

LAKWOOD SCHOOL DISTRICT #306

APPLICATION PROCEDURES FOR CERTIFIED SUBSTITUTE TEACHER

Thank you for applying to be a substitute with the Lakewood School District. Our application procedures are as follows:

1. Complete a Certified Substitute Application packet which includes:
 - a) Employment Application – Certified
 - b) Employment Eligibility Verification Form (I9). A copy of your driver's license and social security card is required.
 - c) Applicant Disclosure Statement.
 - d) Applicant Optional Data (Equal Opportunity Employer Form).
 - e) Washington State Sexual Misconduct Disclosure Form. Complete one form for every school district where you have been previously employed.
 - f) Retirement Status Form
 - g) W-4

2. ORIGINAL TEACHING CERTIFICATE must be brought in to the office to be copied.

3. Washington State Law requires that any person hired by a school district must be fingerprinted for a state and a national background check. The cost of this background check is \$55.00 payable to O.S.P.I. in the form of a cashier's check or money order. The cost is to be paid by the applicant.

The district will supply the fingerprint card. After you have had your fingerprints taken, you will need to bring the card, along with the \$55.00 cashier check or money order to the Human Resources Office.

When the fingerprint card has been mailed, your application will be sent to the substitute caller and your name will be added to the substitute list.

4. Substitute employment is contingent upon satisfactory completion of a background investigation, which will include sexual misconduct allegations and convictions.

If you have any questions, please call Debbie Wold at (360) 654-2033 or Dawn Arrington, Human Resources Officer at (360) 652-4501, ext. 1011.

LAKWOOD SCHOOL DISTRICT #306
APPLICATION PACKET
CERTIFIED SUBSTITUTES

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

CITY/STATE/ZIP _____

Lakewood has implemented an automated service to notify substitute teachers when their services are needed in the district. This service is called AESOP (Automated Educational Substitute **OP**erator). This system utilizes both the telephone and the Internet to assist you in locating jobs in the district. You will receive a brochure and a pamphlet on how to access this system. For more information on AESOP please call Debbie Wold at 360-654-2033.

FOR OFFICE USE

Materials on File

Received

- | | |
|---|-------|
| 1. Application | _____ |
| 2. Teaching Certificate | _____ |
| 3. Driver's License/Passport | _____ |
| 4. Social Security Card | _____ |
| 5. W-4 Form | _____ |
| 6. Background Clearance/Fingerprinting | _____ |
| 7. Badge Information | _____ |
| 8. Sub Information Packet | _____ |
| 9. Date added to AESOP (Welcome Letter) | _____ |

EMPLOYMENT APPLICATION – CERTIFICATED

Lakewood School District #306

P.O. Box 220

North Lakewood, WA 98259

www.lwsd.wednet.edu

The Lakewood School District #306 is an Affirmative Action Equal Opportunity Employer. Lakewood School District complies with all federal and state rules and regulations and does not discriminate on the basis of race, creed, color, national origin, gender, age, religion, sexual orientation, marital status, or qualified individuals with disabilities. If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify the Human Resources Officer who will make appropriate arrangements.

Print Last Name _____ First Name _____ Middle Name _____

Present Address _____ Phone _____

Social Security # _____ E-Mail Address _____

EDUCATIONAL TRAINING (beyond high school)

| School/Institution | City/State | Dates From – To | Credits Earned Indicate Qtr./Sem. Hrs | Type of Degree and Major |
|--------------------|------------|--------------------|--|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

CERTIFICATION/LICENSES All applicants must list their certificate and/or license information and attach a copy to this application.

If you do not currently hold a certificate or license, please state the type, endorsements(s) and estimated issue date.

| State | Type | Endorsements | Certificate # | Issue Date | Expiration Date |
|-------|------|--------------|---------------|------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |

WORK EXPERIENCE (These names and phone numbers will also be used as references.) Include military and substitute employment.

List most recent experience first. Include student teaching/practicum and college supervisors only if you are a beginning teacher.

| Dates From-To (month/yr) | Employer or District City and State | Supervisor Name Title/Position and Telephone Number | No. of Years | Full Time | Part Time | Job Title or Subjects/Grades Taught |
|--------------------------------|--|---|--------------------|--------------|--------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| MILITARY | | | | | |
|-----------------|----|-------------------|--------------------|-------------------|--|
| From | To | Branch of Service | Name of Supervisor | Type of Discharge | |
| | | | | | |

EMPLOYMENT PREFERENCES

If you hold (or soon will hold) the appropriate Teaching or ESA Certificate, please check your employment preferences(s). You will be considered for employment only in the grade level(s) indicated below. You must hold a valid certificate with the appropriate endorsement in order to be hired.

