federal railroad retirement system. Within this category "individuals employed on the date of admission for new coverage groups (SCRS or PORS)" is the only exemption applicable to PORS.

Elected official earning \$9,000 or less per year: This individual must not be a full-time employee and must have been elected to office.

Employee earning less than \$2,000 in salary or working fewer than 1,600 hours in a year as a police officer or fireman: To be eligible for PORS, the law requires that an individual work a minimum of 1,600 hours and earn \$2,000 per year. This individual must join SCRS if he or she does not meet the qualifications for PORS, unless the individual meets an exemption under SCRS as specified in Section III. Retired PORS members may not elect non-membership or join SCRS.

Individual serving in General Assembly while retired under JSRS or receiving GARS benefits at age 70 or after 30 years service: A retired member of JSRS that is elected to the General Assembly, may elect to become a non-member of GARS. An active member of the General Assembly that is receiving benefits at 70 years of age or after 30 years service may elect not to become an active member in GARS.

Individual first elected to serve in the General Assembly after general election of 2012: An individual first elected to serve in the General Assembly at or after the general election of 2012, shall elect to join SCRS, State ORP, or may be a nonmember.

Forms not properly completed will be returned to the employer. If the Retirement Systems determines that an individual is not eligible for non-member status, the employer will be notified.

This information does not cover all areas of non-membership. For more information, please contact PEBA's Customer Contact Center at 803.737.6800 or 888.260.9430. The Covered Employer Procedures Manual includes more information as well and is available at PEBA's website at www.peba.sc.gov or by contacting Customer Services.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Driver's License		Document Title Social Security Card
Issuing Authority		Issuing Authority		Issuing Authority U.S. Government
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) None
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name Cherokee County Schools	
Employer's Business or Organization Address (Street Number and Name) 141 Twin Lake Rd		City or Town Gaffney	State SC	ZIP Code 29702

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number	Expiration Date (if any) (mm/dd/yyyy)	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

Cherokee County School District Direct Deposit Authorization

Employee Name: _____ Social Security Number: _____

I hereby authorize Cherokee County School District to initiate entries to my account(s) indicated below. Such direct deposit of net pay will be made on each succeeding payday, unless I terminate this agreement in writing to the School District Finance Department. I understand such notification shall become effective following receipt and reasonable opportunity to act on it.

Employee Signature

1. Primary Account Information:

All funds will be deposited to this account unless you specify a secondary account and amount.

	Financial Institution Name	Transit/Routing Number	Account Number
<input type="checkbox"/> CHECKING			
<input type="checkbox"/> SAVINGS			

TAPE A VOIDED CHECK HERE (No deposit slips or starter checks, please)

If this account does not have checks, you **MUST** attach a form from your financial institution certifying the account and routing numbers.

2. Secondary Account Information:

	Financial Institution Name	Transit/Routing Number	Account Number
<input type="checkbox"/> CHECKING			
<input type="checkbox"/> SAVINGS			

Amount to deposit to this account from each check? \$ _____

TAPE A VOIDED CHECK HERE (No deposit slips or starter checks, please)

If this account does not have checks, you **MUST** attach a form from your financial institution certifying the account and routing numbers.

The initial deposit or any subsequent change must be processed as "pre-notification" zero balance test run to insure that the employee's number is valid with the bank. (NO MONEY WILL BE TRANSFERRED). Therefore, the direct deposit will begin with the second payday following the authorization. Employees may choose any participating institution.

Bloodborne Pathogens Information for School Employees

Introduction

Occupational exposure to bloodborne pathogens, such as hepatitis B virus, hepatitis C virus and human immunodeficiency virus (HIV), does occur. Blood is the number one source of these viruses in the workplace. Most people infected on the job were stuck by a contaminated needle or other sharp object, or had contaminated blood splash their broken skin, eyes, nose or mouth. Your risk of contracting one of these viruses at school is low, most likely because your contact with blood is infrequent. But when the need arises you must be prepared to deal with blood safely.

