

Festus Public Schools

REORGANIZED SCHOOL DISTRICT R-VI

1515 Mid-Meadow Lane Festus, Missouri 63028 Telephone: 636/937-4920 Fax: 636/937-8525

Dr. Link Luttrell
Superintendent

Mr. Nathan Holder
Assistant Superintendent

Dr. Nicki Ruess
Assistant Superintendent

TO ALL SUBSTITUTE APPLICANTS

Attached are the following forms:

- DESE Substitute Certificate Application Procedures
- Substitute Teaching Application
- FBI/Highway Patrol Background Check Procedures
- Tax Forms
- Immigration and Naturalization Form (I-9)
- Authorization for Direct Deposit Form

A minimum of 60 credit hours is required to substitute teach for the Festus R-VI School District. All applicants must first apply online with DESE www.dese.mo.gov for a substitute certificate and set up a profile. If the applicant is not certified, **original** transcripts must be forwarded to DESE by the applicant.

Missouri law requires school districts to perform an FBI background check on "any person employed after January 1, 2005, authorized to have contact with pupils." DESE requires the applicant make an appointment as per instruction on the FBI/Highway Patrol Background Form to submit fingerprints. You will need to check your online profile through DESE Web Applications to see when it clears.

After applying for your substitute certificate online with DESE and beginning the fingerprint/background clearance procedure, you must apply with the Festus R-VI School District. All forms and application should be returned to the Central Office along with copies of transcripts (unofficial are acceptable for the school district) and a copy of the applicant's driver's license and social security card or passport for immigration and naturalization purposes. Copies of these items may be made at the Central Office when the applicant returns the application and forms. Each substitute teacher's name will be submitted to the Board of Education for approval.

Each applicant **must** attend an orientation conducted by the Assistant Superintendent. The one hour orientation is held at the Roy D. Burnside Administration Building. You can call 636-937-4920 or email Lynn Stanley at stanleylynn@festusedu.com to schedule your appointment.

Substitute teachers may only substitute a maximum of 129 hours a month with the exception of long term positions. Substitutes are paid \$90 per day for individuals that hold a valid MO Teacher Certificate and \$85 per day for individuals with a MO Substitute Teacher Certificate. The hourly rate for a paraprofessional substitute is \$11/hour with a 25 minute non-paid lunch. The daily rate will vary depending on the number of hours required.

YOU WILL NOT BE PUT ON THE SUBSTITUTE LIST UNTIL YOU HAVE EVERYTHING COMPLETED: Application, Copy of Sub Certificate/Teaching Certificate, Transcripts (unofficial is acceptable), Background Check, Copies of IDs, Direct Deposit, I-9, W-4, and have attended an orientation meeting.

(Revised 06/14/2019)

DESE SUBSTITUTE CERTIFICATE APPLICATION PROCEDURES

In order to apply for a Missouri Substitute Certificate, you must submit all of the following items:

1. ONLINE SUBSTITUTE CERTIFICATE APPLICATION

- You will first need to create a profile in our certification system. Please follow the instructions outlined in the **Educator Certification System Help Guide** for the Certification System.
- After you have created a profile in our certification system, find the new "applications" in the menu on the left hand side of the screen to see a list of application types.
- Choose "Substitute" from the list to create an online application. Complete and submit the application.
- A processing fee of \$50 is required. The fee will be paid at the time the application is submitted online. Fees may be paid by credit/debit card or by e-check.

2. ORIGINAL COPIES OF ALL TRANSCRIPTS

Original transcripts from ALL institutions you have attended must be mailed to: **Educator Certification, PO Box 480, Jefferson City, MO 65102-0480**. Please be sure to include your Social Security number or Educator ID number on all of the transcripts. Faxed, scanned, emailed, or photocopied transcripts will not be accepted. Transcripts become the property of the department and cannot be returned.

3. FINGERPRINT/BACKGROUND CHECK

A **criminal fingerprint/background clearance** must be obtained before a certificate can be issued.

TO LOG INTO YOUR ONLINE EDUCATOR PROFILE

To access your certification account (online profile) you must first log into DESE Web Applications with a user ID and password, and then choose the Educator Certification System link located on the User Applications page. Your certification account (online profile) provides access to each of the following:

- Apply for a certificate
- Print out a certificate
- View a certificate or pending application
- View assessment scores
- Check for the receipt of transcripts
- Check fingerprint/background status

Please Note: If you have not logged in to your certification account (online profile) in over 12 months, please contact the Office of Data system Management at webappsloginassistance@dese.mo.gov or 573-522-3207.

