New Hire Packet

Administrative & Instructional Employees

1769 East Moody Blvd Bunnell, FL 32110
Telephone (386) 586-2391 or (386) 437-7526 Fax (386) 586-2396
www.flaglerschools.com
# New Employee Data Form

## Flagler County Schools

**Human Resources Department**

**Name:**

| School/Dept: ___________________________ | Job Title: ______________________________ |

| Address: ____________________________________________ |

| City: ___________________ State: ___ Zip: ______ Phone: ________________ |

| Sex: □ M □ F Birthdate: ___________________ Veteran □ |

| Ethnicity: Hispanic/Latino (circle one) Yes No |

| Federal Race: □ Amer Indian/Alaskan Native □ Asian □ Black or African American |

| Native Hawaiian or Other Pacific Islander □ White |

| Local Race: □ Asian/Pacific □ Black/Non Hispanic □ Hispanic □ American Indian □ White/Not Hispanic |

| Marital Status □ Single □ Married □ Divorced □ Widowed □ Legally Separated |

| Does your spouse work for the Flagler County School District? □ Yes □ No |

| If so, what is his or her name? ________________________________ |

| Emergency Contact: ___________________ Number: ________________ |

| Personal Email: ________________________________ |

## Education & Experience (If applicable)

| Type of Degree: □ Associates □ Bachelors □ Masters □ Specialist □ Doctorate |

| Major: ____________________________________________ |

| Total Years of Teaching Experience: _____ |

| # of Years Teaching in Florida Public Schools _____ # Yrs in Florida Non-Public _____ |

| # of Yrs Teaching in Out of State Public Schools _____ |

| # Yrs Out of State Non-Public Schools _____ |

| Do you hold a Florida Teaching Certificate? □ Yes □ No |

| Subject Area(s) of Certification ________________________________ |

| Type of Certificate: □ Professional □ Temporary □ Statement of Eligibility □ Applied |
### Fingerprint Information

<table>
<thead>
<tr>
<th>Name</th>
<th>________________</th>
<th>______________________</th>
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<tbody>
<tr>
<td>Last</td>
<td></td>
<td>First</td>
</tr>
<tr>
<td>Social Security Number: ____ - ____ - _____</td>
<td>US Citizen: □ Yes □ No</td>
<td></td>
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<tr>
<td>Aliases AKA</td>
<td>______________________</td>
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</tr>
<tr>
<td>Date of Birth</td>
<td>______________________</td>
<td>Place of Birth: ________________</td>
</tr>
<tr>
<td>Race:</td>
<td>□ Asian □ Black □ White □ Native American □ Unknown</td>
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<tr>
<td>Sex:</td>
<td>□ Male □ Female</td>
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<td>Hair Color:</td>
<td>________________</td>
<td>Eye Color: ________________</td>
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<td>Height:</td>
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<td>Weight: ________ pounds</td>
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<td>Missing Digits (fingers):</td>
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<tr>
<td>Address:</td>
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<td>Phone Number:</td>
<td>______________________</td>
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</tr>
</tbody>
</table>

Money Order: Bank ______________________ # ______________________
Credit Card Confirmation # ______________________ Date ________ Init _______
Fingerprinted by: ______________________ (Initials)
The cost of the drug screening test is $35.00 and is the responsibility of the applicant/person. Payment is due at the time of the drug screening test and can be paid by, CASH, CHECK, MONEY ORDER or CREDIT CARD

Please bring a list of all your prescription drugs with you at the time of testing; this will assist with the results of your test.

The following applicant/person has been authorized by Flagler County Schools Human Resource Department to receive a Drug Screening Test, by MediQuick Urgent Care.

Date: ___________________________

Applicant/Person Name: ________________________ Social Security: ____________

Job Title: ____________________________ Department: ____________________________

Applicant/Person Signature: _______________________________________________________

This Drug Screening Testing is being performed for the following reason:

☐ Pre-Employment Drug Screening

☐ Post- Employment Drug Screening

☐ Return from Leave of Absence

☐ Random
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 your wages and other income, including income earned by a spouse, during the year.

