

MALAKOFF ISD APPLICATION FOR SUBSTITUTE TEACHER

*An Equal Opportunity Employer**

Date of application _____				
Personal Data	Name _____ <small style="display: inline-block; width: 200px; text-align: center;">Last</small> <small style="display: inline-block; width: 200px; text-align: center;">First</small> <small style="display: inline-block; width: 100px; text-align: center;">Middle initial</small>			
	Mailing address _____ <small style="display: inline-block; width: 200px; text-align: center;">Street/Box</small> <small style="display: inline-block; width: 100px; text-align: center;">City</small> <small style="display: inline-block; width: 100px; text-align: center;">State</small> <small style="display: inline-block; width: 100px; text-align: center;">ZIP Code</small>			
	E-mail address _____			
	Home phone _____ Cell phone _____ Other phone _____			
	Other name that may appear on records _____ <small>(Used for certification, reference, and criminal history record checks)</small>			
Are you receiving Teacher Retirement System (TRS) retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you employed as a part-time employee by a TRS-covered employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Required to determine if the district will be assessed a monthly surcharge as required by TRS rules.)</small>				
Assignment	Please list the days you are available to substitute and your assignment preferences. Day(s) of week <input type="checkbox"/> Every day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
	Assignment <input type="checkbox"/> Any assignment <input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education Preferred campuses: _____ _____			
Position Data	Credentials included with application: <input type="checkbox"/> Résumé <input type="checkbox"/> All teaching and professional certificates or licenses <input type="checkbox"/> All transcripts showing degrees			
	Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, provide dates of employment _____			
Education/Training	List the highest level of education attained: _____			
	Licenses and certificates granted _____			
	Name and location of schools attended	Course of study and major/minor	Diploma, degree, certificate, or license granted	Year graduated <small>(College only)</small>



MALAKOFF ISD APPLICATION FOR SUBSTITUTE TEACHER

Certification	Certificates or Licenses Currently Held: <input type="checkbox"/> None <input type="checkbox"/> Valid Texas <input type="checkbox"/> Valid Other State _____ <input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____ <input type="checkbox"/> Other: _____			
	Category/Level(s) of Certification: _____			
	Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification): _____ _____ _____			
Teaching Experience	List teaching experience beginning with most recent years. Attach additional sheets if necessary.			
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
	Reason for leaving		Reason for leaving	
	Name and location of school		Name and location of school	
	Type of assignment		Type of assignment	
	Dates taught		Dates taught	
	Principal's name and phone		Principal's name and phone	
Reason for leaving		Reason for leaving		



MALAKOFF ISD APPLICATION FOR SUBSTITUTE TEACHER

Other Work Experience	Provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available.			
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
	Reason for leaving		Reason for leaving	
	Employer name and location		Employer name and location	
	Position/title held		Position/title held	
	Dates employed		Dates employed	
	Supervisor's name and phone		Supervisor's name and phone	
Reason for leaving		Reason for leaving		
References	List references the district can contact regarding your work history.			
	Full name of reference	School district/ firm name	Mailing address	Position/title
				Area code/ phone number



MALAKOFF ISD APPLICATION FOR SUBSTITUTE TEACHER

General Information	<p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____</p> <p>_____</p> <p>_____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p>
Verification	<p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p>I understand that I am required to report any outside employment with a TRS-covered employer to the district and provide a monthly record of hours worked so the district can determine if it will be subject to the monthly surcharge.</p> <p align="center">_____ Signature</p> <p align="right">_____ Date</p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p>

**Applicants for all positions are considered without regard to race, color, sex (including pregnancy), national origin, religion, age, disability, genetic information, veteran or military status, or any other legally protected status. Additionally, the district does not discriminate against an applicant who acts to oppose such discrimination or participates in the investigation of a complaint related to a discriminating employment practice.*

The district Title IX Coordinator is Randy Perry, Superintendent, 1308 FM 3062, Malakoff, TX 75148

MALAKOFF INDEPENDENT SCHOOL DISTRICT

1308 FM 3062 ~ MALAKOFF, TX 75148
(903) 489-1152 PHONE ~ (903) 489-2566 FAX

CRIMINAL HISTORY RECORD INFORMATION ADDENDUM

CONFIDENTIAL - This form will be removed from the application and filed separately.

Malakoff Independent School District is required by state law to review the criminal history of applicants, employees, student teachers and volunteers. The information requested below is necessary to obtain criminal history record information.

