



COLBERT COUNTY SCHOOLS

Post Office Box 538
425 Highway 72 West
Tuscumbia, Alabama 35674
Phone 256-386-8565 • Fax 256-381-9375
www.colbert.k12.al.us

SUPERINTENDENT
Dr. Gale D. Satchel

BOARD OF EDUCATION
Thomas Barnes
Thomas Burgess
Sandra James
Carrie Mitchell
Mary Moore
Ricky Saint

ADMINISTRATIVE ASSISTANT
TO SUPERINTENDENT
Michelle Ragan

DEPUTY SUPERINTENDENT
OF OPERATIONS AND
FINANCIAL SERVICES
James Brumley, CSFO

DEPUTY SUPERINTENDENT
OF TEACHING AND LEARNING
SPECIAL EDUCATION DIRECTOR
504 COORDINATOR
Wade Turberville

September 19, 2017

To Whom It May Concern:

Based on the recommendations of the Board attorney, all personnel employed by the Colbert County Board of Education are required to attend a conference on Special Education, Confidentiality and IDEA.

Letters from the Central Office to all personnel who have not received this training will be forthcoming advising of the conference date.

Wade Turberville
Deputy Superintendent of Teaching & Learning
Special Education Director/504 Coordinator

WT/jwh

Please complete the information below so that we can send you the time and date of the next scheduled conference:

Name: _____
Job Title: _____
Street: _____
City: _____
State: _____
Zip: _____
Phone: _____
Date: _____

Colbert County Schools

Substitute for Classified Personnel

Date: _____

Name: _____ Social Security Number: _____

Mailing Address: _____
Street / PO Box City State Zip Code

Telephone Number: _____ E-mail Address: _____

The following items must be included with your application:

1. Copy of Social Security Card
2. Copy of Driver's License
3. Copy of High School Diploma or GED Certificate
4. Fingerprint Clearance from ABI/FBI (see attached)

Are you retired from Retirement Systems of Alabama? ☐ Yes ☐ No

Please check position(s) you are interested in:

☐ Cafeteria ☐ Custodian ☐ Secretary ☐ Para-Professional ☐ Bus Driver

Please indicate the school(s) you want to serve:

- | | |
|--|---|
| <input type="checkbox"/> Cherokee Elementary School (K-6) | <input type="checkbox"/> Colbert Heights High School (7-12) |
| <input type="checkbox"/> Cherokee High School (7-12) | <input type="checkbox"/> Hatton Elementary School (K-6) |
| <input type="checkbox"/> Colbert County High School (7-12) | <input type="checkbox"/> Leighton Elementary School (K-6) |
| <input type="checkbox"/> Colbert Heights Elementary School (K-6) | <input type="checkbox"/> New Bethel Elementary School (K-6) |



Closed

New Hire

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 10/31/2022

▶ **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>) <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

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 10/31/2022

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
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<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)				

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 <i>Patricia M. Conner</i>		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
Employer's Business or Organization Address (Street Number and Name)			City or Town	State ZIP Code

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

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

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

OMB No. 1545-0074

2021

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
► **Give Form W-4 to your employer.**
► **Your withholding is subject to review by the IRS.**

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$

Multiply the number of other dependents by \$500 ► \$

Add the amounts above and enter the total here **3** \$

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.)

► **Date**

Employers
Only

Employer's name and address

Colbert County Board of Education
P. O. Box 538
Tuscumbia, AL 35674

First date of
employment

Employer identification
number (EIN)

63-6000823

General Instructions

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

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

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

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

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

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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

Single or Married Filing Separately

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

Head of Household

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



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____

EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

Colbert Co. Board of Education
P. O. Box 538
Tuscumbia, AL 35674

63-60000823

EMPLOYER IDENTIFICATION NUMBER (EIN) _____

CITY _____

STATE _____

ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).



Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

The example check shows the following fields and values:

- Pay to the order of: **EXAMPLE**
- Routing Number: **123456789** (labeled "9 digit Routing Number")
- Account Number: **1234567891011** (labeled "Account Number (1-17 digits)")
- Check Number: **0259** (labeled "Check Number (do not include)")
- Amount: \$ _____ (labeled "Dollars")
- Date: _____
- Address: John Jones, 124 Main Street, Anywhere, MA 02345

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: ☐ \$ _____ ☐ _____ % or ☐ Entire Paycheck

Type of Account: ☐ Checking ☐ Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

Colbert County Board of Education is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____

Date: _____



DRUG FREE WORKPLACE POLICY

Illegal drugs in the workplace within the jurisdiction of the Board are contrary to our educational purposes. The safety, education, health, morals and proper guidance of our students demand that the presence of drugs in our midst be considered and are, totally reprehensible.

1. It is, therefore, the stated policy of the Colbert County Board of Education that the unlawful manufacture, distribution, dispensing, possession, sale or use of a controlled substance in the workplace within the jurisdiction of the Board of Education is prohibited.
2. The Board does not distinguish among persons who manufacture, distribute, dispense, possess, sell, or use controlled substances within the workplace within its jurisdiction or while performing assigned and approved work duties for the Board.
3. As used in this policy, workplace shall mean any locale where an employee of the Board is performing duties as directed by the Board or its duly authorized representatives.
4. Any violation of this policy shall result in disciplinary action which may include termination from employment.
5. Any employee who is convicted of a violation of any criminal drug statute, the violation of which occurred during the employee's performance of duties assigned by the Board or its duly authorized representative, shall, as required by law, notify his/her principal/supervisor of the conviction within five (5) days of said conviction.
6. The superintendent or designee, will inform such federal agency or agencies as may be required by law or regulation of any conviction as set forth under paragraph 5 above.
7. All employees of the Board shall acknowledge in writing the receipt, reading and understanding of the foregoing Drug Free Workplace Policy. The written and signed acknowledgement form shall be maintained by the principal of the employees' assigned school and a copy by the office of the superintendent and, for system-wide employee, which shall include bus drivers and bus garage employees, in the office of the Superintendent.

SOURCE: Colbert County Board of Education, Tuscumbia, Alabama
ADOPTED: Oct 5, 1989

4.44.F

DRUG-FREE WORKPLACE ACKNOWLEDGEMENT FORM

**COLBERT COUNTY BOARD OF EDUCATION
Tuscumbia, Alabama**

I, the undersigned, an employee of the Colbert County Board of Education, hereby certify that I have received, read, and understand the DRUG FREE WORKPLACE POLICY promulgated by said Board of Education. I understand that I am subject to all the terms of said policy and that if I am ever convicted of a violation of any criminal drug statute, the violation of which occurred during the performance of my duties as assigned to me by the Board, or its duly authorized representative, that within five (5) days of such conviction I shall report that event to my principal/supervisor. I understand that any such conviction must be reported by the Superintendent to any federal agency which by law is authorized to receive such information.

Date: _____

Signature: _____

Printed Name: _____

ELECTRONIC VERSION OF PAYROLL DOCUMENTS

Colbert County Board of Education utilizes an electronic platform (ESS) to provide all employees access to payroll documents such as paycheck copies, W-2's, tax forms, direct deposit forms, etc. These are available to you anytime and anywhere you need them, as long as you have an internet connection. By signing below, you agree to electronic submission and receipt of your payroll documents.

Print name _____

Signature _____

Date _____

STUDENT ACCEPTABLE USE POLICY

The following is the policy of Colbert County Schools and has been approved by the Superintendent and School Board.

Colbert County Schools offer access to email, Google Drive, and the Internet as a resource for instruction and to provide access to materials that complement the instructional program. We respect each family's right to decide whether to apply for access. To gain access, the parent/guardian and student will be required to sign a written consent form prior to being allowed access to email and the Internet. This consent form is included in each student registration packet.

A staff member will supervise Internet use and will review communications to maintain system integrity and to determine that students are using the system responsibly. However, students are responsible for appropriate behavior while using the Internet. Any material, written or pictorial, accessed on the Internet must conform to established school policy and cannot be obscene or contain profanity or abusive language. Vandalism of equipment or programs will result in punishment as defined in school policy.

