

CRANSTON PUBLIC SCHOOLS
COACHING POSITIONS CHECKLIST

Applicant's Name: _____

Position Applied

For: _____ **Date:** _____

Completed Application _____

TB Test (must be from the last six months) _____

Proof of Immunization (if applicable) _____
Persons born after 1956

Criminal Conviction Sent _____ Received _____ Results _____

Discrimination Form _____

I-9 Form (Need copy of license & Social Security Card) _____

W-4 _____

Data Sheet (fill out * areas) _____

Sexual Harassment & Smoke Free Policy _____

Coaching Experience Verification _____

CPR _____

First Aid _____

RI Coaching Certificate _____

References (3 letters of) _____

W-4 & Data Sheet Sent to Payroll _____

Signature _____

Date _____

TO: Prospective Employees of the Cranston Public Schools

FROM: Raymond L. Votto, Jr., Executive Director
Human Resources & Public Relations

DATE: June 23, 2004

RE: State/National Criminal Background Check
Rhode Island General Laws 16-2-18.1 - 16-2-18.2

Sections 16-2-18.1 and 16-2-18.2 of the Rhode Island General Laws entitled, "School Committees and Superintendents" were recently amended. The changes enacted require any person seeking employment with a private school or public school department who has not previously been employed by a private school or public school department in Rhode Island during the past twelve months, to obtain a state and national criminal background check.

In order to implement this statute, the following procedures have been adopted:

All nationwide background checks require the taking of fingerprints. It is, therefore, required that persons seeking employment, apply to the BCI Unit of the State Police or the police department in the city/town in which they reside.

Once applicants are fingerprinted, a search of the statewide criminal history database will be initiated. In order to expedite the processing of requests, the results of that check will immediately be given to the applicant in written form to be forwarded to the prospective employer. At this time, applicants can be appointed to a position pending the outcome of the subsequent national search.

The fingerprints will then be forwarded to the FBI by mail for a nationwide search of the national criminal history database. Upon completion, the fingerprint cards will then be returned to the BCI Unit noting the existence of a criminal history, if any. The turnaround time for this inquiry is approximately six weeks.

BCI personnel will then inform the applicant in writing of the results of the search noting the existence of specific "disqualifying information," if any. "Disqualifying information" is defined by the statute.

The prospective employer will be notified in writing of the results of the search as well. However, the information conveyed will include only whether or not disqualifying information exists.

Since the fee for both the state and national search is \$29.00 to be paid by the applicant to the Department of Attorney General by check or money order, you need not do this unless you are told that you are going to be recommended or if you wish to begin substituting immediately.

If an applicant for employment has undergone a national and state criminal record check within twelve months prior to an application for employment, the employer may request a letter from the BCI Unit indicating the presence or absence of disqualifying information.

If you have any questions or concerns, please contact my office or the Department of the Attorney General at 274-4400.

RLV:cm

c: C. Ciarlo
M. Richard Scherza

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**CRANSTON PUBLIC SCHOOLS
845 PARK AVENUE
CRANSTON, RHODE ISLAND 02910-2790**

COACHING POSITION APPLICATION

- A T H L E T I C S -

Name _____

Address _____ City _____ State ____ Zip _____

Phone (Home) _____ Cell _____ S.S. # _____

Position Applied For _____ School _____

Present Employer Name _____ Address _____

City _____ State ____ Zip _____ Phone _____

Education and Training:

Playing Experience: (Please list teams as high school, college, etc.)

Coaching Experience: (Please list any coaching, officiating or other experience – sport, school, and years)

Professional Coaching Association: (Please list)

Other: (Please list any other information that would be helpful; philosophy of coaching, goals, and objectives, etc.)

Signature _____ Date _____

Completed application should be submitted to the Human Resource Office by deadline.

CRANSTON PUBLIC SCHOOLS
845 PARK AVENUE
CRANSTON, RI 02910-2790

IMMUNIZATION REQUIREMENTS

The Rules and Regulations of the State of Rhode Island require that a physician certify that you are immunized and free of communicable diseases.

MEASLES, MUMPS AND RUBELLA (MMR)

ANY PERSON BORN ***PRIOR*** TO 1956 SHALL BE CONSIDERED IMMUNE

Any person born ***after*** 1956:

- Must have documented evidence of natural immunity or serologic testing via physician, or
- Must have evidence of being immunized against measles, mumps and rubella with a live virus vaccine on or after 12 months of age. (Persons vaccinated prior to 1968 must be revaccinated); or
- Must show documentation that he/she is not a fit subject for immunization due to medical reasons.

Vaccination is preferred in lieu of serologic testing for immunity for women who are not pregnant.

An employee may be exempt from the immunization and requirements, provided:

- A licensed physician signs a medical exemption, stating that the employee is exempt from a specific vaccine for medical reasons, in accordance with ACIP guidelines:
- The employee completes and signs the Immunization Exemption Form on grounds of religious beliefs. Said form is available through the office of Disease Control at the Department of Health.

