

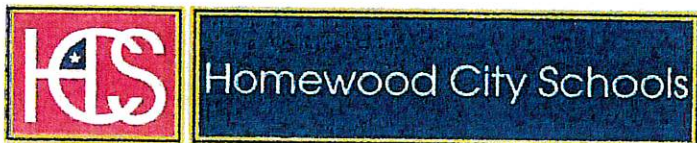
2025

CONTRACTED

NEW HIRE

APPLICATION

PACKET



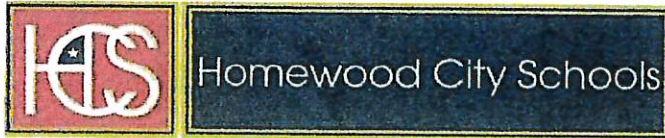
OFFICE OF THE SUPERINTENDENT
450 Dale Avenue • Homewood, AL 35209
Phone: 205-870-4203 • Fax: 205-877-4544
www.homewood.k12.al.us

Forms

to be returned

prior

to first day
of employment



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The attached packet contains the following information:

- *Data Governance and Confidentiality information
- * Homewood Board of Education Drug-Free Workplace Policies and Regulations

FORMS to be completed, signed and returned

1. Form I-9 – along with a copy of your Driver's License and Social Security Card
2. Alabama Department of Labor
3. Acknowledgement of Receipt – Drug-Free Workplace Act of 1988
4. Letter of Understanding Concerning Employment
5. Electronic Forms Consent
6. Direct Deposit Authorization – attach a voided check, memo from bank, or savings account deposit slip
7. W4 & A4 Forms
8. Kronos Timekeeping Form (*where applicable*)

Please call Mrs. La Vonda Primus with any questions and to schedule a convenient time to bring your paperwork in and discuss any questions you may have – (205) 870-4203.

NOTE: *ALL paperwork should be turned in PRIOR to your first day of employment.*

DATA GOVERNANCE: SCHOOL CONFIDENTIALITY

Annual Reminders for Homewood City School Employees and Contracted Workers

Data Governance refers to an organization's approach to information management that is formalized as a set of policies and procedures that encompass the full life cycle of data – from acquisition, to use, to disposal. Anytime we email, speak, post, text, or communicate in any way about information to which we have access for professional purposes, we are using data. Each of us has the responsibility to maintain the accuracy and security of the data to which we have access.

What is meant by data?

Data is simply information and can typically be classified in one of the following categories:

1. Personable Identifiable Information (PII) – name, birthdate, social security number, e.g.
2. Confidential Information – sensitive but not classified as PII, but is otherwise private
3. Internal Information – intended for unrestricted use within the school district
4. Public Information – approved/released for public access via website, district social media, publications, local news, etc.

PII and Confidential Information should only be shared for professional purposes with those having a legitimate **NEED TO KNOW**.

What is confidentiality?

- Protecting information communicated in confidence
- Keeping private information with which you are entrusted in your work
- Keeping private things you learn about students, families, or co-workers during the course of your work unless disclosure is required by

Who protects confidentiality?

- | | | |
|---------------------------|--|-------------------------------------|
| • Administrators | • Instructional Aides | • Secretaries |
| • Bus Drivers | • Maintenance Staff | • Substitutes |
| • Child Nutrition Workers | • Nurses | • Teachers/Media Specialists |
| • Contracted Workers | • School Counselors/Social Workers/Intervention Counselors | • Volunteers and Student Assistants |
| • Custodians | | |
| • Extended Day Workers | | |

Best Practices

- Each employee demonstrates positive behaviors which are conducive to mutual respect among students and staff
- Maintain the dignity and self-respect of each student (e.g. not naming other students verbally/in writing)
- Communicate effectively and professionally (formally and informally) with parents in writing, electronically, and orally.
- Records/Information (testing data, grades, discipline, IEP, HSSP, educational placements, residential placements, physical or mental health diagnoses, etc.) should be available only to those who demonstrate a **NEED TO KNOW**
- Information is used only for the purpose for which it is obtained
- Only necessary and relevant information is obtained
- Err in the direction of saying too little than saying too much
- Never promise
- Obtain signed Releases of Information (ROI) before releasing any data, including medical data