Full name (Please print): _____
Last First Full Middle Name

Address: _____

Telephone #: _____

List any and all other name(s) previously used, including maiden name:

Social Security Number: _____ Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Sex: Male Female

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

Hispanic/Latino Not Hispanic/Latino

Part 2. Ethnicity: What is the person's race (Choose one or more)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used solely for the purpose of obtaining criminal history record information. My signature authorizes the release of any and all police/criminal history information to Malakoff Independent School District.

Signature

Date

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> No Matching Records | <input type="checkbox"/> Matching Records |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Approved |

By: _____ Date: _____

MALAKOFF INDEPENDENT SCHOOL DISTRICT

1308 FM 3062 ~MALAKOFF, TX 75754

DPS COMPUTERIZED CRIMINAL HISTORY (CCH) VERIFICATION

I, (printed name) _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and date of birth information I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization (as listed below) conducting the criminal history check is not allowed to discuss any criminal history information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the name and date of birth search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

If I need to be fingerprinted, I have been made aware that in order to complete this process I must have the correct fingerprinting form (*FAST Fingerprint Pass*) from this agency, make an online appointment with Fingerprint Applicant Services of Texas (FAST) at www.identogo.com or by calling 1-888-467-2080, submit a full and complete set of my fingerprints, and pay a fee to the fingerprinting services company.

Signature of Applicant or Employee	<p style="text-align: center;">Please: Check and Initial each Applicable Space</p> <p>CCH Report Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initial</p> <p>Purpose of CCH: _____</p> <p>Date Printed _____ initial</p> <p>Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ initial</p> <p>Destroyed Date: _____ initial</p> <p><input type="checkbox"/> Employment Applicant <input type="checkbox"/> Student Teacher <input type="checkbox"/> Volunteer <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Maintenance/Food Service <input type="checkbox"/> Bus Driver</p> <p style="text-align: center;">Retain in your files</p>
Date	
MALAKOFF ISD	
Agency Name (Please print)	
Agency Representative Name (Please print)	
Signature of Agency Representative	
Date	

This copy must remain on file by your agency. Required for future DPS Audit

PUBLIC ACCESS INFORMATION OPTION FORM

Name _____

Employee number _____

The Texas Public Information Act allows employees, officials, and former employees and officials to elect whether to keep certain information about them confidential. Unless you choose to keep it confidential, the following information about you may be subject to public release if requested under the Texas Public Information Act. Therefore, please indicate whether you wish to allow public release of the following information:

Public Access?

Home Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Email Address	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Home Telephone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Personal Cell Phone Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Social Security Number	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Information that reveals whether you have family members	No <input type="checkbox"/>	Yes <input type="checkbox"/>

This form should be completed and signed by the employee no later than the 14th day after the date the employee begins employment, the public official is elected, or a former employee or official ends employment or service.

Employee Signature _____

Date _____



Malakoff Independent School District

1308 FM 3062 - Malakoff, Texas 75148
Phone (903) 489-1152 - Fax (903) 489-2566

Randy Perry
Superintendent

Sybil Norris
Asst. Superintendent

Memo

To: Substitutes, Retirees, and 90 Day Employees
From: Kim Spencer, Business Mgr.
CC:
Date: April 2, 2014
Re: FICA Alternative

I am very excited to inform you of the participation of Malakoff ISD in the FICA 457 Alternative Plan. A 457 Plan is a pre-tax savings plan that allows you to save money out of your paycheck before taxes are withheld with automatic enrollment. 457 Plan savings can be used in a number of ways.

- Substitutes may withdraw from the plan upon separation from the district or use the savings to purchase Teacher Retirement Credit upon permanent employee status (see guidelines attached).
- Retirees may participate in the plan instead of contributing to FICA. Withdrawal provisions include separation from service at any age (without a 10% tax penalty), retirement, unforeseeable emergency, age 70 ½ (if you are still employed by the school district)
- 90 Day Employees may transfer to Teacher Retirement to buy the 3 months for TRS Service Credit upon completion of contract for one year.

There will be a monthly administration fee of \$1.00 deducted from your savings plan paid to National Benefit Services. Each employee is still subject to Medicare tax. This is a wonderful opportunity for eligible employees to have access to their money instead of contributing to FICA and perhaps being ineligible for future benefits. If you have any questions, please contact me at (903) 489-1317.