All users must abide by the following guidelines:

1. Be accountable for your actions. Appropriate behavior is expected from users at all times.
2. Notify an adult immediately if you encounter materials that violate this policy or school handbook.
3. Do not use the Internet or email to hurt, harass, attack, or harm other people or their work.
4. Do not damage the computer or network in any way
5. Do not use the Internet, email or Google Drive for illegal activities, i.e. hacking, threats, child pornography, drug dealings, purchase of alcohol, gang activities, etc.
6. Do not install software or download unauthorized files, games, programs, or other electronic media.
7. Do not violate copyright laws
8. Do not view, send, or display obscene, profane, lewd, vulgar, rude, disrespectful, threatening, or inflammatory language, messages, or pictures.

9. Do not share your password with another person
10. Do not access another student's work, folders, or files.
11. Email and Google Drive will be filtered for content.
12. Email and Google Drive access will be terminated if the following conditions are met, student withdraws, misuse of email or Google Drive, disciplinary action, or graduates from High School.

Violation of this policy will result in loss of Internet access at school and other disciplinary action.

Computer Lab Policy

1. NO FOOD OR DRINK!
2. Only work on class assignments.
3. Students using any computers, software, and any other technology resources should not:
 - A. Send, display, or download offensive messages or pictures
 - B. Use obscene language
 - C. Violate copyright laws
 - D. Trespass in other users' files, folders, or work
4. Do NOT change any computer settings (including, but not limited to, printer configurations, desktop backgrounds, Internet settings)
5. Music must be listened to using headphones and at a volume where others cannot hear it.

When you are finished at a workstation please:

1. Log out.
2. Pick up all paper around your station.
3. Push chair under desk.

FILE: IFBED
(continued)

4. Make sure you leave a clean and orderly workstation for the next user.

Violation of any of the above policies could result in loss of access, disciplinary action, and/or possible legal action.

SOURCE: Colbert County Board of Education, Tuscumbia, Alabama
ADOPTED: Sep 7, 2007; REVISED: Mar 18, 2010; Aug 11, 2016

Gemalto Registration Process

<https://www.aps.gemalto.COM>

SELECT - ALABAMA

THEN SELECT THE DEPT IN WHICH IS REQUESTING
THE FINGER PRINTING ie,

Alabama Dept Of Education

Alabama Dept of Human Resources

Alabama Real Estate Commission

Alabama Dept of Insurance

THEN - Select Register Online Located in the
upper right hand corner of the

page.

FOLLOW INSTRUCTIONS TO COMPLETE REGISTRATION

You may also register by calling

866-989-9316

Alabama REC Applicant Processing Services

Fingerprinting Information

Alabama Applicant Processing Service (AAPS)

Fingerprint registration, payment system and other general information can be found at https://www.aps.gemalto.com/al/index_adeNew.htm. Applicants must register online prior to arriving at the fingerprint location.

FINGERPRINT LOCATION

CENTRAL MAIL STOP
11385 Highway 20
Florence, AL 35633
256-712-5610

HOURS OF OPERATION
Monday- Friday
7:30 - 4:00

- C**ontrol information about the students.
- O**nly share information with those who have a need to know and who have proper authorization.
- N**ever discuss school information regarding students while attending social events.
- F**orward inquiries regarding students to teachers and supervisory personnel if you are approached for confidential information.
- I**nteract with those who inquire in a manner in keeping with your responsibilities.
- D**on't discuss student situations in the lounge with staff that have a need to know.
- E**xplanations for not discussing a student are easier than explanations for inappropriately divulging confidential information.
- N**ot sharing is caring.
- T**hink about privacy.
- I**t's important that things that happen at school, stay at school.
- A**ppropriate information exchange carries with it responsibility.
- L**earn how to handle uncomfortable inquiries in positive and courteous, but confidential, ways.
- I**dentify acceptable ways that the necessary people can access information.
- T**reat confidential information as if your job depends on it—it may.
- Y**ou are part of positive public relations for schools. Confidentiality is a cornerstone. Protect it!