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

Employee’s Withholding Allowance Certificate

Whether you’re entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
<th>2</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home address (number and street or rural route)</td>
<td>3</td>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
<td></td>
<td>Note: If married filing separately, check “Married, but withheld at higher Single rate.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total number of allowances you’re claiming (from the applicable worksheet on the following pages)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Additional amount, if any, you want withheld from each paycheck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I claim exemption for withholding for 2018, and I certify that I meet both of the following conditions for exemption.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>If you meet both conditions, write “Exempt” here.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

Date

Employee’s Withholding Allowance Certificate

<table>
<thead>
<tr>
<th>8</th>
<th>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.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>First date of employment</td>
</tr>
<tr>
<td>10</td>
<td>Employer identification number (EIN)</td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2018)
your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. 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.

**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, 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/programs/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

**B** Enter "1" if you will file as married filing jointly.

**C** Enter "1" if you will file as head of household.

**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.

**E** Child tax credit. See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child.
- If your total income is from $69,801 to $175,551 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child.
- If your total income will be from $175,551 to $200,000 ($339,001 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-".

**F** Credit for other dependents.
- If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent.
- If your total income will be from $69,801 to $175,551 ($101,401 to $339,000 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 $175,550 ($339,001 if married filing jointly), enter "0-".

**G** Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here.

**H** Add lines A through G and enter the total here.

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 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 $52,000 ($24,000 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.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details. $ __________

2. Enter:
   - $24,000 if you’re married filing jointly or qualifying widow(er) $ __________
   - $18,000 if you’re head of household $ __________
   - $12,000 if you’re single or married filing separately $ __________

3. Subtract line 2 from line 1. If zero or less, enter "0-" $ __________

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) $ __________

5. Add lines 3 and 4 and enter the total $ __________

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest) $ __________

7. Subtract line 6 from line 5. If zero, enter "0-". If less than zero, enter the amount in parentheses $ __________

8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction $ __________

9. Enter the number from the Personal Allowances Worksheet, line H above $ __________

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, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 $ __________
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).

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."

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.

**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.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2018. 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 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

| Table 1 |
|-----------------|-----------------|
| **Married Filing Jointly** | **All Others** |
| **If wages from LOWEST paying job are—** | **Enter on line 2 above** |
| $0 - $5,000 | 0 |
| $5,001 - $9,500 | 1 |
| $9,501 - $19,000 | 2 |
| $19,001 - $26,500 | 3 |
| $26,501 - $37,000 | 4 |
| $37,001 - $43,500 | 5 |
| $43,501 - $55,000 | 6 |
| $55,001 - $60,000 | 7 |
| $60,001 - $70,000 | 8 |
| $70,001 - $75,000 | 9 |
| $75,001 - $85,000 | 10 |
| $85,001 - $95,000 | 11 |
| $95,001 - $130,000 | 12 |
| $130,001 - $150,000 | 13 |
| $150,001 - $160,000 | 14 |
| $160,001 - $170,000 | 15 |
| $170,001 - $180,000 | 16 |
| $180,001 - $190,000 | 17 |
| $190,001 - $200,000 | 18 |
| 200,001 and over | 19 |

| Table 2 |
|-----------------|-----------------|
| **Married Filing Jointly** | **All Others** |
| **If wages from HIGHEST paying job are—** | **Enter on line 7 above** |
| $0 - $24,375 | $420 |
| $24,376 - $82,725 | $900 |
| $82,726 - $170,325 | $1,200 |
| $170,326 - $320,325 | $1,500 |
| $320,326 - $405,325 | $1,650 |
| $405,326 - $605,325 | $1,650 |
| 605,326 and over | 1,540 |

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.
New Teacher Info Sheet

Certification

All certification correspondence should be processed through Kim Hunt, huntk@flaglerschools.com, or Cathy Shopovick, shopovickc@flaglerschools.com, in Human Resources.