FICA Alternative Distribution Guidelines

Substitute Teachers:

Distribution: When an employee separates from service, they must sign the *FICA Alternative Retirement Plan Distribution Form*. When a withdrawal is made, the employee may not participate in the ISD's FICA Alternative program for 12 months from the signed date. Monies are distributed quarterly and the employee will receive a lump sum minus the mandatory IRS withholding after the current quarter closes.

Rollover: When an employee separates from service, they may rollover their FICA Alternative account to a qualified plan as outlined in the *FICA Alternative Retirement Plan Distribution Form*.

Transfer: If an employee is no longer eligible to participate in the FICA Alternative, and they are still employed by the district (i.e., hired for full-time position covered by TRS) the *FICA Alternative Retirement Plan Transfer Form* is used to transfer the account balance from the FICA Alternative account to the employer sponsored 457 Deferred Compensation Plan.

TRS 90-Day Exclusion:

Distribution: If an employee is still employed by the District, and has not made contributions to the plan for 24 months, then the employee may use the *FICA Alternative Retirement Plan Distribution Form* to receive a sum in the same manner as Substitute Teacher Distribution.

Rollover: When an excluded employee has reached the 91st day of employment, they must cease contributions to FICA Alternative and begin contributing to TRS. The amount that is held in the FICA Alternative account is available for rollover into an employer sponsored 457 Deferred Compensation Plan or may be used to purchase TRS credits. The *FICA Alternative Retirement Plan Transfer Form* is to be used for this purpose. As of May 2004 TRS has stated that membership waiting period service credit may be established after the end of the school year in which the waiting period occurred. Members may contact TRS after August 31, 2004, if they are interested in establishing this service credit for that year.

FICA Alternative FAQ: Substitute Teachers

Q: *What is FICA Alternative?*

A: Through the FICA Alternative Plan, you contribute 7.5% of your pay to your plan account on a pre-tax basis. This is roughly the same amount out of your pocket as the 6.2% you pay to Social Security now on an after-tax basis. Instead of the money going to Social Security, 7.5% of your pre-tax pay is deposited in your own personal retirement savings account.

Q: *What happens to the money?*

A: The money in your FICA Alternative Plan account earns interest that's guaranteed. The statement you receive once a year shows you how your money grows. Best of all, when you stop working, the money in your plan account is yours to take with you, after a determined waiting period.

Q: *What's the difference between pre-tax and after-tax?*

A: After-tax refers to those dollars remaining after federal income tax has been deducted from your gross pay. For example, when you pay Social Security, you pay with after-tax dollars. Pre-tax refers to your gross pay dollars before any taxes are deducted. When you contribute to your FICA Alternative Plan, you are contributing pre-tax dollars.

Q: *What is the advantage of contributing pre-tax dollars to my FICA Alternative account?*

A: When your contributions are made with pre-tax dollars, you end up reducing your taxable income by the amount you contribute into your account. Your income tax is figured on your gross pay minus your contribution to your account, so you pay less in income tax.

Q: *Is this legal?*

A: Absolutely! Internal Revenue Service tax codes allow you to make pre-tax contributions to FICA Alternative Plans instead of paying Social Security taxes.

Q: *Why am I allowed to drop Social Security and contribute to FICA Alternative?*

A: Changes in the IRS tax codes allow substitute teachers and employees affected by TRS exclusion to invest in this pre-tax retirement savings program.

Q: *Will I have to pay federal income tax on the money in my account when I receive it?*

A: Yes, unless you roll it over into a similar plan. However, while you have deferred paying income tax, your money has been earning interest. You will not have to pay Social Security tax on the money.



FICA Alternative Retirement Plan
Automatic Enrollment Notification and Change Form

For Part-Time, Temporary and Seasonal Employees (PTS) of: Malakoff ISD

Your employer has automatically enrolled you in their FICA Alternative Retirement Plan ("Plan"). Information contained in your Employer's payroll records will be used for Plan purposes unless you provide different information below and send it to National Benefit Services at the address shown on the reverse side of this form.

To provide for benefits under this Plan, I understand my Employer will deduct from each of my payroll checks beginning immediately, 7.5% of my gross compensation ("Deferred Compensation"). These monies will be placed in a Trust created by my Employer specifically for this purpose ("trust").