- Yes No Do you want to be considered for a job share position?
- Yes No Do you want to be considered for part-time positions?
- Yes No Do you want to be considered for full-time positions?
- Yes No Do you want to be considered for permanent (continuing contract) positions?
- Yes No Do you want to be considered for temporary (non-continuing contract) positions?
- Yes No Are you interested in on-call substituting?

EMPLOYMENT HISTORY (please indicate your responses and attach explanations for any questions, 1-10, for which you have answered YES)

- Yes No 1. Are you presently under contract? If Yes, with whom? _____
What is your present position/title? _____
- Yes No 2. Are you a former employee of the Lakewood School District? _____
If Yes, state name, date, and position _____
- Yes No 3. Have you ever been on a plan of improvement or probation plan?
- Yes No 4. Have you ever been placed on administrative leave pending investigation of allegations of misconduct?
- Yes No 5. Have you ever been the subject of a complaint to the Superintendent of Public Instruction or any other disciplinary board or licensing body?
- Yes No 6. Have you ever resigned or otherwise separated from any employment (inclusive of regular or extra-curricular positions) in order to avoid discharge or non-renewal?
- Yes No 7. Have you ever been discharged or non-renewed from any employment (inclusive of regular or extracurricular positions)?
- Yes No 8. Within the last ten years, have you ever pled guilty, been convicted, fined, imprisoned, or placed on probation for violation of any law, police regulation, or ordinance, excluding minor traffic violations? (Note: a conviction record will not necessarily bar you from employment.)
- Yes No 9. Do you have any arrests for which you are awaiting trial?
If you answer YES to questions 8 or 9, please identify, on a separate attached page, the conviction(s) or arrest(s), the state in which the arrest(s) or conviction(s) took place and any other facts and circumstances that you would like us to consider. (Note: convictions or arrests will not automatically bar employment.)
- Yes No 10. Have you ever had a certificate revoked, suspended, or denied, or have you voluntarily relinquished a teaching certificate to avoid revocation procedures?
- Yes No 11. Can you, after an employment offer is made, submit verification of your right to work in the United States?

SIGNATURE

I authorize Lakewood School District to make any investigation of my personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Lakewood School District with information they have regarding me. I hereby release and discharge the Lakewood School District and those who provide information from any and all liability as a result of furnishing, receiving, or using this information.

In the event of employment, I understand that if I provide false or misleading information, including omissions in my application or interview(s), I will be subject to dismissal at any time during my period of employment with the Lakewood School District. I will provide verification of my certification, education, and experience. I understand also that any offer of employment that may be made to me is conditional and subject to verification of all required endorsements, certifications and/or documents and acceptable outcome of a criminal history background information check. Employment is subject to final approval of the Lakewood School District's Board of Directors. I also agree to abide by all rules and regulations of the Lakewood School District. I certify that answers given herein are true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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) |
|----------------------|-----------------------|

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) | |
| 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): _____ |

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) |
|--|-----------------------|

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 <i>(Form I-766, I-688, I-688A, I-688B)</i> | 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 | 7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i> |
| | 8. Native American tribal document | |
| 9. Driver's license issued by a Canadian government authority | 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)

**LAKWOOD SCHOOL DISTRICT #306
APPLICANT DISCLOSURE STATEMENT**

Pursuant to the requirements of RCW 43.43.834 and Washington Administrative Code 246-320-105, we must ask you to complete the following Disclosure Statement. This information will be kept confidential.

1. Have you ever been convicted of a crime?

_____ Yes _____ No

If “yes”, please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g. King County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding? Civil adjudicative proceeding includes judicial or administrative proceedings as well as finding by DSHS or the Department of Health that you have not administratively challenged or appealed.

_____ Yes _____ No

If “yes” please identify the specific finding(s), which agency or court made it, the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on your receipt of a satisfactory report from the Washington State Patrol.* I have signed this Disclosure Statement on the date shown below at _____, Washington.

Date: _____

Signature: _____

Print Name: _____

*You will be notified of the State Patrol’s response within ten days after we receive the report. We will make a copy of the report available to you upon your request.

LAKWOOD SCHOOL DISTRICT

Applicant Optional Data

Lakewood School District is an Equal Opportunity Employer. In completing the following data you will assist us in monitoring our Equal Employment Opportunity effectiveness. The following information is STRICTLY VOLUNTARY and will not be part of your application for employment. Any information provided will be kept confidential. If you choose not to answer any of these questions, you will not be subject to any adverse treatment.

