

**DCPS TUTOR  
DOCUMENT CHECKOFF LIST**

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**FOR STAFF USE ONLY:**

- \_\_\_\_\_ Application
- \_\_\_\_\_ Two Professional References
- \_\_\_\_\_ Ethnicity Form
- \_\_\_\_\_ I-9 Employment Eligibility
- \_\_\_\_\_ Signed Social Security Card (3 copies)
- \_\_\_\_\_ Driver's License or Passport (3 copies)
- \_\_\_\_\_ Fingerprint Form
- \_\_\_\_\_ W-4 Tax Form
- \_\_\_\_\_ Direct Deposit Authorization Form
- \_\_\_\_\_ Florida Retirement Form
- \_\_\_\_\_ Core Beliefs
- \_\_\_\_\_ Drug Free Workplace Policy Form
- \_\_\_\_\_ Nondiscrimination and Harassment Policies Form
- \_\_\_\_\_ SSA-1945 (Social Security Form)

Missing Information:

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Set Up By: \_\_\_\_\_ Date: \_\_\_\_\_

**DCPS TUTOR**  
**DOCUMENTATION REQUIRED FOR SET-UP APPOINTMENT**

**Online Application**

**Copy of Personnel Change Form**

**Signed Social Security Card**

- ✓ Your social security card is needed for payroll, social security and retirement purposes.
- ✓ You will be set up in our system with the name that appears on your social security card.
- ✓ **EVERYTHING MUST BE SIGNED EXACTLY AS YOUR TYPED NAME APPEARS ON YOUR SOCIAL SECURITY CARD.**
- ✓ If you do not have a social security card and/or need a name change, contact the Social Security Administration Office at 1-800-772-1213, [www.socialsecurity.gov](http://www.socialsecurity.gov), or visit 7185 Bonneval Road, Ste. 1, Jacksonville, FL 32256 (1-877-409-8424) or 1685 Dunn Avenue, Jacksonville, FL 32218, (904-751-2169).

**Two Professional References**

Experience: submit a reference from each of your principals for the last two (2) years

No Experience: two (2) references – one must be from your most recent supervisor

**Direct Deposit Information (required)**

- ✓ You must bring a voided check to your set-up appointment. If you do not have a voided check, a letter from your financial institution providing the Bank or Credit Union routing number with your account number, will be acceptable. Temporary checks and deposit slips are not acceptable.

**Employment Eligibility Verification (I-9)**

- ✓ Please bring acceptable identification as outlined on the back of the form. You MUST bring your social security card in addition to your I-9 documentation (see notice of social security number disclosure).

**Fingerprint Information**

- ✓ ALL full-time and part-time new hires and all re-hires with a one day break in service must be fingerprinted during their set up appointment.
- ✓ The fingerprinting fee is \$57.25 and **MUST BE PAID IN ADVANCE** at [www.flprints.com](http://www.flprints.com) or by calling toll free 1-877-357-7456.
- ✓ **NO CASH, CREDIT CARDS, OR PERSONAL CHECKS WILL BE ACCEPTED AT YOUR SET- UP APPOINTMENT.**

**Additional Forms (to be filled out, signed and dated)**

- ✓ Ethnicity Form
- ✓ W-4 Tax Form
- ✓ Florida Retirement System Form
- ✓ Core Beliefs and Commitments Form
- ✓ Drug-free Workplace Form
- ✓ Nondiscrimination and Harassment Policies Form
- ✓ SSA-1945

**Your setup appointment will take approximately 1-2 hours.**  
**Please make arrangements to stay for the entire appointment.**  
**Children are not permitted.**

Duval County Public Schools  
NOTICE OF SOCIAL SECURITY NUMBER DISCLOSURE

Chapter 2007-251 Laws of Florida, requires agencies to notify individuals of the purpose(s) that require the collection of Social Security numbers. Duval County Public Schools collects Social Security numbers (SSNs) for the following purposes:

- The Internal Revenue Service and Social Security Administration require a Social Security number on a Form W-4, that is used to determine how much federal withholding tax is to be collected and Federal Insurance Contribution Act (FICA) tax on wages paid and later reported in a W-2 Wage and Tax Statement.
- The Internal Revenue Service requires a Taxpayer Identification Number on Form W-9 which could be a Social Security or an Employer Identification number that could be used to generate a 1099 Miscellaneous Income Statement based on expenditures processed through accounts payable. Vendors with Social Security numbers are captured in the Vendor Application process.
- The SAP Human Resources/Finance software program requires use of Social Security numbers as the primary personal identification of employees for wages, leaves, payroll deductions, etc.
- Social Security numbers are also used as identifiers for processing fingerprints with the Federal Bureau of Investigation and the Florida Department of Law Enforcement.
- Social Security numbers are required by the Florida Agency for Workforce Innovation to report wages on a quarterly basis to determine unemployment taxes due to the state by Duval County Public Schools.
- Social Security numbers are requested by the National School Lunch Act from parents on the free or reduced price meal application and household verification process as part of determining a family's eligibility for their child(ren) for free or reduced price meals.
- Social Security numbers for employees and dependents are required for enrollment in health insurance, life insurance, and other miscellaneous insurances.
- Social Security numbers are used by the Florida Department of Education as a standardized identification number for the required reporting of yearly certification and training information.
- Social Security numbers are required by the Florida Division of Retirement to report earnings used to document creditable years of service in the Florida Retirement System.
- Social Security numbers are used by the Florida Department of Education as a standardized identification number to track students from year to year and when they move from one school or county to another. Social Security numbers are used for students in grades 10 through 12 as identifiers for colleges and scholarship programs such as Bright Futures. For students in grades Pre-Kindergarten through 12, Social Security numbers are used as identifiers for enrollment and attendance, funding reports (such as FTE), tracking of achievement gains, and standardized testing such as FCAT. Student Social Security numbers are included in all Florida Department of Education required reporting.
- For adult students and approved GED Exit Option students taking the GED exam for graduation purposes, Social Security numbers are used by the Florida Department of Education as a standardized identification number to track students.
- Social Security numbers are used in the Magnet Web application.
- Student Social Security numbers are also used to report to the State Department of Licenses that students have passed the written test and completed the Drinking and Driving course requirement for their Restricted Driver's License.

The Social Security numbers of all current and former employees are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.



Duval County Public Schools

Human Resource Services
1701 Prudential Drive
Jacksonville, FL 32207
www.duvalschools.org
Phone: 904 390-2840
Fax: 904 390-2292

Section I APPLICANT Administrative Non- Instructional Instructional Print or Type. Use blue or black ink.

Last Name First Name MI Prior Name

I authorize you to provide Duval County Public Schools with information regarding my suitability for employment.

Signature of Applicant

Date

Section II Evaluator

Print or Type. Use blue or black ink.

Evaluator Last Name First Name MI I have known the applicant
Present Address and Number
City State Zip Code
I have known the applicant:
Personally
Co-Worker
As an employee
As a Student
Volunteer

Company / School Name (If applicable) Evaluate the applicant by bubbling as many items as your knowledge will justify.
Employment dates or length of time you have known the applicant
From: (month) (year) To: (month) (year)
Position or job title of the applicant when employed
Your title at the time you supervised the applicant:
Would you consider hiring (re-hiring) the applicant? Yes No
Would you approve hiring (re-hiring) the applicant as a substitute teacher? Yes No
Does company policy prohibit re-hiring? Yes No
If former employee, why did the applicant leave your employ?
Provide any additional information on the applicant we may need to know as a prospective employer (use reverse side if necessary).
Your position or title
Do you prefer that we call you? Yes No
Telephone and extension
Signature of Evaluator Date
This reference will not be accepted without a signature.

Ed Pratt-Dannals, Superintendent of Schools

QUALITY EDUCATION FOR ALL
THE KEY TO JACKSONVILLE'S FUTURE



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Evaluator Last Name First Name MI I have known the applicant
Present Address and Number
City State Zip Code
I have known the applicant:
Personally
Co-Worker
As an employee
As a Student
Volunteer

Company / School Name (If applicable) Evaluate the applicant by bubbling as many items as your knowledge will justify.
Employment dates or length of time you have known the applicant
From: (month) (year) To: (month) (year)
Position or job title of the applicant when employed
Your title at the time you supervised the applicant:
Would you consider hiring (re-hiring) the applicant? Yes No
Would you approve hiring (re-hiring) the applicant as a substitute teacher? Yes No
Does company policy prohibit re-hiring? Yes No
If former employee, why did the applicant leave your employ?
Provide any additional information on the applicant we may need to know as a prospective employer (use reverse side if necessary).
Your position or title
Do you prefer that we call you? Yes No
Telephone and extension
Signature of Evaluator Date
This reference will not be accepted without a signature.