Guidelines

- Personal information is not yours to pass on to anyone else unless the person gives you permission to do so. No one can be an effective member of the education profession if he/she cannot be trusted with personal information.
- People are most vulnerable to breaking confidences with family members and friends. Activities can be shared, but personal content cannot. (Note that some activities are so unique that personal information can be conveyed without outright exposure)
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. Educational records can exist in any medium including the following: handwritten, typed, computer-generated, videotape, audiotape, film, e-mail, etc. However, the Family Educational Rights and Privacy Act (FERPA) allows schools to disclose those records, without consent, To the following parties or under the following conditions: school officials with legitimate educational interest; Other schools to which a student is transferring; specified officials for audit or evaluation purposes; appropriate parties in connection with financial aid to a student; organizations conducting certain studies for or on behalf of the school; accrediting organizations; appropriate officials in cases of health and safety emergencies; state and local authorities within a juvenile justice system, pursuant to specific State law; and to comply with a judicial order or lawfully issued subpoena.
- The public posting of grades either by the student's name, student number, or a social security number without the student's written permission is a violation of FERPA.
- Notification of grades via e-mail is in violation of FERPA. There is no guarantee of confidentiality on the Internet.
- The child's IEP must be accessible to each general education teacher, special education teacher, related service provider, and other service provider who is responsible for implementing the IEP.
- All copies or partial copies of the IEP file should be returned to the student's case manager at the end of the school year.
- Develop and communicate a school policy for accessing student records and keeping track of who has had access, dates accessed, and approved areas as to where records may be viewed.

Who has a right to know?

- Parents
- Parents determine which teachers have the **NEED TO KNOW**
- Teachers only have the **NEED TO KNOW** if the information will impact education/instruction
- Wanting to know for convenience does not constitute a **NEED TO KNOW**

Consequences of Breaches of Privacy

- By disclosing a student's medical problems other than on a **NEED TO KNOW** basis as determined by the Superintendent, Principal, or Medical Consultant, the risk is taken of being sued for violating the legal rights of the student and the student's family.
- If teachers, bus drivers, staff members, contracted workers, etc.; divulge confidential information to others (orally or in writing),m they do so at a significant risk to themselves. Failure to follow guide lines can result in legal liability to the individual – as well as to the school system.

When must confidential be broken?

- The person is of danger to himself/herself or to others
- The person is being harmed by someone else
- Major school violation
- Remember – **"SAFETY TRUMPS CONFIDENTIALITY"**
- When in doubt, consult with Administration

**HOMEWOOD BOARD OF EDUCATION
DRUG FREE WORKPLACE REGULATIONS
AN INFORMATIONAL BROCHURE**

FEDERAL LAW, BOARD OF EDUCATION POLICY DEMAND A DRUG-FREE WORKPLACE

This brochure is provided to all employees of Homewood City Schools (HCS) in an effort to promote an awareness of drug-free workplace legislation and Homewood Board of Education (HBoE) regulations dealing with a drug-free workplace. All aspects of American life are affected by the drug problem. It threatens not only the home, the school, and the community, but also the workplace and a host of problems related to decreased job performance and productivity.

The HBoE must take a firm stance against illicit drug use. The use of drugs – including alcohol – in the workplace is unacceptable since it can adversely affect health, safety, and productivity, as well as public confidence and trust.

The effectiveness of the educational programs offered in HCS depends upon the people who work here; therefore, drug use in the workplace cannot be tolerated. Included in this brochure is information about the Drug-free Workplace Act of 1988 and a copy of Board policies GAMC and GAMD related to the drug-free workplace. Please read the policies carefully and sign and return the acknowledgement.