TUBERCULOSIS

- Prior to employment, you must file with the Director of Human Resources a report from a licensed physician that you are free of tuberculosis based on a physical examination and negative (<10 mm in duration). Mantoux (PPD) tuberculin skin test performed not more than six (6) months before the report is filed.
- If the Mantoux test is positive (>10 mm in duration) or a previous Mantoux test is known to have been positive, the physicians certification that the tuberculosis is not communicable shall be based on documentation of a chest x-ray taken not more than six (6) months prior to the certification.

Cranston Public Schools
Employee Data Sheet
(*Please fill in all boxes with asterisks ONLY)

New Employee? *Y or N*

Title of Position

Employee # : <i>(Computer will assign)</i>	* Social Security # ;			
* Last Name : <i>(Please Print)</i>	* First Name : <i>(Please Print)</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: right;">* M.I.</td> <td style="border: none; width: 50%; text-align: left;">* Suffix <i>(Jr., III, Etc)</i></td> </tr> </table>	* M.I.	* Suffix <i>(Jr., III, Etc)</i>
* M.I.	* Suffix <i>(Jr., III, Etc)</i>			

Job Class :		Pay Frequency :	B	* Are you retired?	Y or N
Primary Org :		Primary Group/BU:		* Are you a member of the RI Employees retirement system?	Y or N
Primary Obj :		Personnel Status:	FP/PT		
Primary Loc :		Check Location:			

* Date of Birth:	Date Hired: <i>(Date began work)</i>	Service Date: <i>(Application Date)</i>	Permanent Date: <i>(Date of Appointment)</i>
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Unemployment Tax:	Y	Payroll Run Type:	1
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* Gender:	M or F
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* Actual Marital Status:	
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*EEO Ethnic Code: <i>(Circle One)</i>	A – Asian B – Black H – Hispanic I – Am. Indian O – Other W – Caucasian
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EEO Part time/Full time:	FT/PT/Temp
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EEO Function:	20
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Comment:	
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* Home Address: <i>(Please Print)</i>	
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*City:		*State:		*Zip Code:		Other Adresses?	Y or N
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*Home Phone:	() - -
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*Prior Name:	
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Approved By Date

Entered By Date

Employee Job / Salary F/M

Grade/Rank:	
Step:	
FTE:	

Pay Types: _____ 700 BA & 30* _____ 709 N/C Longevity
 (Check all that apply) _____ 701 Masters _____ 710 20 yr Longevity
 _____ 702 MA & 30 _____ 711 25 yr Longevity
 _____ 703 CAGS _____ 712 30 yr Longevity

Hourly Rate:	
Daily Rate:	

_____ 704 Doctorate
 _____ 715 Area Coord
 _____ 717 SSC Stipend
 _____ 718 Dept Chair – Amount _____

**Those hired after 9/1/89 must get BA + 36 in order to be eligible for the stipend.*

Employee Deductions: (check off)

- 1000 OASDI
- 1100 Medicare
- 2003 NC Pension
- 2004 Cert Pension
- 2315 TDI (NC/Others)
- 3000 Federal W/W Tax
(Attach W4 to Data Sheet)
- 4000 RI State Tax
- _____ Union Dues
- 8620 Survivor's Benefits (Cert)

Non Barg. Entitled To:

Vacation:	
Sick:	
Holidays:	
Personal:	
Berevment:	

HUMAN RESOURCES
SEXUAL HARASSMENT POLICY

4111.6

It is the policy of the Cranston Public Schools that all employees and students will be treated with respect. Neither sexual harassment nor harassment on the basis of race, religion, national origin, gender, ancestry, age, handicap, color or status as a veteran will be tolerated.

The Equal Employment Opportunity Commission (EEOC) has issued regulations under Title VII of the Civil Rights Act of 1964 entitled "Sexual Harassment" and Title IX of the Education Act of 1972, "Anti-discrimination Laws."

1. The EEOC will consider any behavior constituting harassment on the basis of gender, either physical or verbal in nature, a serious violation of the Act.
2. The term, "Sexual Harassment" includes any unwelcome sexual advances, requests for sexual favors, or any other verbal or physical behavior of a sexual nature including, but not limited to the following listed conditions:
 - A. Submission to such conduct is made either explicitly or implicitly a term or condition of a person's employment.
 - B. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting that person.
 - C. The conduct has the purpose or effect of interfering with an individual's work performance, or creating an intimidating, hostile, or offensive work environment.
 - D. Students should be aware that any promise of a reward, such as a higher grade, or threat, such as failure in a course, in return for sexual favors is harassment. Sexual harassment also occurs when a student rejects a sexual advance and is threatened, for example, with a lower grade, or someone's conduct creates an intimidating or offensive environment.