My benefits under the Plan are to be determined as if my Deferred Compensation were funded in the following manner: 100% to a Deposit Administration Contract with Life Insurance Company of the Southwest (LSW)

Important items that you should understand about the Plan:

- 1. This Plan has been adopted as an alternative retirement plan to Social Security for part-time, temporary, and seasonal employees.
2. Benefits under this Plan will be provided to you in the form of an account balance consisting of your Deferred Compensation, plus earnings, minus losses or withdrawals.
3. The LSW Deposit Administration Contract listed above will be owned by the Trust and will be used by the Trust to provide benefits under the Plan.
4. If you are married, your beneficiary under the Plan will automatically be your spouse. Otherwise, your beneficiary is automatically your estate.
5. The Plan Document is available for your review. Your rights and those of your beneficiary(ies), and the Employer's obligations under the Plan are set forth in the Plan Document.

You Do Not Have To Complete Anything Below Unless You Want To Change Your Beneficiary Or Other Information

To Make Changes Check One: [] New Enrollment [] Address Change [] Beneficiary Change [] Name Change

1. Participant Information (Always Complete This Section)

Employee Name (Last, First, Middle) [] Male [] Female
Home Address [] City [] State [] Zip []
Social Security No. [] Date of Birth []
Home Phone ([]) [] Work Phone ([]) []

2. Beneficiary Designation (Complete For Change in Beneficiary)

The designation(s) below revoke any prior designation(s) which are in effect for this Plan and will remain in effect until such time as revoked by me in writing. I understand that absent a written designation any benefits that become payable to me will be paid to my lawful spouse or, if none, to my estate. I further understand that nothing in this Agreement shall be construed as providing benefits that are not payable under the Plan, and I hereby affirm my understanding of the items listed under the Salary Deferral Election above.
NOTE: Your Spouse, if you are married, must sign the Spousal Consent on the back of this form if someone other than your Spouse is named as the Primary Beneficiary for the change to be effective.

Primary Beneficiary Name: [] Relationship: []
Home Address [] City [] State [] Zip []
Social Security No. [] Date of Birth []

Beneficiary Designation (Continued)

Contingent Beneficiary Name: _____ Relationship: _____

Home Address _____ City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

3. Name Change

From: _____ To: _____

Reason for Change: Marriage Divorce Other: _____

Signature (Must Complete For Any Item Above)

NOTE: Your Spouse must sign the Spousal Consent below if someone other than your Spouse is named as the Primary Beneficiary.

Participant's Signature: _____ Date: _____

Spousal Consent

I hereby agree to waive my right to receive benefits under this Plan and acknowledge that I willingly consent to the designation of the Beneficiary named on this form.

Spouse Signature: _____ Date: _____

Witness Signature: _____ Date: _____

LSW FLEX 3121 Employee Disclosure

The FICA Alternative Retirement Plan

FLEX 3121 is a Deposit Administration Contract that your Employer has chosen to use as the funding vehicle for a Retirement Plan that offers an alternative to Social Security contributions. This FICA Alternative Plan is only available to qualifying governmental employers. As long as you qualify to remain in this Plan you do not have to pay Social Security (FICA) taxes on your pay from your employer.

You may monitor the growth of your retirement fund instead of having your deductions sent to Social Security. You and/or your employer must contribute a minimum of 7.5% of pre-tax compensation. FLEX 3121 imposes no loads, so all of your contributions earn interest. The interest rate is guaranteed to be at least 1% at all times.

An independent administrator tracks each employee's allocations and handles the Plan's record keeping. You will receive an account statement at least once each year.

FLEX 3121 Distributions

When you qualify to receive benefits under the plan you will generally receive the sum of your contribution plus interest, less an administrative distribution fee. The administrative distribution fee is the lesser of \$10 or the interest credited to your account. A withdrawal charge in accordance with the terms of the Deposit Administration Contract will only be assessed if your employer terminates the plan or the LSW Deposit Administration Contract in the first ten years from the contract's issue date.

Who to Contact

Administration Company
National Benefit Services (NBS)
8523 South Redwood Road
West Jordan, UT 84088
(800) 274-0503

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

Employee Name _____ Employee ID# _____
Employer Name Malakoff ISD Employer ID# 75-6002004

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 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. 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. 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 _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Form W-4 (2018)

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

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.					
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 					
If you meet both conditions, write "Exempt" here <input type="checkbox"/>		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	
Date ▶					



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9. An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write in This Space </div>	

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

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

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

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

Employer Completes Next Page




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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative PEIMS Coordinator	
Last Name of Employer or Authorized Representative Bramblitt	First Name of Employer or Authorized Representative Adelia	Employer's Business or Organization Name Malakoff ISD	
Employer's Business or Organization Address (Street Number and Name) 1308 FM 3062	City or Town Malakoff ISD	State TX	ZIP Code 75148

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

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