THE DRUG-FREE WORKPLACE ACT OF 1988

The Drug-free Workplace Act of 1988 signed by former President Ronald Reagan on November 18, 1988, is a part of Public Law 100-690, which is designed to deal comprehensively with the nation's problem of drug abuse. The Act, which became effective March 18, 1989, requires that contractors and grantees of federal agencies certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency. The penalty to the Department for non-compliance can be as severe as the loss of federal grants for a period of five (5) years. The requirement of this Act affects the HBoE in that the Board is a federal grantee receiving direct funds for programs such as Chapter 1, Chapter 2, Drug-Free Schools and Communities, Bilingual Education, Vocational Education, Handicapped Early Education, and others. The Drug-Free Workplace Act of 1988 requires the Board to do the following:

- Publish a policy statement
- Communicate this policy to its employees
- Establish a drug-free awareness program
- Notify a federal granting agency of any employee's conviction for a drug violation on the Board's premises
- Impose a sanction on any convicted employee
- Make a good faith effort to continue to maintain a drug-free workplace

The Act covers on-the-job drug use. HBoE Policy also requires notification by an employee of any criminal drug or alcohol conviction within five (5) days of conviction.

**HOMEWOOD BOARD OF EDUCATION
DRUG-FREE WORKPLACE
POLICY GAMC**

It is the policy of the Homewood Board of Education that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance (as defined by 21 U.S.C. §812) or alcohol in the Board's workplace is prohibited. Any employee on school premises or as a part of school activities or school sanctioned activities who unlawfully manufactures, distributes, dispenses, possesses, or uses or who is under the influence of drugs or other controlled substances, for which the employee has no prescription from a duly licensed physician, is subject to disciplinary action up to termination or cancellation of contract. No employee, who is impaired by any illegal drug or by alcohol, will report for work, will work, or be present in the workplace. Employees who are so impaired or who possess, use or distribute illegal drugs or alcohol in the workplace are subject to disciplinary procedures of the Board, including possible dismissal.

"Workplace" means any vehicle, office, building, classroom, or property (including parking lots) owned or operated by the Board or any other site at which an employee is to perform work for the employer. An "employee" of the board is any individual receiving remuneration for services rendered. "Possess" means to be contained either on an employee's person or in an employee's motor vehicle, tools, or areas entrusted to the control of the employee. "Impaired" means under the influence of an illegal drug or of alcohol such that the employee is unable to perform his/her assigned tasks properly.

"Designated employee" shall include employees subject to the provisions of 49 C.F.R. Part 40 of the Omnibus Transportation Employee Testing Act of 1991. Designated employees shall include those persons applying for or holding positions requiring a commercial drivers' license and/or safety sensitive transportation related and maintenance positions.

Any employee with information of the possession, use or distribution of illicit drugs or alcohol on school premises or as part of any school or school sanctioned activity is required to report such information to the principal, Superintendent, or other appropriate school authority.

The immediate supervisor is to be notified by the employee of any criminal drug or alcohol conviction (including driving under the influence of alcohol or drugs – DUI) within five (5) days of the conviction. Upon learning of such conviction, each supervisor shall immediately notify the Superintendent of a drug or alcohol statute conviction of any employee.

Any employee who violates this prohibition will be 1) required to participate satisfactorily in an approved drug abuse assistance or rehabilitation program and/or 2) subject to appropriate personnel action, which may include but is not limited to reprimand, suspension with or without pay, and/or termination.

It is the policy of the Board to maintain a drug-free awareness program to inform employees about the danger of drug abuse in the workplace and make available information pertaining to drug counseling, rehabilitation, and employee assistance programs.

All employees will receive a copy of the Drug-Free Workplace Policy and one shall be posted, in a prominent place, in each building owned or operated by the Board. This policy applies to all employees as a condition of employment, and all must abide by the terms of this policy.

**HOMEWOOD BOARD OF EDUCATION
DRUG AND ALCOHOL PROGRAM
POLICY GAMD**

The Board recognizes that its employees are some of its greatest assets. Employees are the key to the Board's goal of providing the best possible education program for its students. To achieve the goal, and to maximize the skills and talents of employees, it is important that every employee of the school system understand the dangers of drug and alcohol abuse and be aware of state and federal requirements concerning substance abuse. The purpose of this policy statement is to clarify the Board's position on employee drug and alcohol use. This policy and related procedures should not be construed as contractual in nature.