When receiving written correspondence directly from the Department of Education (DOE) or certificate, please send one copy to the Human Resources office and another copy to your Principal. Retain the original.

The General Knowledge test(s) needs to be taken and passed in the first year of your temporary certificate.

All temporary certificates will be issued for 3 years but cannot be re-issued. You must complete all requirements prior to June 30 of the last year of your certificates’ validity period for issuance of a Professional certificate.

It is the employee’s responsibility to keep up with all testing and certification requirements.

Leave

When you need to be absent from school you must fill out a Leave Form. Teachers earn one (1) day per month of employment per year with four (4) days credited upon employment and six (6) more earned in subsequent months.

Instructional staff may transfer earned sick leave from another Florida School District to Flagler County. For more information, please contact Dawn Curry at curryd@flaglerschools.com.

Personal Leave Forms must be filled out three (3) days in advance and submitted to the school. Sick Leave Forms may be filled out in advance (appointments) or on the day returning from your illness. Be sure to request a substitute if needed. All absences should be reported to SubFinder either by phone (877-898-2602) or by WebConnect. Questions or problems regarding SubFinder should also be directed to the sub coordinator (386-437-7526 x2119 or 386-517-2067).

There is no limit to the number of sick leave days that can be accumulated. When an employee retires or leaves employment, sick leave is considered as part of the employee’s terminal pay (see contract for percentages and regulation).

Observations and Evaluations

Walk through visits by guests do not constitute an observation. Walk through visits can be done by school administrators at any time. Please see FCEA contract for more detailed explanations. Instructional personnel hired after July 1, 2011 who are new to the profession or new to the district will receive a probationary contract for the first academic year of service. Such teachers are subject under Florida Statute to two (2) performance evaluations within the probationary year. After each assessment, the teacher shall sign and be given a copy of the instrument. Signature does not mean agreement, but rather awareness of the content.
New Teacher Info (Continued)

Insurance

The Board provides, without cost to the employee, long term disability and group term life insurance. See a Benefit Specialist for coverage details.

The Board currently contributes a negotiated amount per month toward the cost of medical insurance for a twelve-month period. According to the current contract, this can increase on an annual basis of up to 5%. The Board also contributes toward vision and dental insurance. Please contact a Benefit Specialist for more details.

Insurance elections must be made online no later than thirty (30) days from the eligibility date. Information can be obtained from Benefits during new hire processing.

Re-appointment

All certificate requirements must be kept current prior to being re-appointed. In addition, all required testing for year one must be completed and passed during the first year of employment. Please note that passing the required tests does not mean guaranteed employment.

Records

All changes of address and phone numbers should be reported to your school and the Human Resources Department in writing. This can be done via email or Name/Address Change Notification Form. Forms are available via the District website under Human Resources.

Official transcripts are required upon employment and in obtaining advanced degree pay.

Human Resources must have a copy of your Social Security Card and Driver’s license. The name on the Social Security Card must match the name on the license.

No employee will receive pay prior to being fingerprinted, passing a drug screening, and being cleared from the Human Resource Department. All employment is conditional upon the satisfactory completion of the criminal and background check. A likely result of failing to fully disclose or provide complete background information on the application is grounds for immediate termination of employment.

It is the responsibility of the individual teacher to provide all information needed to confirm years of experience for pay. Human Resources cannot give credit for experience until these forms are received in the Human Resources Department. If the forms are not received, the teacher will start at Step 0 (zero), but will receive all pay retroactively once experience is confirmed within 90 days of employment.

Advanced Degree Pay is a supplement and is granted when an official transcript is received by the Certification Specialist.

All employees hired after July 1, 2011 to the Instructional Staff are annual employees. The State of Florida does not offer Professional Service Contract.

____________________________  ______________________
Employee signature            Date

This document will be maintained in the employee’s personnel file.
Florida Retirement System (FRS) - Certification Form

Name ____________________________ SSN (last 4 digits) ____________________________

Agency Name ____________________________

Previous or Current FRS Employer ____________________________

Complete Section I if you have never been a member of a State of Florida administered retirement plan. Complete Section II if you are a current or previous member AND Section III if not retired OR Section IV if retired.