Bloodborne Pathogens That Can Put You at Risk

Hepatitis B Virus

Hepatitis B virus (HBV) causes serious liver disease. Symptoms may include jaundice, fatigue, abdominal pain, loss of appetite, occasional nausea or vomiting, or no symptoms at all. While most people infected with HBV recover and clear the infection, some become chronically infected. Each year, more than 5,000 people die from chronic liver disease and liver cancer linked to hepatitis B. The hepatitis B virus poses a greater risk to you at school than either the hepatitis C virus or HIV, since it is more easily transmitted. Fortunately, a vaccine can prevent HBV infection.

Hepatitis C Virus

Hepatitis C virus (HCV) also causes a serious liver disease with symptoms similar to hepatitis B infection. However, these two liver diseases have important differences. .

According to the Centers for Disease Control and Prevention (CDC), 85 percent of people infected with HCV have chronic infections while only 10 percent of those with HBV are chronically infected. In the United States, about 3.2 million people are chronically infected with HCV while as many as 2.2 million are chronically infected with HBV. Up to 75 percent of people infected by HCV have no symptoms compared to about 50 percent of those infected with HBV.

People chronically infected with hepatitis C may have no symptoms for more than 20 years, yet during that time the infection may be slowly damaging the liver. Hepatitis C is the leading indicator for liver transplants. Every year, up to 10,000 people die from hepatitis C-related chronic liver disease. Unfortunately, there is no vaccine to prevent hepatitis C infection. However, newly approved antiviral drugs have been effective in some people who have contracted the infection.

HIV

HIV attacks the immune system causing it to break down. The clinical picture of HIV infection differs widely from person to person. Some infected people appear healthy for many years. Infected people become seriously ill when they lose the ability to fight infections. Some develop acquired immune deficiency syndrome (AIDS). The number of HIV infected people who develop serious illness and who die from AIDS has decreased, due to recent treatments.

About 1.1 million people in the United States are infected with HIV, according to the CDC. The CDC estimates that about half of all new HIV infections are among people under the age of 35. As yet, there is no vaccine to prevent HIV infection.

How Bloodborne Pathogens are Transmitted

Hepatitis B virus, hepatitis C virus and HIV spread most easily through direct contact with infected blood. They also spread through contact with other potentially infectious materials (OPIM), including semen and vaginal secretions, as well as any other body fluid or tissue containing visible blood. OPIM also include certain other body substances only accessible in healthcare. Feces, urine, vomit, nasal secretions, sputum, sweat, tears and saliva are not included unless they contain visible blood, but can be causes of other diseases.

In our society, bloodborne viruses are most commonly transmitted through sharing needles to inject drugs or by having unprotected sexual intercourse with an infected person, or from mother to unborn child before or during birth. HCV was also spread through blood transfusions prior to 1992, when HCV screening was perfected. At work, you can be exposed to bloodborne pathogens if:

- Blood or OPIM contact your broken skin or the mucous membranes of your eyes, nose or mouth.
- A contaminated sharp object punctures your skin.

You cannot become infected with these viruses through casual contact, coughing, sneezing, a kiss on the cheek, a hug or from drinking fountains or food.

How to Protect Yourself from Exposure

Follow Your Exposure Control Plan

Your school's Exposure Control Plan, if one is in place, details safety guidelines you must take to protect yourself from exposure. These safety measures are based on The Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, CDC guidelines and/or state standards. Research shows that these safety precautions have decreased the number of exposures on the job.

Use Standard Precautions and Body Substance Isolation Principles

Standard Precautions are required to prevent the transmission of bloodborne pathogens when providing first aid or health care. It means treating all blood and OPIM as though infected with bloodborne pathogens.

These precautions are designed to protect you from bloodborne and other pathogens when you must handle body substances. This means treating all blood and all body fluids as though infected with some pathogen. Here are some precautions you must take.