Policy Objectives

1. To meet the requirements of 49 C.F.R. Part 40 of the Omnibus Transportation Employee Testing Act of 1991.
2. To create and maintain a safe, drug-free working environment for all employees.
3. To encourage any employee with a dependence on alcohol or other drugs to seek help in overcoming the problem.
4. To reduce problems of absenteeism, tardiness, carelessness and other unsatisfactory matters related to job performance.
5. To reduce the likelihood of incidents of accidental personal injury and damage to people or property.
6. To reduce the likelihood that school property will be used for illicit drug activities.
7. To protect the reputation of the school system and its employees within the community.

Substance abuse is a serious threat to the school system, its employees and students. Though the percentage of substance abusing employees may be relatively small, practical experience and research indicate that appropriate precautions are necessary. It is the belief of the Board that the benefits derived from these policy objectives outweigh the potential inconvenience to employees. The Board earnestly solicits the understanding and cooperation of all employees in implementing this policy.

The Board requires that all employees report to work without any alcohol or illegal or mind-altering substances in their systems. No employee shall report to work or remain on duty which requires the operation of a motor vehicle or other hazardous equipment or functioning in a hazardous environment when the employee is using any controlled substance, unless an attending physician has advised the employee that the substance does not adversely affect the employee's ability to perform any job-related duties in a safe manner. No employee may use alcohol while on duty. No employee may perform any job-related duties within four hours after using alcohol. Further, after hours use of a substance which adversely affects an employee's job performance or the school system's relationship with others or which reflects negatively on the school system is prohibited.

Employees shall inform their supervisor when they are legitimately taking medication which may adversely affect their ability to perform their respective duties, in order to avoid creating safety problems or violation of this policy.

The school system also prohibits employees using, possessing, manufacturing, distributing or making arrangements to distribute illegal drugs while at work or on Board property.

Enforcement

In order to enforce these rules, the school system reserves the right to require all designated employees ("Designated employee" shall include employees subject to the provisions of 49 C.F.R. Part 40 of the Omnibus Transportation Employee Testing Act of 1991; "Designated employees" shall include those persons applying for or holding a position requiring a commercial drivers' license and/or safety sensitive transportation related and maintenance positions) to undergo, at any time an employee is on duty or at any time an employee may normally be called to be on duty, appropriate testing for the purpose of determining the absence or presence of prohibited substances. The Board shall develop, implement and enforce a drug and alcohol policy for its employees as a condition of compliance with the Omnibus Transportation Employee Testing Act of 1991.

Pursuant to Board policy and regulations, applicant testing may be required. All current designated employees may be required to undergo testing when the Board has reasonable suspicion to believe an employee has violated this policy and on a random (neutral selection) basis without advance notice. Employees are required to report all accidents involving school system property or personnel and accidents that occur during school related activities. Employees involved in such accidents may be required to submit to alcohol screening within two (2) hours and to drug screening within thirty-two (32) hours of a reportable accident. Employees who return to work following rehabilitation will be required to undergo return to duty/follow-up testing in addition to the general school system testing requirements.

The Board reserves the right to search desks, cabinets, tool boxes, vehicles, including personal vehicles brought onto school system property, bags, or any other property at the school or in vehicles when there is reasonable cause to believe an employee has violated this policy.

Violation of these rules, including testing positive, will subject the employee to appropriate disciplinary measures, including possible termination. Refusal to cooperate with the Board in any test investigation shall result in appropriate disciplinary measures, including possible termination under applicable state and federal law.

All information, interviews, reports, statements, memoranda and test results, written or otherwise, received by the employer through its drug and alcohol testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings except in accordance with the Policy Consent/Release form or as provided for in applicable policy, procedure, law or regulation.

Any questions should be directed to the Superintendent or Assistant Superintendent.



HOMEWOOD CITY SCHOOLS
Office of the Superintendent

450 Dale Avenue • Homewood, AL
35209

Phone: 205-870-4203 • Fax:
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FINGERPRINTING/BACKGROUND CHECK

All employees are required to submit to a background check for criminal history which includes a fingerprint check by the Alabama Bureau of Investigation and the Federal Bureau of Investigation. The Alabama State Department of Education has contracted with Fieldprint to collect and process fingerprints for school systems in Alabama. **Employees must be registered prior to arriving at the fingerprint location. An Alabama State Department of Education account must be created first. PLEASE make a note of your ALSDE ID.** It will be located on the top right hand side of the web page once created. (Your account is created when you see other 'tiles' to choose an action.) You will then choose the Fieldprint tile to create an account and register for your background check.