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

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)  
☐ FRS Pension Plan (incl. DROP) ☐ FRS Investment Plan ☐ State University System Optional Retirement Program (SUSORP)  
☐ State Community College System Optional Retirement Program (SCCSSORP) ☐ Senior Management Service Optional Annuity Program (SMSOAP)  
☐ Other ____________________________

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

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

Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SCCSSORP, and SMSOAP are eligible for renewed membership in the Investment Plan, SUSORP, or SCCSSORP.

I understand that as a Pension Plan retiree:

a. If I am employed by an FRS-covered employer in any type of position during the first 6 calendar months after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received must be repaid, and I must reapply for retirement in order to receive future benefits.

b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended and any unauthorized benefits received must be repaid. My employer may also be liable for repaying any unauthorized benefits I received.

I understand that as an Investment Plan, SUSORP, SCCSSORP, or SMSOAP retiree:

a. If I am employed by an FRS-covered employer in any type of position during the first 6 calendar months after I retired, I must repay any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.

b. If I am reemployed by an FRS-covered employer at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.

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

Positions include OPS, temporary, seasonal, substitute teachers, adjunct professors, part-time, full-time, regularly established, etc.

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

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

CERT Revised 08/2017  EMPLOYERS: RETAIN THIS FORM IN THE EMPLOYEE'S PERSONNEL FILE. DO NOT SEND THIS FORM TO THE FRS, UNLESS REQUESTED.
Flagler County Schools  
Human Resources Department  
Deposit Authorization

I (we) hereby authorize the Flagler County District School Board, herein after called COMPANY, to initiate credit entries and/or correction entries to our:

☐ Checking  ☐ Savings  OR  ☐ District Pay Card

account indicated below at the depository, herein called DEPOSITORY, to credit the same such account.

Name:__________________________________________________________

Social Security #______________________________________________

Address:_______________________________________________________

City:__________________________________________________________

State:______________________________  ZIP CODE:____________________

FOR DISTRICT PAY CARD ONLY

Phone:___________________________  Date of Birth:____________________

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Signature:_________________________  Date:__________________________

Signature:_________________________  Date:__________________________

CHECKING / SAVINGS
A VOIED CHECK OR LETTER FROM BANK MUST BE ATTACHED
LOYALTY OATH

STATE OF FLORIDA
COUNTY OF FLAGLER

I, _________________________________, being employed by or as an officer of the
Flagler County School District and a recipient of public funds as such employee or officer, do
hereby solemnly swear or affirm that I will support the Constitution of the United States and
the State of Florida.

_______________________________________
(Signature of Applicant)

State of Florida, County of ___________________________. Sworn and subscribed before me this
___ day of __________________, 20____, by ___________________________
who is personally known to me or who has produced as identification
______________________________.

______________________________
Signature of Notary Public

______________________________
Typed, Printed or Stamped Notary

______________________________
My Commission Expires
Number

______________________________
Notary Public Commission
I do hereby certify that I have received and read the following:

- Alcohol & Drug-Free Workplace Policy
- Sexual Harassment Policy
- FCSD Electronic Systems Use Agreement
- Rapid Pay Card Reference Guide & Fee Schedule
- Employee Access Instructions
- Family Medical Leave Fact Sheet

_______________________________
Printed Employee Name

_______________________________
Employee Signature

_______________________________
Date
Worker’s Compensation Acknowledgement Form

This will acknowledge that I have been provided the Employee Information Packet regarding worker’s compensation for the Flagler County School District.

This Employee Information contains the following topics:

- What medical care am I entitled to?
- How does the process work?
- How will I benefit from it?
- What is the medical referral process?
- What is the procedure for changing a provider?
- How can I express any concerns regarding my treatment?
- What if I require emergency care?

I understand that if I have any questions or do not understand any part of the enclosed material, I may contact the Risk Management office for assistance.