Ed Pratt-Dannals, Superintendent of Schools

QUALITY EDUCATION FOR ALL
THE KEY TO JACKSONVILLE'S FUTURE



In order to comply with federal reporting requirements, every school district in Florida is required to report to the Florida Department of Education each employee's race and ethnicity on an annual basis. The Florida Department of Education does not report individual data to the federal government but does report the total number of educational staff in various categories in each school.

The federal government recently changed the reporting categories for race and ethnicity and all staff members are asked to update their information. With the new reporting categories, individuals can identify themselves by ethnic group (either Hispanic/Latino or non Hispanic/Latino) **and** by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). The decision regarding an employee's ethnic or racial designation should be determined solely by the individual. Guidance regarding the categories is provided in the survey.

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

1. Are you Hispanic or Latino? (**Select one from this category**)

\_\_\_\_\_ No, not Hispanic or Latino

\_\_\_\_\_ Yes, Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**AND**

2. What is your race? (**Please choose one or more racial groups**)

\_\_\_\_\_ American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

\_\_\_\_\_ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_\_ Black or African American – A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_\_ White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Ed Pratt-Dannals, Superintendent of Schools**

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

**Form I-9, Employment Eligibility Verification**

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-authorized 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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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 authorized 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)
Duval Co Public Schools, 1701 Prudential Dr, Jacksonville, FL 32207		

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

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

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

**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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	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)**



# Form W-4 (2012)

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

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

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

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

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

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

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

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

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

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

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

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

## Personal Allowances Worksheet (Keep for your records.)

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

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

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

### Deductions and Adjustments Worksheet

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

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

### 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.

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

**Table 1**

**Table 2**

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

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

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

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

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

**DUVAL COUNTY PUBLIC SCHOOLS  
DIRECT DEPOSIT AUTHORIZATION FORM**

PN \_\_\_\_\_ POSITION \_\_\_\_\_ RC# \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE ADDRESS \_\_\_\_\_

CHECK ONE: NEW APPLICATION \_\_\_\_\_ CHANGE \_\_\_\_\_

I hereby authorize Duval County Public Schools and the financial institution listed below to automatically deposit my net pay to:

BANK NAME: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK ROUTING NO. \_\_\_\_\_ BANK TELEPHONE NO. \_\_\_\_\_

BANK ACCOUNT NO. \_\_\_\_\_ CHECK ONLY ONE: \_\_\_\_\_ Checking  
\_\_\_\_\_ Savings

If I am not entitled to funds deposited into my account, I authorize the reversal of these funds. I understand that I will continue to receive a paycheck during the prenotification period and until such time as the Duval County Public Schools can implement this direct deposit authorization. This normally takes two payroll cycles. This authority is to remain in effect until I elect to change my financial institution or until separation of employment with the Duval County Public School System. Duval County Public Schools reserves the right to pay by payroll check in lieu of direct deposit when paying terminal leave or when unforeseen or emergency conditions arise. It is the employee's responsibility to review their pay statement to verify whether payment is by check or direct deposit.

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

**INSTRUCTIONS:**

**FOR CHECKING ACCOUNT DEPOSITS:** Attached a voided check with your imprinted name. The voided check must reflect your name. If you do not have a voided check, a letter from your financial institution providing the Bank or Credit Union routing/transit number with your account number will be acceptable. Temporary checks and deposit slips will not be accepted.

**FOR SAVINGS ACCOUNT DEPOSITS:** A letter from your financial institution providing your account number and the bank routing and transit number.

\_\_\_\_\_  
\_\_\_\_\_

**THIS SPACE PROVIDED FOR VOIDED CHECK**

\_\_\_\_\_  
\_\_\_\_\_

**FOR PAYROLL USE ONLY:**

REC'D BY PAYROLL \_\_\_\_\_ DATE ENTERED \_\_\_\_\_ DATE TO BEGIN \_\_\_\_\_

# Florida Retirement System (FRS) - Certification Form

This form is not an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous FRS Employer \_\_\_\_\_

## PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

II. I was a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

FRS Pension Plan (incl. DROP)     FRS Investment Plan     SUSORP     CCORP     Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details). **My employer may also be liable for repaying any unauthorized benefits I received.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, CCORP, or other plan was \_\_\_\_\_.