1. Always use barrier protection, such as gloves, when you anticipate touching blood, body fluids or contaminated surfaces. Use single-use, disposable gloves when administering first aid. Cover any hand cuts you may have before gloving. Gloves must fit snugly and extend over the wrist. Use once, then throw away.
2. Avoid touching the outside of contaminated gloves when removing them. Then, wash your hands, whether or not you touched the outside of the glove.
3. Discard used gloves or any other contaminated materials in an appropriate container. Place sealed bag in a leak proof container where it will be secure until picked up for disposal. Follow your school's policy for disposal.
4. Wash your hands and other skin surfaces immediately after contact with blood or other body fluids. Hand washing is your main protection against contracting an infection or transmitting it to others. Wash with non-abrasive soap and running water for at least 15 seconds. Rinse. Dry with a paper towel and discard. Then turn off the faucet with a clean paper towel. The CDC recommends use of waterless alcohol antiseptic hand rubs if your hands are not visibly soiled. Apply the product to the palm of one hand, rub your hands together covering all hand surfaces and fingers until hands are dry.
5. Disinfect any contaminated surfaces or objects with an appropriate germicidal agent. Hepatitis B virus can survive in dried blood for at least a week, so clean thoroughly. Always wear gloves. If heavy-duty utility gloves are used they may be decontaminated and reused if not damaged. But throw them out, if they are.
6. Pick up broken glass and other sharp objects with a broom and dustpan or tongs — not your hands. Dispose of the debris in an appropriate puncture-resistant sharps container. Trash may contain sharp objects, so don't reach into or push trash down with hands or feet.
7. Always use barrier protection if you have to resuscitate a victim.
Emergency respiratory devices and pocket masks isolate you from their body fluids. Keep rescue breathing and resuscitation devices in an accessible area.

Hepatitis B Vaccine The Hepatitis B vaccine prevents HBV infection. If you come into contact with blood on a regular basis as part of your job, the CDC recommends that you get immunized. The CDC also recommends that anyone age 18 or younger be vaccinated against HBV. The vaccine is safe and very effective if the series of shots is completed (¹²)

How to Handle Risky Situations

Although infrequent, risky situations do happen at school. Accidents, playground scrapes, bloody noses, fights, athletic injuries and violent episodes all have the potential for blood exposure. Regard blood and visibly bloody secretions as infectious. Use universal precautions for all first-aid emergencies. We suggest keeping first-aid and spill kits in classrooms and gymnasiums at all times. The kit should include gloves, gauze, bandages, a germicidal agent and disposal bags. Have a pack with gloves, bandages and a waterless hand-washing solution for playground duty or field trips,...

Emergency First Aid

When you are faced with a bleeding student or co-worker, take a minute to collect yourself. Be calm and reassure the victim. For minor cuts and scrapes, encourage victims to administer their own first aid by applying pressure with gauze to stop the bleeding, cleansing and bandaging the wound, and disposing of all contaminated materials appropriately. If your assistance is needed, first put on a pair of gloves or use another barrier. Then administer first aid. Remember to remove and dispose of gloves and other contaminated materials properly, then wash your hands.

Bloody Noses

Students with bloody noses should sit up, keep their heads slightly forward, pinch the nostrils to stop the bleeding, and hold a tissue under the nose to catch any blood. When you need to assist, put on gloves first. Students should dispose of their own bloody tissues in an appropriate container, then wash blood off their hands and skin.

Athletic Injuries

Athletes should bandage existing cuts or scrapes before participation. An athlete who is injured and bleeding should stop play immediately, have the wound cleaned and bandaged securely, and replace any bloodied clothing before returning to competition. The same is true for an injured student on the playground. Contaminated clothing or towels should be placed in a plastic bag until laundered. Equipment and playing areas contaminated with blood should be cleaned until all visible blood is gone, then disinfected with an appropriate germicide. People assisting with first aid, handling contaminated laundry, or disinfecting equipment must wear gloves and wash their hands afterward ⁽¹⁵⁾

Human Bites

If bitten by anyone, immediately wash the area with soap and water. Both people should then seek medical attention. Human bites that cause severe trauma and bleeding can transmit bloodborne and other pathogens.

Syringes or Needles

The CDC reports that used needles have been found in public places. Use caution if you come upon a syringe or needle in the environment. Do not break bend or recap the needle. Use a broom and dustpan to pick up and discard in an appropriate puncture-resistant sharps container. If accidentally stuck, wash the needle stick area with soap and water, then report the incident and seek medical help immediately.

Body Fluids

If you have to deal with body fluids, either due to an accident in the classroom or soiled surfaces in the restroom, you must wear gloves. Feces, urine, vomit, sputum, nasal secretions, saliva and used tampons can harbor infectious organisms, including bloodborne pathogens if visibly bloody. Pick or sop up with paper towels and then disinfect the area with an appropriate germicidal agent. Dispose of contaminated materials in an appropriate container.