___________________________
Printed Employee Name

___________________________    ____________
Signature of Employee                       Date
Agreement of Understanding

INSTRUCTIONAL NEW HIRE EVALUATIONS & PERFORMANCE PAY PROCEDURES

Instructional personnel who are new to the profession or new to the district are subject, under Florida Statute, to two (2) performance evaluations within their first full year of employment. The first evaluation is to be completed within 90 days of employment.

New to the District:
2 informal observations
☐ Shall include components from Domains 2 & 3
☐ Pre-conference if either party requested
☐ Feedback provided to the teacher within 3 workdays
☐ Post conference if deficiencies are noted
2 formal observations
☐ Pre-conference prior to both
☐ Domains 1, 2, 3 & 4 in their entirety
☐ Post conference
Summative Evaluation

New instructional personnel hired late in a school year, where time allows for only 1 evaluation to be completed before the end of that school year, will not be eligible for Performance Pay based on the current school year. The second evaluation of New Hires (falling within the first full year of employment) is to be completed the Fall of the following school year with a summative evaluation completed at the end of that school year to which the VAM/SPi/IPLP scores are added for a Final DOE Code submission and subject to Performance Pay, Grant eligibility, etc., if applicable.

I, ____________________________, have read and understand Flagler County Public Schools Evaluation and Performance Pay procedures.

Please Print Full Name

Signature ____________________________ Date ____________________________

An Equal Opportunity Employer
Please provide the following information so that we can set you up in ERO (Electronic Register Online). ERO allows you to register for workshops and receive points (credits) toward your recertification. We will send your User ID and PIN via email.

Full Name_____________________________________________________________

Address______________________________________________________________

Phone______________________________________________________________

DOB_______________________________________________________________

SS #_______________________________________________________________

Email______________________________________________________________

School/Position________________________________________________________

DOE Certificate #_____________________________________________________

Certification Area_____________________________________________________

Date issued_________________________Expiration_________________________
Flagler County Public Schools Electronic Systems Use Agreement

Please read this document carefully before signing.

GOAL

The Flagler County School District believes the Internet and other electronic systems offer vast, diverse, and unique resources to both students and staff. Our goal in providing these services is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication.

The utilization of computer technology by employees and students is an integral part of the educational programs and administration of the School District. It is the policy of the School Board of Flagler County to strongly encourage and support the use of technology by students and staff. The School Board recognizes that keeping pace with computer technology is vital for the success and preparation of our students in the future. Keeping pace with technology is also necessary for the efficient operation of the School District. It is the intent of the School Board to provide meaningful opportunities for students to learn and benefit from advances in computer technology and information resources. In addition, it is the intent of the School Board to support staff with training and equipment to maximize instruction and administrative efficiency.

With access to a global network also comes the potential availability of material that may be inappropriate for a school setting. The Flagler County School District, in accordance with its policies and procedures, will take reasonable precautions to ensure the appropriate use of its network by staff, students, and visitors to the district. However, it is not technically possible to control all materials and users may encounter inappropriate information either by accident or through intentional misuse of the system. The Flagler County School District believes the educational value of information and interaction through electronic systems outweighs the risk of inappropriate use. The Use Agreement below outlines terms and conditions of system use that must be followed by students, staff, and visitors to the district. Staff and students must complete and return this agreement prior to accessing any network connected systems. For students under the age of 18, a parent or guardian’s signature is also required.

refs. Board Policy 321
ACCEPTABLE USE

Electronic resources provided by the Flagler County School District are to be used in a manner consistent with the district’s educational mission and goals. Students and staff are encouraged to use the systems in support of research, instruction, collaboration, and other forms of academic work. Use of these resources is governed by federal, state, and local regulations. Use of the district’s electronic resources in an illegal or unethical manner may result in disciplinary action, including loss of privileges to use the system, school or district sanctions, and referral to appropriate law enforcement authorities. The following guidelines illustrate the types of things that users should and should not do with electronic systems.