Festus Public Schools

REORGANIZED SCHOOL DISTRICT R-6

1515 Mid-Meadow Lane Festus, Missouri 63028 Telephone: 636/937-4920 Fax: 636/937-8525

SUBSTITUTE TEACHER APPLICATION FOR EMPLOYMENT

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL ADDRESS: _____

GRADE LEVELS DESIRED _____ DAYS AVAILABLE TO WORK: _____

Are you willing to sub as a paraprofessional (aide)? ☐ YES ☐ NO

Do you have a Teaching Certificate? ☐ YES ☐ NO If Yes, do you receive Retirement Benefits? ☐ YES ☐ NO

Are you currently contributing to PSRS or PEERS for retirement purposes? ☐ YES ☐ NO

EDUCATION and PROFESSIONAL TRAINING:

Name/Location of High School & College	Date of Attendance	Degree of Diploma	Major & Minor Subjects	Sem Hrs in Major & Minor	Sem Hrs in Education	Total Hrs of Credit

PREVIOUS EMPLOYMENT:

Name of Company	Type of Work	Length of Employment	Reason for Leaving

REFERENCES:

Name	Address	Phone	Official Position

I am being considered for employment with the Festus R-6 School District, and do hereby authorize a criminal history check on myself and the release of any information obtained from such to the Festus R-6 School District.

Signature

Date

FBI/Highway Patrol Background Check Procedures

Registration Process and Procedures - Missouri Residents

All applicants must pre-register at the Missouri Automated Criminal History Site (MACHS) www.machs.mo.gov for a fingerprint-based background check. The background check is performed by both the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI). After pre-registration, all Missouri-based applicants must visit one of the IdentoGo® office locations for fingerprinting (see the “Search For Fingerprint Locations Near You” link at www.machs.mo.gov).

A four-digit registration code is required to ensure that the results of the background check are returned to the correct organization for processing. Please see the following charts for the appropriate registration codes.

If You are Already Employed by a Missouri School District or If You Know Which District Will Be Employing You	
Your Occupation	Use this Registration Code
Administrator, Principal, Teacher, Substitute Teacher, Paraprofessional	Festus R-6 Code: 1081
School Counselor, School Psychological Examiner, School Psychologist, Speech Language Pathologist	
Secretary, School Nurse, Custodian, Lunch Room Worker, Volunteer, etc.	
School Bus Driver	

If you are employed by more than one school district, choose only one district's registration code number to initiate your fingerprint-based background check. All Missouri public school districts are able to share fingerprint results with each other (based on district policy). Please note that shared fingerprint results must be less than one year old to be accepted as valid.

If You are NOT Already Employed by a Missouri School District	
Your Occupation	Use this Registration Code*
Administrator, Principal, Teacher	2300
Substitute Teacher	2301
School Counselor, School Psychological Examiner, School Psychologist, Speech Language Pathologist	2300
*The information generated by these codes cannot be accessed by school districts. An additional background check may be required for employment purposes.	

Registration Process and Procedures - Non-Missouri Residents

Applicants located outside the state of Missouri are also required to pre-register (see above) at the MACHS website (www.machs.mo.gov) to initiate their fingerprint-based background checks. After pre-registration, these applicants must mail their completed fingerprint cards to IdentoGo® for processing. For detailed directions, please access the IdentoGo® website at:

https://www.IdentoGo.com/uploads/general/UEP_MO_card_scan_instructions.pdf

If you have any questions about the registration process or fingerprinting procedures outside of Missouri, please contact IdentoGo® customer service at 844-543-9712 or the Missouri State Highway Patrol's Criminal Justice Information Services Division (CJIS) at 573-526-6312.

Internet Access and Fingerprinting Site Locations

Applicants who do not have internet access may contact IdentoGo® at 844-543-9712 to initiate and complete the registration process. Please note: a four-digit registration code (see codes above) is required to initiate and complete the online registration process. All Missouri IdentoGo® fingerprint locations are listed at the MACHS website's "Search for Fingerprint Locations Near You" link (www.machs.mo.gov).

Processing Fees

The processing fee for both Missouri and Non-Missouri residents is \$41.75. Missouri residents will complete payments on site during the fingerprinting process. Non-Missouri residents will complete payments online during the pre-registration process. For additional information about fees, please visit www.machs.mo.gov.

Fingerprint/Background Check Results

Fingerprint/Background check information for educators and substitute teachers will be recorded on their profile page at the Missouri Department of Elementary and Secondary Education (DESE), *Educator Certification System* website. The reported results will be made available to the designated school district, based upon the registration code provided during the pre-registration process.

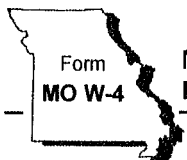
The results for non-certified staff members and bus drivers will not be available on the DESE *Educator Certification System* website and cannot be used for certification purposes. These results will only be available to the designated school district, based upon the registration code provided during the pre-registration process.