Paraprofessional Connection, Eagle River WI

Confidentiality is a very important issue when delivering special education services. The paraprofessional, by virtue of the position, has access to a wealth of sensitive information pertaining to individual students. All such information is privileged and confidential, and correspondingly must be managed with extreme care. To encourage accountability to confidentiality, all team members may be required to sign off on an agreement to maintain confidentiality. An example of such an agreement can be found in Appendix D. The specific areas of confidentiality within the special education programs are:

IEP (Individualized Education Program)

The IEP becomes a part of the student's special education records and is placed in a locked filing cabinet. Only persons with a legitimate educational interest can review these records. When these records are removed from the file, the document must be signed and dated, and the reason for reviewing the records must be documented. Some special education departments encourage paraprofessionals to read the file, but only if there is a legitimate need to know pertinent information that may affect their working relationship with the student.

Having access to this IEP information goes with the understanding the information is to be treated as privileged and a matter of confidentiality.

Individualized Education Program Meetings

The paraprofessional may be asked to attend IEP meetings for students with whom they work. At these meetings, the paraprofessional may be asked to share information regarding the student in the classroom environment. At times, parents may share personal information that assists with programming, but is not documented into the IEP. This information parents share during an IEP meeting is also confidential even though it may not become a part of the official IEP minutes or records.

The School Special Education Program

The school special education program is usually very busy as so many people are involved in determining an appropriate education for a student with a disability. Conversations and consultations frequently take place between team members. Members may include school social workers, school psychologists, school health nurses, and outside consultants. Many school districts do not have private conference rooms, so conversations and meetings are held in various school areas. These comments and conversations, if overheard, are confidential and should not be discussed with others.

General Education Classroom

In the past, general education professionals were accustomed to working alone in the classroom setting for the majority of the day. Not all teachers are comfortable with another adult in the classroom assigned by the IEP team. It takes time to build a trust relationship and a confidence base with the classroom teacher. The paraprofessional's role is to support the special education students in the classroom. The paraprofessional must not discuss specific classroom or student situations with other people not having a legitimate educational interest.

Paraprofessionals will have frequent contact with parents in the school setting and the community. It is important to remember that confidentiality applies in the community at large, as well as the schools. In the past, lawsuits have been initiated by parents on behalf of students due to this breach of confidentiality. Conversations pertaining to specific students have been overheard in public areas. The best way to avoid any such confrontation is to respect the confidentiality of each student. Conversations regarding specific students must be confined to the school setting and occur only with adults directly and legitimately involved with the student.

This is not merely to act in accordance with school policy or state special education regulations, but it is a legal mandate pursuant to the Family Educational Rights and Privacy Act. This law prohibits information disclosure to anyone other than parents and school persons who have a legitimate educational interest without parent consent. The law is intended to assist in safeguarding the legal rights of both students with disabilities and their parents. Being aware of the restrictions and protection provided by the law will enable paraprofessionals to be more responsible in carrying out their prescribed duties.

**CONFIDENTIALITY IS MANDATED BY THE
FEDERAL EDUCATIONAL RIGHTS AND PRIVACY ACT.**

FERPA

FAMILY EDUCATION RIGHT TO PRIVACY ACT (BUCKLEY AMENDMENT)

1. Requires LEAs to inform parents of their rights under the act each year.
2. Guarantees parents the right to inspect and review the educational records of their children.
3. Establishes procedures through which parents may challenge the accuracy of student records.
4. Protects the confidentiality of student records by preventing disclosure of personally identifiable information to outsiders without prior parental consent.
5. Entitles parents to file complaints with the FERPA Office concerning alleged failures to comply with the act.
6. On Feb. 18, 2002, the Supreme Court unanimously decided that students may grade each other's papers and report the grades to the teacher.
(Owasso Indepen. Sch. Dist. V. Falvo)

General

What is the Individuals with Disabilities Education Act (IDEA)?

The Individuals with Disabilities Education Act (IDEA) is the nation's special education law. First enacted three decades ago, IDEA provides billions of dollars in federal funding to assist states and local communities in providing educational opportunities for approximately six million students with varying degrees of disability who participate in special education.