What to Do if Exposed

If you are exposed to blood or OPIM, immediately wash affected skin with soap and warm water. Flush eyes and exposed mucous membranes with large amounts of water. Then report the exposure to the appropriate person immediately, so that post-exposure related evaluation, counseling and any necessary treatment can begin right away. Remember that most exposures do not result in infection.

Summary

Fortunately, your risk of exposure to bloodborne pathogens at school is low. Although there have been rare cases of HBV transmission in school settings, no cases of HIV transmission have been reported. Remember to treat all blood and body fluids containing visible blood as though infected with bloodborne pathogens. Use gloves when handling any body fluids since they may contain a variety of pathogens. Disinfect any spills with an appropriate germicidal agent and dispose of all contaminated materials according to your school's policy. By following simple safety guidelines, you can deal with blood safely while treating the person in need with compassion.

Employee Name_____

Bloodborne Pathogens Quiz

True/False- *Indicate whether the statement is true or false.*

- ___ 1. Blood is the number one source of HIV, hepatitis B virus and hepatitis C virus in the workplace.
- ___ 2. HIV poses a greater risk to school personnel than hepatitis B or hepatitis C because it is transmitted more easily.
- ___ 3. Most people infected with hepatitis B virus do recover and clear the infection.
- ___ 4. Most people infected with hepatitis C virus become chronically infected.
- ___ 5. People infected with HIV usually experience the same type of symptoms.
- ___ 6. Fortunately, there are vaccines to prevent both hepatitis B and hepatitis C.
- ___ 7. Hepatitis B virus, hepatitis C virus and HIV spread most easily through contact with contaminated blood.
- ___ 8. You can be exposed to bloodborne pathogens at work if blood or other infectious material contacts your broken skin or mucous membranes.
- ___ 9. For minor cuts and scrapes, encourage victims to administer their own first aid.
- ___ 10. Always wear gloves when you anticipate touching blood, body fluids or contaminated surfaces.
- ___ 11. You need to wash your hands after removing gloves only when you touched the contaminated side of the glove.
- ___ 12. Hand washing is your main protection against the spread of infection.
- ___ 13. Hepatitis B virus can survive in dried blood on surfaces for at least one week.
- ___ 14. Universal precautions were developed to prevent the transmission of bloodborne pathogens when providing first aid and health care.
- ___ 15. You should treat all blood and all body fluids as though infected with some pathogen.
- ___ 16. Always use a pocket mask or other respiratory device when you have to resuscitate someone in an emergency.
- ___ 17. It is not advisable to encourage victims to administer their own first aid.
- ___ 18. An athlete who is injured and bleeding should stop play immediately and have the wound cleaned and bandaged before returning to competition.
- ___ 19. Most exposures to blood result in infection.
- ___ 20. The risk of exposure to bloodborne pathogens in the school setting is low.

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Reserved for future use.</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p> <p>TIP: If you have self-employment income, see page 2.</p>
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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 Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here</p>	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)

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 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. 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 2023 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.

- 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 2023 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:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$20,800 if you're head of household				
	• \$13,850 if you're single or married filing separately				

- 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.

Married Filing Jointly or Qualifying Surviving Spouse

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	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

**SOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE**

SC W-4

(Rev. 11/3/22)

3527

2023

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

Part I: Employee Information

1 First name and middle initial		Last name		2 Social Security Number	
Address				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. If Married filing separately, check Married, but withhold at higher Single rate.	
City		State		ZIP	
				4 Check if your last name is different on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213.	
5 Total number of allowances (from the applicable worksheet on page 3)				5	
6 Additional amount, if any, to withhold from each paycheck				6 \$	
7 I claim exemption from withholding for 2023. Check the box for the exemption reason and write Exempt on line 7. For tax year 2022, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2023 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile: _____					
				7	

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Employee's signature (required)

Date

Part II: Employer Information

Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.