Important Notice from the Missouri State Highway Patrol Concerning Your Fingerprint-Based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you are hereby notified that by providing your fingerprints to the Missouri State Highway Patrol or IdentoGo®, the Missouri Fingerprint Services vendor, you agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files.
- Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice should be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or by email at machs@mshp.dps.mo.gov.



Form
MO W-4

Missouri Department of Revenue
Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name		Social Security Number	
	Home Address (Number and Street or Rural Route)		City or Town	State ZIP Code
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household			
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2...			
	3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.			
	4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.			
	<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.			
	<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.			
	<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.			

Signature	Under penalties of perjury, I certify that the information provided on this form is true and accurate.	
	Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)

Employer	Employer's Name		Employer's Address	
	City		State	ZIP Code
	Date Services for Pay First Performed by Employee (MM/DD/YYYY)		Federal Employer I.D. Number	Missouri Tax Identification Number

Notice To Employer:

Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Please visit <http://dss.mo.gov/child-support/employers/new-hire-reporting.htm> for additional information regarding new hire reporting.

Employee Information

Visit our online withholding calculator <https://mytax.mo.gov/rtp/portal/home/withholding-calculator>.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.
- Additional information can be found at <https://dor.mo.gov/business/>.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Form W-4 (2019)

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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional 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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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 2019	
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 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (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)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,400 if you're married filing jointly or qualifying widow(er)
 - \$18,350 if you're head of household
 - \$12,200 if you're single or married filing separately**2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, above **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.



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>
<p>QR Code - Section 1 Do Not Write In This Space</p>

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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR/Payroll	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Festus R-6 School District	
Employer's Business or Organization Address (Street Number and Name) 1515 Mid-Meadow Ln	City or Town Festus	State MO	ZIP Code 63028

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
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	Documents that Establish Employment Authorization
			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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. 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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
10. School record or report card			
11. Clinic, doctor, or hospital record			
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	12. Day-care or nursery school record		

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Festus Public Schools

REORGANIZED SCHOOL DISTRICT R-VI

1515 Mid-Meadow Lane Festus, Missouri 63028 Telephone: 636/937-4920 Fax: 636/937-8525

Dr. Link Luttrell
Superintendent

Mr. Nathan Holder
Assistant Superintendent

Mrs. Nicki Ruess
Director of Student Services

Authorization For Direct Deposit

Step 1: Your Name and Address

Full Name _____
Last First MI
Address _____
Number/Street/Apt. # City State Zip Code
Home Phone Number () - -

Step 2: Primary Bank Account (Attach a voided check for verification)

Depository Bank Name _____
Address _____
Number/Street City State Zip Code
Routing Number (see check sample on reverse) _____
Type: Checking Savings
Account Number (see check sample on reverse) _____

Step 3: Fixed Amount Bank Account (Usage optional) (Attach a voided check for verification)

Depository Bank Name _____
Address _____
Number/Street City State Zip Code
Routing Number (see check sample on reverse) _____
Type: Checking Savings
Account Number (see check sample on reverse) _____

Fixed dollar amount to deposit into this account with each paycheck: \$ _____

I authorize Festus R-6 School District to automatically deposit my paycheck in the bank account(s) listed above. If necessary, Festus R-6 School District may make deductions from my account(s) for any payments credited in error. I understand that the authorization may be rejected or discontinued by Festus R-6 School District at any time. Any changes to the bank account(s) or distribution information must be received by Payroll in writing at least 15 days prior to payday.

Signature _____ Date _____

Instructions

You may deposit and divide your paycheck into a maximum of two (2) bank accounts, as follows:

Primary Account: This account will automatically receive your entire paycheck, less any amount you have directed to be deposited in the *Fixed Amount Account*.

Fixed Amount Account: You may designate a fixed dollar amount to be deposited into this account with each paycheck. This amount will stay the same, even if your paycheck amount changes. Usage of this account is optional.

Example: Suppose your paycheck is \$500 and you usually deposit it in your checking account. You decide that you want to take \$50 out of each paycheck and deposit it into a savings account. For direct deposit, you would indicate that \$50 is to be deposited into the Fixed Amount Account. The remainder, or \$450, would be automatically deposited into the Primary (checking) account.

Sample Check

JOHN M. DOE PH. 573-555-2121 0000 Rogers Street Columbia, Mo 65200		1234
_____		20 _____
Pay to the order of _____		\$ _____
_____		Dollars
FOR _____	VOID _____	
⑆080050009⑆ ⑆888001110⑆ 1234		

ABA/Routing Number (9-digits)

Checking Account Number