**If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.**

**I understand that as a Pension Plan retiree:**

- If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

**I understand that as an Investment Plan retiree:**

- If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### **Retiree Definition**

You are considered retired if:

- You have received any benefits under the FRS Pension Plan (including DROP).
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (CCORP), state government (SMSOAP), or local governments (senior management).

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, CCORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup>There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan members who retire on or after July 1, 2010.

# CORE BELIEFS AND COMMITMENTS

## Affirming Our Beliefs

The Duval County School Board voted to adopt the following Core Beliefs and Commitments at their February 2006 regular meeting. These beliefs were established to solidify their commitment to student achievement. These beliefs will serve as the foundation upon which the Board will rely to guide all policy decisions and actions.

### Core Beliefs

- The academic success of every student in Duval County is the top priority of the Duval County School Board.
- The Duval County School Board believes that our greatest strength as a school district is the racial, gender, ethnic, and socio-economic diversity of our students and community.
- The achievement gap in Duval County can and must be eliminated.
- All DCPS children can be academically prepared to reach their dreams.
- All DCPS children can learn at grade level.
- Every school in Duval County can be a high-performing organization, both academically and operationally.
- High quality teachers, supported with high quality, on-going professional development, must drive our rigorous, intellectually and artistically challenging curriculum.
- Academic and operational resources can and must be adequately distributed throughout all DCPS schools.
- All schools can be safe learning environments where every student and adult is valued and respected.

### Commitments

- The academic success of every student in Duval County will be the top priority of the Duval County School Board.
- The Duval County School Board will develop and celebrate the racial, gender, ethnic, and socio-economic diversity of our students and community.
- The achievement gap will be eliminated in Duval County.
- All DCPS children will be academically prepared to reach their dreams.
- All DCPS children will learn at grade level.
- Every school in Duval County will be a high-performing organization, both academically and operationally.
- High-quality teachers, supported with high-quality, on-going professional development, will drive our rigorous, intellectually and artistically challenging curriculum.
- Academic and operational resources will be adequately distributed throughout all DCPS schools.
- All schools will be safe learning environments where every student and adult is valued and respected.

I, \_\_\_\_\_, (print name) acknowledge my commitment to these Core Beliefs and understand that as an employee of the Duval County Public Schools, I am accountable with all other staff members for the realization of these commitments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **DRUG-FREE WORKPLACE POLICY**

No employee of the Duval County School Board shall unlawfully manufacture, distribute, dispense, or possess or use on/or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance, as defined in schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 13000.15.

**“Workplace is defined to mean the site for the performance of work done on School Board property. That includes any school building or other premises owned by the School Board; any school-owned vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.”**

As a condition of employment by the Duval County School Board, each employee shall self-report within 48 hours to appropriate authorities (as determined by district) any arrests/charges involving the sale and/or possession of a controlled substance. Florida Statutes: Sections 943.0585(4)(c) and 943.059(4)(c).

As a condition of employment by the Duval County School Board, each employee shall abide by the terms of the School Board’s policy respecting a drug-free workplace.

An employee who violated the terms of this policy may be non-renewed or his or her employment may be suspended or terminated, at the discretion of the Board, and in accordance with all School Board rules, collective bargaining agreement, and all local, state and federal law.

**I have read the Drug-Free Workplace Policy for the Duval County Public School Board and understand that as a condition of employment, I must abide by this policy.**

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Print Name

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Signature

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Date

**NONDISCRIMINATION/HARASSMENT POLICIES**

Duval County Public Schools (DCPS) believes that education should be provided in an atmosphere where differences are understood and appreciated, and where all persons are treated fairly and with respect – free from discrimination, harassment and threats of violence or abuse. In addition, intimidation, threats, coercion or retaliation are strictly prohibited against anyone who asserts a right protected by civil rights laws (i.e., files a complaint). Anyone who believes s/he has been intimidated or retaliated against as a result of filing a complaint or being involved in any way with an investigation conducted by the District’s Office of Equity and Inclusion can file a complaint with that office.