Personal Security

Personal information such as complete names, addresses, telephone numbers and identifiable photos should remain confidential when communicating on the system. Students should never reveal such information without permission from their teacher and parent or guardian. No user may disclose, use, or disseminate personal identification information regarding minors without authorization. Students should notify their teacher or other adult whenever they come across information or messages they deem dangerous or inappropriate on the web or when using electronic mail, chat rooms, instant messaging or any other form of electronic communication.

System Security

1. System logins or accounts are to be used only by the authorized owner of the account for the authorized purpose. Users may not share their account number or password with another person or leave an open file or session unattended or unsupervised. Account owners are ultimately responsible for all activity under their account.

2. Users shall not seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users; misrepresent other users on the system; or attempt to gain unauthorized access to any entity on the K-12 Network.

3. Communications may not be encrypted so as to avoid security review.

4. Users should change passwords regularly and avoid easily guessed passwords.

5. No use of the system shall serve to disrupt the operation of the system by others. System components including hardware or software shall not be destroyed, modified, or abused in any way. Malicious use of the system to develop programs or institute practices that harass other users or gain unauthorized access to any entity on the system and/or damage the components of an entity on the network is prohibited.
Appropriate Content and Behavior

1. The unauthorized installation, use, storage, or distribution of copyrighted software or materials on district computers is prohibited. All users of the network shall comply with current copyright laws.

2. The system constitutes public facilities and may not be used to support or oppose political candidates or ballot measures.

3. Users are responsible for the appropriateness of the material they transmit over the system. Hate mail, harassment, discriminatory remarks, or other antisocial behaviors are expressly prohibited.

4. Use of the system to access, store, or distribute obscene or pornographic material is prohibited.

Filtering and Monitoring

1. In accordance with federal, state, and local regulations, filtering software is used to control access to the Internet. This blocks or filters visual depictions that are obscene and other content that is harmful to minors. Parents are advised, however, that filtering technology is imperfect, and that the possibility exists of obtaining access to prohibited materials. Educational staff will, to the best of their ability, monitor students’ use of the Internet, and will take reasonable measures to prevent access to inappropriate materials.

2. From time to time the district will make a determination on whether specific uses of the network are consistent with the regulations stated above. For security and administrative purposes the district reserves the right for authorized personnel to review network use and content. The district reserves the right to remove and individual’s network access privileges to prevent further unauthorized activity.
COMPUTER TECHNOLOGY ACCEPTABLE USE POLICY

The utilization of computer technology by employees and students is an integral part of the educational programs and administration of the School District. It is the policy of the School Board of Flagler County to strongly encourage and support the use of technology by students and staff. The School Board recognizes that keeping pace with computer technology is vital for the success and preparation of our students in the future. Keeping pace with technology is also necessary for the efficient operation of the School District. It is the intent of the School Board to provide meaningful opportunities for students to learn and benefit from advances in computer technology and information resources. In addition, it is the intent of the School Board to support staff with training and equipment to maximize instruction and administrative efficiency.

The responsible use of such equipment is of utmost importance; therefore, the following rules have been adopted as to the use of computer technology by employees and students.

(1) Computer technology is defined as computers, computer networks, computer software and hardware and programming, data files, e-mail, computer telecommunications, Internet services and all equipment related to computer systems.

(2) The use of computer technology may be revoked or be the subject of student discipline, or employee reprimand/termination, if abused. Abusive use of School District computer technology would include:

(a) Employee use of School District computer technology for private commercial business or personal financial gain. Computer technology provided by the School District is to be used for School District purposes. Employees should not have any expectation of privacy in computer files, data, disks or e-mail that are used by the employee.

(b) Student use of computer technology for purposes unrelated to the educational purposes of the School District. Students are to use technology for educational purposes. Students should not have any expectation of privacy in computer files, data, disks or e-mail used by the student.

(c) The placing of unlawful information, data files or programs on the computers or networks.

(d) The use or downloading of obscene, abusive or otherwise objectionable language or graphics.