Name: _____

Date: _____

Position you are applying for: _____

GENDER:

Female

Male

ETHNIC GROUP:

I consider myself to be a member of the following ethnic group:

| | |
|---------------------------|---|
| Asian or Pacific Islander | Chinese, Japanese, Korean, Hawaiian, Samoan, Filipino and Peoples of the Far East and Southeast Asia |
| Black (not Hispanic) | Black or African American descent |
| Hispanic | All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin |
| American Indian | Native American Indian descent, including Canadian and Alaskan natives |
| Multiracial | More than one ethnic group |
| Caucasian | White American |
| Other (Please Specify) | |

DISABLED STATUS:

Do you have a physical, sensory, or mental condition that would affect your working conditions? Yes No
(Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.)

AGE GROUP:

Are you in the protected age group (age 40 or over?) Yes No

VETERAN STATUS:

Check if any of the following are applicable:

- Vietnam-Era Veteran
- More Recent Military Action Veteran
- Disabled Veteran

Lakewood School District is an Equal Opportunity Employer and complies with all federal rules and regulations and does not discriminate on the basis of race, color, national origin, sex, age marital status, or disability. The purpose of this data record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not part of your employment or personnel file.



WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

(District Submits This Form to Previous School District Employer(s))

| | | |
|------------|--------------------------|--|
| To: | SCHOOL DISTRICT EMPLOYER | <input type="checkbox"/> No prior school district employment |
| | PERSONNEL DEPARTMENT | |
| | STREET ADDRESS | |
| | CITY, STATE, ZIP | |

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87 and WAC 180-88. Your assistance is appreciated.

| | |
|--|-----------------|
| APPLICANT'S NAME (FIRST, MIDDLE, LAST) | |
| FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION | |
| SOCIAL SECURITY NUMBER | CERTIFICATE NO. |
| APPROXIMATE DATES OF EMPLOYMENT | |
| POSITION(S) | |

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

Applicant Signature _____ Date

This section to be completed by former school district employer(s) only.

| | |
|--|--|
| <input type="checkbox"/> No sexual misconduct materials were found. | Was a complaint of sexual misconduct filed with OSPI? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information. | |
| <input type="checkbox"/> No record of employment | |

Former Employer Representative Signature _____ Title _____ Date

Employing School Receipt Date _____ Received By _____

Return all completed information to:

| | | |
|--|--------------|-----------------------------------|
| SCHOOL DISTRICT Lakewood School District #306 | | Human Resources |
| ADDRESS P. O. Box 220 | | PHONE (360) 652-4501 ext. 1011 |
| STATE WA | ZIP 98259 | FAX (360) 652-4509 |

State of Washington
Department of Retirement Systems
Retirement Status Form

Employer retains the form.

| *Employee completes this section: | |
|--|---------------|
| Employee Name _____ (Please print) | SSN _____ |
| Retired means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the retiree definition. | |
| Q1. Are you retired from one of the Washington State Retirement Systems? | Yes No |
| Q2. Are you retired or have you ever been a member of the Seattle, Spokane or Tacoma Employees' Retirement System? | Yes No |
| Q3. Are you currently employed by another public employer and contributing to a Washington State Retirement System? | Yes No |
| _____ Signature of employee | _____ Date |