DCPS has policies and procedures in place to protect its employees, students and anyone associated with the District from discrimination, harassment, sexual harassment or retaliation. It prohibits discrimination based upon race, color, gender, age, religion, marital status, disability, sexual orientation, political or religious beliefs, national or ethnic origin, veteran status, or any other distinguishing physical or personality characteristics. The full civil rights School Board policies are posted on its website at [www.duvalschools.org](http://www.duvalschools.org) and can be found in CHAPTER 10.0 (Anti-Discrimination and Harassment) of the manual.

**Statement Regarding Non-discrimination and Harassment Policies**

I have read and understand the foregoing information regarding DCPS’ policies regarding discrimination, harassment, sexual harassment and retaliation. I agree to abide by these policies and conduct myself accordingly. I further understand that if, after an investigation conducted by the Office of Equity and Inclusion, or other designated person/office, it is found that I have violated these policies; I may be subject to discipline under DCPS’ Progressive Discipline Policy, including suspension without pay and/or termination.

I further acknowledge and understand that I am required to complete two online courses entitled “Valuing Diversity” and “Preventing Sexual Harassment for Employees.” I understand that both courses are to be completed within three months of my hire date. Failure to comply with this requirement may also subject me to discipline under DCPS’ Progressive Discipline Policy.

---

Name (Printed)

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Signature

---

Date

***You may contact the Office of Equity and Inclusion at 390-2181 if you have any questions or require further clarification about these policies or the types of speech and conduct that may constitute discrimination and/or harassment. Please contact Professional Development at 348-7807 for guidance with regard to accessing the online courses “Valuing Diversity” and “Preventing Sexual Harassment for Employees” which need to be completed within three months of your hire date.***

## **EMPLOYEE COPY - NONDISCRIMINATION/HARASSMENT POLICIES**

Duval County Public Schools (DCPS) believes that education should be provided in an atmosphere where differences are understood and appreciated, and where all persons are treated fairly and with respect – free from discrimination, harassment and threats of violence or abuse. In addition, intimidation, threats, coercion or retaliation are strictly prohibited against anyone who asserts a right protected by civil rights laws (i.e., files a complaint). Anyone who believes s/he has been intimidated or retaliated against as a result of filing a complaint or being involved in any way with an investigation conducted by the District’s Office of Equity and Inclusion can file a complaint with that office.

DCPS has policies and procedures in place to protect its employees, students and anyone associated with the District from discrimination, harassment, sexual harassment or retaliation. It prohibits discrimination based upon race, color, gender, age, religion, marital status, disability, sexual orientation, political or religious beliefs, national or ethnic origin, veteran status, or any other distinguishing physical or personality characteristics. The full civil rights School Board policies are posted on its website at [www.duvalschools.org](http://www.duvalschools.org) and can be found in CHAPTER 10.0 (Anti-Discrimination and Harassment) of the manual.

To access the training:

Access internet and type: [duval.howtomaster.com](http://duval.howtomaster.com) (do NOT include http: or www)

Type in your user name (8 digit EIN), example: 00001234

The password is password

- You must complete the two tutorial modules (Training Guide and Testing Guide) before you can access the trainings.
- After completing the tutorials, click on link: **MY COURSES—LIBRARY-Soft Skills-TRACK-Human Resources** and proceed to **“Valuing Diversity”** and **“Preventing Sexual Harassment”**. There are two versions of the course on sexual harassment. If you supervise other employees, it is recommended that you take the course for managers.
- You can start a course and complete it when time permits (the courses do not have to be completed all at once).
- You can access these courses from any computer (home, mobile, library, etc.).

***You may contact the Office of Equity and Inclusion at 390-2181 if you have any questions or require further clarification about these policies or the types of speech and conduct that may constitute discrimination and/or harassment. Please contact Professional Development at 348-7807 for guidance with regard to accessing the online courses “Valuing Diversity” and “Preventing Sexual Harassment for Employees” which need to be completed within three months of your hire date.***

## Statement Concerning Your Employment in a Job Not Covered by Social Security

**Employee Name**

---

**Employee ID#**

---

**Employer Name**

---

**Employer ID#**

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Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### **Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### **Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security ( $\$500 - \$400 = \$100$ ). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### **For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee**

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**Date**

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