(e) Unauthorized use of intellectual property belonging to others, including programs and/or data files.

(f) Theft and/or destruction of computer software, hardware and related equipment, data files and intellectual property maintained by the School District and others.

(g) Attempts to violate the security of any network system.

(h) Deliberate actions which deny access to, disruption of, or destruction of service of any network system or computer.
(i) Deliberate unauthorized installation of personal computer software on the computers and the computer networks, including but not limited to: games, viruses, programs and applications software. Individual authorization may be obtained from the principal or his designee.

(j) Violating the conditions of the Florida and Federal Education Codes dealing with the student's rights to privacy.

(k) Use of computers, computer networks, and related equipment to create a forgery or to commit any crime.
POLICY # 321 (continued)

(3) All use of computer telecommunications services and networks shall be consistent with the mission, goals, policies and priorities of the School District. Successful participation in a network or telecommunications requires that students and employees regard it as a shared resource and that they conduct themselves in a responsible, ethical and legal manner while using the systems.

(a) The School District computer telecommunications and network accounts shall be used only by the authorized users of the accounts for the purposes specified. Authorized users shall be ultimately responsible for all activity under their account and password.

(b) Student use of the computer telecommunications services for accessing the Internet shall be supervised and shall require prior written approval from parents/guardians and a signature by the student acknowledging that he or she understands the proper usage of these systems, has read the School Board's Computer Technology Acceptable Use Policy, and understands the consequences of improper usage.

(c) The Superintendent or designee shall be responsible for authorizing use of the computer telecommunications and networking services in accordance with this policy.

(d) Each school or site administrator shall designate a "network administrator" who shall be responsible for maintaining the security of the school network, school Internet access, distributing access forms, authorizing access, maintaining the network and network software, and related documentation. The "network administrator" shall have the authority to deny or terminate access to the school network or e-mail system to any student or employee who knowingly violates the standards of conduct for network usage as set forth herein. Such terminations or denials shall be referred to the school principal or site administrator, or his or her supervisor, should the school principal or the site administrator be the violator, for final determination.

Statutory Authority 230.22(2), F.S.

Laws Implemented: 230.23, F.S.
SCHOOL DISTRICT OF FLAGLER COUNTY

Acceptable Use Signature Page for Faculty/Staff

All staff are governed by the Flagler County Acceptable Use Policy and the Technology Guidelines & Internet Access Policy. By accessing the network, staff are agreeing to abide by the guidelines therein. Violations to these policies can result in the termination of Network and Internet access.

I have read and understand the Flagler County School computer Technology Acceptable Use Policy and the Technology Guidelines & Internet Access Policy and agree to abide by the guidelines therein. I understand that if I violate the terms and conditions of the Acceptable Use Policy and the Technology Guidelines that my Internet access and Network access can be terminated and all future access denied. I understand that further disciplinary action may be taken in accordance with the policies provided in the Acceptable Use Policy #317. I understand that Internet Access is filtered in accordance with School Board policies.

Name (Print): First __________________________ M.I. _____ Last Name __________________________

Location: __________________________

Signature: __________________________  Date: __________________________
TO: NEW INSTRUCTIONAL PERSONNEL
FROM: HUMAN RESOURCES
SUBJECT: VERIFICATION OF SATISFACTORY TEACHING EXPERIENCE

Previous satisfactory teaching experience must be verified on the attached verification form to be placed at the appropriate salary level.

Article XIX (C) of the FCEA contract states: “All teachers new to Flagler County Schools shall receive credit on the Flagler County School District’s salary schedule for all previous teaching experience in Florida and be placed at the same step on the salary schedule as other Flagler County teachers with the same number of years of experience. Teachers from out of state or from non-public schools as long as the experience was at a school accredited by a recognized national or regional accrediting association and the teacher was required to have and did, in fact, hold a state-issued professional teaching credential during the period of that non-public school experience, will receive their years of experience up to ten years, and be placed at the step on the salary schedule of other teachers with the same years of experience. If the years of experience are in and out of state, the teacher can receive either all of their years of experience in state or their out of state years up to ten years, effective upon ratification of the 2013-2016 Florida County Educators’ Association Contract. This language shall not apply to the class of teachers that the School Board has identified as the “critical teacher shortage area,” for the 2011-2012 school year and thereafter.