| Employer completes this section: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------|-----------------------------|--------|--------|--------|-------------------------------------|--|--------|--------|-------------------------------------|--------|--------|--------|--|--|--------|--|--|--------|--------|--|---|--------|--------|--|----------------------------|--|--|--|
| <p>Question 1: If the employee answered "yes," and is:</p> <ul style="list-style-type: none"> • Returning to Active Service: The retiree's benefit may be impacted. Don't report until you contact Employer Support Services (ESS). • A Retiree Returning to Work (RRTW): Verify that the employee is a retiree; then report as a RRTW. <p>Question 2: If the employee answered "yes," contact ESS.</p> <p>Question 3: If the employee answered "yes," contact ESS if you need assistance determining the correct system and plan.</p> <p>If the employee answered "no" to all three questions, use Member Reporting Verification (MRV) to verify the employee's past retirement history. Record any prior membership below, then report the employee in the correct system and plan.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Document prior retirement membership using MRV:</p> <p>Has the employee ever been a member of a Washington State Retirement System? Yes No</p> <p>If yes, what system and plan?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Teachers' Retirement System</td> <td style="width: 10%;">Plan 1</td> <td style="width: 10%;">Plan 2</td> <td style="width: 10%;">Plan 3</td> </tr> <tr> <td>School Employees' Retirement System</td> <td></td> <td>Plan 2</td> <td>Plan 3</td> </tr> <tr> <td>Public Employees' Retirement System</td> <td>Plan 1</td> <td>Plan 2</td> <td>Plan 3</td> </tr> <tr> <td>Public Safety Employees' Retirement System</td> <td></td> <td>Plan 2</td> <td></td> </tr> <tr> <td>Law Enforcement Officers' and Fire Fighters' Retirement System</td> <td>Plan 1</td> <td>Plan 2</td> <td></td> </tr> <tr> <td>Washington State Patrol Retirement System</td> <td>Plan 1</td> <td>Plan 2</td> <td></td> </tr> <tr> <td>Judicial Retirement System</td> <td></td> <td></td> <td></td> </tr> </table> | | Teachers' Retirement System | Plan 1 | Plan 2 | Plan 3 | School Employees' Retirement System | | Plan 2 | Plan 3 | Public Employees' Retirement System | Plan 1 | Plan 2 | Plan 3 | Public Safety Employees' Retirement System | | Plan 2 | | Law Enforcement Officers' and Fire Fighters' Retirement System | Plan 1 | Plan 2 | | Washington State Patrol Retirement System | Plan 1 | Plan 2 | | Judicial Retirement System | | | |
| Teachers' Retirement System | Plan 1 | Plan 2 | Plan 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Employees' Retirement System | | Plan 2 | Plan 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Employees' Retirement System | Plan 1 | Plan 2 | Plan 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Safety Employees' Retirement System | | Plan 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Law Enforcement Officers' and Fire Fighters' Retirement System | Plan 1 | Plan 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Washington State Patrol Retirement System | Plan 1 | Plan 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Judicial Retirement System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Is the employee a retiree of a Washington State Retirement System? Yes No</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I have verified the information above using MRV or by contacting a DRS representative.</p> <p>_____ Signature of employer</p> <p>_____ Date</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*RCW 41.50.139 requires employers to solicit in writing the retiree status of all new employees.

Form W-4 (2008)

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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:
 { • 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 \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **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.**
 { • 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 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 (\$25,000 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.

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

| | | |
|--|---|---|
| Form W-4 <small>Department of the Treasury Internal Revenue Service</small> | Employee's Withholding Allowance Certificate ► 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. | <small>OMB No. 1545-0074</small> 2008 |
| 1 Type or print 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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> |
| 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) | 5 _____ | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 \$ _____ | |
| 7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • 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 <small>(Form is not valid unless you sign it.)</small> ► | | 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, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 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. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____
- 2** Enter:

| | | | | | |
|---|--|---|-----------|---|----------|
| { | \$10,900 if married filing jointly or qualifying widow(er) | } | | 2 | \$ _____ |
| | \$ 8,000 if head of household | | | | |
| | \$ 5,450 if single or married filing separately | | | | |
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 4 \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) 5 \$ _____
- 6** Enter an estimate of your 2008 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 \$3,500 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 \$50,000 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 4–9 below to calculate 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 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. 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 - \$4,500 | 0 | \$0 - \$6,500 | 0 | \$0 - \$65,000 | \$530 | \$0 - \$35,000 | \$530 |
| 4,501 - 10,000 | 1 | 6,501 - 12,000 | 1 | 65,001 - 120,000 | 880 | 35,001 - 80,000 | 880 |
| 10,001 - 18,000 | 2 | 12,001 - 20,000 | 2 | 120,001 - 180,000 | 980 | 80,001 - 150,000 | 980 |
| 18,001 - 22,000 | 3 | 20,001 - 27,000 | 3 | 180,001 - 310,000 | 1,160 | 150,001 - 340,000 | 1,160 |
| 22,001 - 27,000 | 4 | 27,001 - 35,000 | 4 | 310,001 and over | 1,230 | 340,001 and over | 1,230 |
| 27,001 - 33,000 | 5 | 35,001 - 50,000 | 5 | | | | |
| 33,001 - 40,000 | 6 | 50,001 - 65,000 | 6 | | | | |
| 40,001 - 50,000 | 7 | 65,001 - 80,000 | 7 | | | | |
| 50,001 - 55,000 | 8 | 80,001 - 95,000 | 8 | | | | |
| 55,001 - 60,000 | 9 | 95,001 - 120,000 | 9 | | | | |
| 60,001 - 65,000 | 10 | 120,001 and over | 10 | | | | |
| 65,001 - 75,000 | 11 | | | | | | |
| 75,001 - 100,000 | 12 | | | | | | |
| 100,001 - 110,000 | 13 | | | | | | |
| 110,001 - 120,000 | 14 | | | | | | |
| 120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

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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.