8 Employer's name and address	9 First date of employment	10 Employer identification number (EIN)
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INSTRUCTIONS**Employee instructions**

Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2023 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

Exemptions: You may claim exemption from South Carolina withholding for 2023 for one of the following reasons:

- For tax year 2022, you had a right to a refund of **all** South Carolina Income Tax withheld because you had **no** tax liability, and for tax year 2023 you expect a refund of **all** South Carolina Income Tax withheld because you expect to have **no** tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same state of residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). Your military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you are exempt, complete **only** line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write **Exempt** on line 7. Your exemption for 2023 expires February 15, 2024. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

Filers with multiple jobs or working spouses: You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.

Nonwage income: If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making Estimated Tax payments using the SC1040ES, Individual Declaration of Estimated Tax, or adding additional withholding from this job's wages on line 6. Otherwise, you may owe additional tax. Find the SC1040ES with instructions at dor.sc.gov/forms. The fastest, easiest way to make Estimated Tax payments is using our free, online tax portal, **MyDORWAY**, at dor.sc.gov/pay. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online. If you have not yet filed a South Carolina Individual Income Tax return, you must use the SC1040ES and cannot make Estimated Tax payments on MyDORWAY.

Employer instructions

Complete box 8 through box 10, as necessary. Employees do **not** complete this section.

- **New hire reporting:** You must report newly-hired employees within 20 days after the employee's first day of work. For more information, see SC Code Section 43-5-598 and 42 USC Section 653a or visit newhire.sc.gov.
- **Box 8:** Enter your name and address. If you are sending a copy of this form to the State Directory of New Hires, enter the address where child support agencies should send income withholding orders.
- **Box 9:** If you are sending a copy of this form to the State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If you rehired the employee after they had been separated from your service for at least 60 days, enter the rehire date.
- **Box 10:** Enter your Employer Identification Number (EIN).

All employers reporting South Carolina wages or withholdings must submit the W-2s directly to the SCDOR. Submitting the W-2s to the Social Security Administration does not meet this requirement. The fastest, easiest way to submit W-2s is using our free, online tax portal, **MyDORWAY**, at MyDORWAY.dor.sc.gov. Sign in to your existing account or create an account to get started. Once you've logged in, select the **More** tab, then click **Upload W-2s**, listed under the **Other** section.

The Withholding Tax Tables and the Withholding Tax Formula are available at dor.sc.gov/withholding.

Worksheet instructions

Personal Allowances Worksheet: Complete the worksheet on page 3 to determine the number of withholding allowances to claim.

- **Line C: Head of household** - Generally, you may claim the head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. For more information on filing status, refer to IRS Pub. 501, available at irs.gov.
- **Line E: Dependents** - The total number of dependents claimed on your South Carolina return must equal the number of dependents claimed on your federal return. This includes qualifying children and qualifying relatives. Enter the total number of eligible dependents.
- **Line F: Dependents under the age of 6** - Enter the number of dependents from line E who have **not** reached the age of six by December 31, 2023.

Enter the total from line G of this worksheet on line 5 of the SC W-4.

Deductions, Adjustments, and Additional Income Worksheet: Complete this **optional** worksheet if you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding.

- **Reduce withholding:** Complete this worksheet to determine if you are able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you reduce your withholding, your refund at the end of the year will be smaller, but your paycheck will be larger.
- **Increase withholding:** You can also use this worksheet to determine how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Enter the total from line 10 of this worksheet on line 5 of the SC W-4.

SC W-4 Worksheets
KEEP FOR YOUR RECORDS

Personal Allowances Worksheet

A	Enter 1 for yourself	A	_____
B	Enter 1 if you will file as married filing jointly	B	_____
C	Enter 1 if you will file as head of household	C	_____
D	Enter 1 if:	D	_____
	<ul style="list-style-type: none"> • You are single, or married filing separately, and have only one job; or • You are married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 		
E	Dependents: Enter the number of dependents you will claim on your 2023 federal return	E	_____
F	Dependents under the age of 6: Enter the number of dependents from line E who are under the age of 6 as of December 31, 2023.	F	_____
G	Add line A through line F	G	_____