In exchange for federal funding, IDEA requires states to provide a free appropriate public education (FAPE) in the least restrictive environment (LRE). The statute also contains detailed due process provisions to ensure the provision of FAPE. Originally enacted in 1975, the Act responded to increased awareness of the need to educate children with disabilities and to judicial decisions requiring states to provide an education for children with disabilities if they provide an education for children without disabilities.

Part A of IDEA contains the general provisions, including the purposes of the Act and definitions. Part B, the most frequently discussed Part of the Act, contains provisions relating to the education of school-aged and preschool children, the funding formula, evaluations for services, eligibility determinations, Individualized Education Programs (IEPs) and educational placements. It also contains detailed requirements for procedural safeguards (including the discipline provisions) as well as withholding of funds and judicial review. Part B also includes the Section 619 program, which provides services to children aged 3 through 5 years old.

Part C of IDEA provides early intervention and other services for infants and toddlers with disabilities and their families (from birth through age 3). These early intervention and other services are provided in accordance with an Individualized Family Service Plan developed in consultation between families of infants and toddlers with disabilities and the appropriate state agency. Part C also provides grants to states to support these programs for infants and toddlers with disabilities. Part D provides support for various national activities designed to improve the education of children with disabilities, including personnel preparation activities, technical assistance, and special education research.

The services and activities outlined above are discussed in greater detail throughout this document.

Key Definitions

What is a free appropriate public education (FAPE)?

IDEA recognizes that, to the extent possible, children with disabilities are entitled to the same educational experience as their non-disabled peers. IDEA further recognizes that the expenses associated with providing for the special needs of children with disabilities are a public responsibility. Therefore, the centerpiece of the law is the FAPE concept. Generally, FAPE means that children with disabilities are entitled to a publicly financed education that is appropriate to their age and abilities.

Specifically, FAPE means special education and related services that are available to all children with disabilities in a state that:

- are provided at public expense, under public supervision and direction, and without charge;
- meet the standards of the state educational agency (SEA);
- include an appropriate preschool, elementary school, or secondary school in the state; and
- are provided in conformity with the Individualized Education Program established for the child.

What is the least restrictive environment (LRE)?

When IDEA was originally enacted in 1975, Congress recognized that many children with disabilities were unnecessarily separated from their peers and educated in alternative environments. Therefore, IDEA requires that states provide a free appropriate public education (FAPE) to children with disabilities in the least restrictive environment (LRE). The general goal is to allow children with disabilities to be educated with their peers in the regular classroom to the extent possible.

IDEA recognizes that there is an array of placements that meet the general requirements of providing FAPE in the least restrictive environment. LRE may change from child to child, school to school, and district to district. In developing the IEP, parents and the local educational agency are empowered to reach appropriate decisions about what constitutes LRE for the individual child, including placements that may be more or less restrictive in order to maximize the child's benefit from special education and related services.

What is an Individualized Education Program (IEP)?

The Individualized Education Program, or IEP, is the key document developed by the parent and his or her child's teachers and related services personnel that lays out how the child receives a free appropriate public education in the least restrictive environment. Among other components, the IEP lays out the child's academic achievement and functional performance, describes how the child will be included in the general education curriculum, establishes annual goals for the child and describes how those goals will be measured, states what special education and related services are needed by the child, describes how the child will be appropriately assessed including through the use of alternate assessments, and determines what accommodations may be appropriate for the child's instruction and assessments.

What is an Individualized Family Service Plan (IFSP)?

An IFSP is the Part C (formula program for infants and toddlers with disabilities) equivalent of an IEP. It is developed through an assessment and evaluation process, identifies the child's present levels of development and performance, establishes goals for future development and performance, and outlines how the child will receive early intervention and other services. Unlike an IEP, the IFSP explicitly integrates the needs of the family with those of the child and presents a comprehensive plan that enables the family to meet its goals.

Confidentiality Training

I understand that confidentiality is very important. I also understand that I must be mindful of what is said to, about, and in front of students, parents, teachers, and other individuals. My signature below acknowledges that I have read the information provided about confidentiality and that I understand its importance.

Employee Signature

Date

If you have questions regarding confidentiality please contact Wade Turberville at (256)386-8565.