**Policy adopted: 1/11/93
(Resolution 93-1-19)**

**Cranston Public Schools
Cranston, Rhode Island**

HUMAN RESOURCES
SEXUAL HARASSMENT POLICY
PROCEDURE

41116(a)

1. Any employee or student who believes he/she is experiencing sexual harassment should report such circumstances to School or Central Administration immediately. If the employee or student is uncomfortable in discussing the issue with an immediate supervisor or teacher the employee or student may contact the Director of Human Resources or the Superintendent.
2. Any employee or student who has information or knowledge of sexual harassment occurring should report the information to the appropriate administrator, teacher, Director of Human Resources, or the Superintendent.
3. The Superintendent shall be immediately and fully informed by any Administrator or staff employee of any harassment allegations, suspected harassment, or behavior that could be construed as sexual harassment. Any Administrator or Supervisor who is informed of alleged sexual harassment activities occurring within the School Department must, in conjunction with the Superintendent take immediate and appropriate action, beginning with a thorough and confidential investigation of the circumstances.
4. Employees alleged to have committed sexual harassment would be given all due process rights. If sexual harassment activity is found to have occurred, such activity will not be tolerated and disciplinary action, up to and including dismissal of employees who violated this policy will occur.

Regulation
Adopted: 1/11/93

CRANSTON PUBLIC SCHOOLS
Cranston, Rhode Island

COMMUNITY RELATIONS

SMOKE FREE ENVIRONMENT

1331

It is the policy of Cranston Public Schools to eliminate the exposure of students and school employees to the school-site health hazard of tobacco smoke and other tobacco usage. Therefore, Cranston Public Schools will be a tobacco-free school environment effective September 1, 1994. There will be no tobacco product usage by a person in the Cranston Public Schools.

1. DEFINITIONS:

1. "School or schools" shall mean any non-residential school building, public or private, of any city or town community educational system regulated, directly or secondarily, by the Rhode Island Board of Regents for Elementary and Secondary Education or the Rhode Island Department of Elementary and Secondary Education or any other state education board or local city or town school board or school committee or other legal educational sub-division acting thereunder. As used herein, the term "school or schools" shall also include but not be limited to school playgrounds, school administration buildings, indoor school athletic facilities, school gymnasiums, school locker rooms, school buses, other school vehicles, other school buildings whose use is not primarily residential and outside areas within twenty-five (25) feet of any school building.
2. "Person" shall mean any person or persons including but not limited to contract or other workers on school property, school students, school administrators, school employees, school faculty and school visitors.
3. "Tobacco product usage" shall mean the smoking or use of any substance or item which contains tobacco, including but not limited to cigarettes, cigars, pipes, or other smoking tobacco, or the use of snuff or smokeless tobacco, or having in one's possession a lighted cigarette, cigar, pipe, or other substance or item containing tobacco.

II ENFORCEMENT PROCEDURES

a. **Students:**
As specified in the Elementary Pupils Conduct Code or Disciplinary Procedure for Secondary Schools, whichever is appropriate.

b. **Staff:**

First Offense – The principal/administrator/supervisor shall inform the staff person of the “Smoking Restrictions in Schools Act.” The school principal/administrator will encourage staff member to participate in a smoking cessation program.

Second Offense – Verbal warning by principal/ administrator/ supervisor followed up with a letter within three days of the violation: principal will encourage staff member to participate in a smoking cessation program.

Third Offense – One day suspension without pay. The principal/administrator will encourage staff member to participate in a smoking cessation program.

Fourth Offense – Employee subject to further disciplinary action up to and including discharge. The school principal/ administrator will encourage staff members to participate in a smoking cessation program.

c. **Citizen/School Visitor:**

1. **A verbal request to stop smoking or to stop the use of other tobacco products on the school district site.**

2. **Upon refusal to comply, a report will be made to the person in charge who will issue a second verbal warning.**

3. **If the second verbal warning is not adhered to, the person in charge will direct the citizen to leave the site. Should non-compliance result, local law enforcement personnel will be called.**

Legal Reference: R.I.G.L. 20.9

**Cranston Public Schools
845 Park Avenue
Cranston, RI 02910-2790**

I acknowledge that I have received and reviewed the Cranston Public Schools Sexual Harassment Policy, #4111.6 and #5141.31, and Smoke Free Environment Policy #1331.

Name: _____

Date: _____

Position: _____

**Cranston Public Schools
845 Park Avenue
Cranston, RI 02910-2790**

Discrimination Form

The 1972 amendment to Title VII of the 1964 Civil Rights Act, prohibits inquiries that may be justified for record keeping purposes from appearing on employment applications. Such information that may be omitted in completing this application that may be obtained if a candidate is hired includes the following:

- a. Miss, Mr., Mrs., Ms.
- b. Birthplace
- c. Marital Status
- d. Dependents
- e. Physical Defects
- f. Military Status

No discrimination due to race, color, gender, national origin, creed or disability will be practiced in employment, assignment or transfer of employees.

By the requirements of Section 504 of the Rehabilitation Act of 1973, the Cranston Public Schools will schedule interviews or other recruitment activities in facilities that are accessible to disabled applicants when necessary.

Completion of this portion of the application is STRICLTY VOLUNTARY and will no affect your opportunity for consideration for this position.

Sex: M____ F____	Physically/Mentally Challenged: _____	Veteran: _____
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Race:

Native American: _____	Alaskan Native: _____	African American: _____
White: _____	Asian American: _____	Pacific Islander: _____
Hispanic: _____	National Origin: _____	

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim 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 your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document title:	_____		_____		_____
Issuing authority:	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____
Document #:	_____		_____		_____
Expiration Date (if any):	_____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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