New employees beginning July 1, 2014 receiving retirement in state or out of state will receive the salary equivalent to that of the beginning step on the grandfathered salary schedule.”

It is the responsibility of the teacher to provide, on the form furnished by the district, complete verification of all full-time, satisfactory teaching experience earned outside of the Flagler County School District.

The top portion of each form should be completed by you with your full name and social security number. Please have the school district where you taught complete this form in all areas. You may wish to use the attached request form letter for your previous school district’s use. The form should be returned to Flagler County School District, Human Resources Department, 1769 East Moody Blvd, Bunnell, FL 32110.

At your time of hire you will be placed on the appropriate step of the salary schedule, based on completed verification forms received in the Human Resources Department. You must have all verifications in to the Human Resources Department no later than 90 days from employment.

Should you have any questions, please contact your Human Resource Office for assistance 386-586-2391. Thank you for your cooperation.
TO: ______________________________________

NAME: ________________________ SOCIAL SECURITY NUMBER: ______________________

FOR: COMPUTING AND VERIFYING TEACHING EXPERIENCE FOR SALARY PURPOSES

The above named person has been appointed to a position in this school system. Since additional salary may be paid for creditable years of experience, will you please list the number of hours taught per day. Do not list substitute teaching experience.

PLEASE USE A SEPARATE LINE FOR EACH YEAR AND COMPLETE ALL COLUMNS.

<table>
<thead>
<tr>
<th>Term of Service</th>
<th>Hours Per Day - If Part-time</th>
<th>Number of Days in School Yr.</th>
<th>Number of Months in School Yr.</th>
<th>Number of Days Worked Per Year</th>
<th>Public or Private***</th>
<th>Name &amp; Address of School</th>
</tr>
</thead>
</table>

***FOR FLORIDA SCHOOL DISTRICTS***

I certify that according to our records

This will certify that ____________________________ County, Florida

held a signed continuing contract or professional service contract in _____________

OR

This will certify that ____________________________ County, Florida

did not hold a continuing contract or professional service contract in _____________

First Name Middle Maiden Last Name

was employed in the schools of

District/County

_________________________ in the position of

_________________________ City

_________________________, as stated herein

**If Private school experience is being requested was the school accredited? Yes _____ No _____

Dates of accreditation ______________________ Accreditting Agency: ______________________

Was this teacher required to have a State Teaching Certificate for the position experience was gained in? Yes _____ No _____

_________________________ ______________________ ______________________

Signature of School Official Typed/Printed Name and Title Date

Phone Number
Flagler County Schools  
Human Resources Department  
Pay Selection Form

Please indicate your preference for paycheck distribution by marking one of the boxes below:

******THIS FORM MUST BE RETURNED TO PERSONNEL BEFORE YOUR FIRST PAY CHECK OR YOU WILL NOT GET PAID

<table>
<thead>
<tr>
<th>Pay Selection</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Paychecks</td>
<td>(22 equal payments paid on the 15th &amp; 30th of every month)</td>
</tr>
<tr>
<td>Note: If your contract is 201 days or more, you are NOT eligible to select this option.</td>
<td></td>
</tr>
<tr>
<td>24 Paychecks</td>
<td>(26 equal payments paid on the 15th &amp; 30th of each month)</td>
</tr>
<tr>
<td>Receives summer checks</td>
<td></td>
</tr>
</tbody>
</table>

__________________________________________  ______________________________________
Signature of Employee                          Date

_____________________________________________
Name of Employee (printed)

______________________________  ______________________
Last 4 digits of SSN                                Name of School or Department

Personal email address not related to employer:________________________________________

__________________________________________  ______________________________________
____ Chris Wilkins                              ____ Kim Hunt