For accuracy, **complete all worksheets that apply.**

- **If you plan to itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If the above situation does not apply, **stop here** and enter the number from line G on line 5 of the SC W-4 on page 1.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2023 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. For more information, refer to IRS Pub. 505, available at irs.gov	1	\$ _____
2	Enter the 2023 federal standard deduction amount based on your filing status.	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter 0.	3	\$ _____
4	Enter an estimate of your 2023 adjustments to income and any additional standard deduction for age or blindness. For more information, refer to IRS Pub. 505, available at irs.gov	4	\$ _____
5	Add line 3 and line 4	5	\$ _____
6	Enter an estimate of your 2023 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter 0. Enter a negative amount in brackets	7	\$ _____
8	Divide line 7 by \$4,400. Enter a negative amount in brackets . Round decimals down	8	_____
9	Enter the number from the Personal Allowances Worksheet , line G.	9	_____
10	Add line 8 and line 9. If zero or less, enter 0.	10	_____

Enter the total from line 10 on line 5 of the SC W-4 on page 1.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

D H E C <small>Promote Project Prosper</small>		School Employee/Individual Certificate of Evaluation for Tuberculosis			
<div style="display: flex; justify-content: space-between;"> Name: Last First M.I. Residence Address City County </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Public or private school, kindergarten, nursery or day care center of current employment or other employer or individual Date Employed </div>					
TEST RESULTS	TUBERCULIN SKIN TEST _____ <div style="text-align: right;">Date Given</div>		CHEST X-RAY <div style="text-align: right;">Date:</div> <div style="text-align: right;">Interpretation:</div>		REMARKS
	5 TU PPD MANTOUX METHOD <div style="text-align: right;">_____ mm _____</div> <div style="text-align: right;">Date Interpreted</div>				
DISPOSITION	<div style="text-align: left;"> <input type="checkbox"/> No tuberculosis infection per 5 TU PPD¹ <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Prevention treatment started _____ and completed _____¹ <input type="checkbox"/> Prevention treatment started _____ but not completed _____² <input type="checkbox"/> Prevention treatment not prescribed/refused² <input type="checkbox"/> History of tuberculosis disease Treatment started _____ and completed _____¹ <input type="checkbox"/> Current tuberculosis disease <div style="margin-left: 20px;"> <input type="checkbox"/> Non contagious as of _____ and medically cleared to start/resume school other employment on _____² </div> </div>				
	<div style="display: flex; justify-content: space-between;"> ¹No further routine screening required ²Remains at lifelong risk of developing tuberculosis </div>				
CERTIFICATION	<div style="text-align: left;"> <input type="checkbox"/> This is to certify that I have examined the school employee named herein for tuberculosis and report my finding as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979 <input type="checkbox"/> This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Physician's Signature </div> <div style="width: 35%;"> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date </div> </div> </div>				

DHEC 1420 (08/1998) DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.

SCHOOL EMPLOYEE/INDIVIDUAL CERTIFICATE OF EVALUATION FOR TUBERCULOSIS: this form may be used for school employees or other individuals who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees and by employer or individual for other needs.

CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED APRIL 1979, SECTION 44-29-150. No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the south Carolina department of Health and Environmental Control. Reevaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

SECTION 44-29-160. Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active state.

SECTION 44-29-170. the physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental control, whose duty it shall be to provide such forms upon request of the applicant.

SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL. (Regulation 61-22) Each employee shall have, prior to employment, and unless so previously tested, as a condition for further employment, a tuberculin skin test performed by intradermal injection of 5 tuberculin units of purified protein derivative of tuberculin (Mantoux test with 5 TU of PPD). Employees with test reactions measuring less than 10mm or more shall have a chest x-ray, shall be recorded on the DHEC for 1420 which shall be kept in the files of the school principal/designee. These forms shall be subject to review by DHEC. If the chest x-ray (and examination of sputum, if necessary) shows evidence of current tuberculosis disease, the employee shall not be allowed to work until she/he receives written certification for DHEC that he/she is not contagious. Employees whose skin test reactions measure 10mm or more and who have a normal chest x-ray shall be evaluated for preventive therapy for their tuberculous infection. If preventive therapy is not prescribed, or is prescribed, but refused, a notation shall be made on the employee's certificate that he/she is considered to be infected with tubercle bacilli and remains at lifelong risk, of developing tuberculosis disease. Testing other than the described above, shall be required only if there is epidemiological evidence that employees, attendees, or students in the school, nursery, day care center, or kindergarten have become infected with tuberculosis.