This link will walk you through the process:

[W](#) Fieldprint Registration Instructions updated 9.2024.docx .

If you have any questions, please contact Dayna Borden at our Board of Education (205) 870-4203.



LETTER OF UNDERSTANDING CONCERNING EMPLOYMENT
HOMEWOOD CITY SCHOOLS

Pursuant to Code of Alabama 1975, §16-22A-5, I understand that this law requires that a criminal history information background check be conducted on all applicants who may have unsupervised access to a child prior to employment with a public county or city school system. I acknowledge that my continued employment is conditioned upon a suitability determination that will be made upon the receipt of a completed criminal history background check. If I am determined to be unsuitable for further employment, I understand that I will be released from this position at that time without recourse against the employing school system.

I have read and understand and agree to accept this position under the conditions stated above.

Signature

Date

- CERTIFIED POSITIONS -
Additional Acknowledgement of Prior Background Check

I further acknowledge that I have previously submitted to a criminal background check required by the Alabama State Department of Education as a requirement for teacher certification, effective July 1, 1997. Said background check was administered by the below named university or institution as an application requirement for a State of Alabama teaching certificate.

University/Institution: _____

Date of Background check: _____

Applicant's Signature

Date

***(This acknowledgment must be completed, signed and returned
with your New Employee paperwork.)***



ACKNOWLEDGMENT OF RECEIPT
HOMEWOOD CITY SCHOOLS

POLICY INFORMATION ON THE DRUG-FREE WORKPLACE ACT OF 1988
(P.L. 100-690) EFFECTIVE MARCH 18, 1989

To the Homewood City Schools Staff Member:

I, _____, an employee of the Homewood City Board of Education, hereby certify that I have received a copy of this Board's policy statements regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on this Board's premises and violation of these policies can subject me to disciplinary action, including termination of employment. I realize that as a condition of employment by this Board, a federal grantee, I must abide by the terms of these policies and will notify my immediate supervisor of any criminal drug conviction no later than five (5) days after such conviction. I understand that on-the-job drug use is specifically prohibited by the rules of the city board of Education and that the penalties may include termination of employment.

Signature

Date

(This acknowledgment must be completed, signed and returned with your New Employee paperwork.)



ELECTRONIC FORMS CONSENT

The Internal Revenue Service (IRS) requires Homewood City Board of Education to provide all employees with a Form W-2 that states the employee's compensation and tax withholding amounts for the calendar year and a Form 1095-C to report information about offers of health coverage for the employee. Employees may choose to receive these and all other eligible Federal and State required forms electronically in lieu of the paper version. Please read the following information and consider providing your consent to receive such forms in electronic format *only*.

Benefits of receiving electronic forms:

1. Earlier access
2. Reduction of lost or delayed forms via mail
3. Accessible for reprint of additional copies as needed
4. Accessible anywhere with an internet connection
5. Contribution to the reduction of expenses associated with processing and delivery

Electronic forms will be available via the Employee Self Service (ESS) system and may be accessed on any computer with an internet connection. For your convenience, computers are available at all schools and the Central Office. The ESS link can be found by accessing the Homewood City Schools main website at www.homewood.k12.al.us and clicking "Department" and "Human Resources".

If consent to receive electronic forms is not given, you will continue to receive paper forms. If you wish to withdraw your consent, you must submit this form with your new election to the Payroll Department. The date this form is received by the Payroll Department will be the effective date and will apply only to those forms not yet issued.

All electronic forms will be available no later than the deadline date set forth by the IRS or the State of Alabama.

Please check one choice only:

☐ I consent to receive Form W-2, Form 1095-C and all other eligible required Federal and State forms via the online Employee Self Service (ESS) system.

(any consent given above is effective from this date forward on any W-2 and 1095-C not yet processed by the Payroll Department.)

☐ I wish to withdraw my consent to receive an electronic Form W-2 and Form 1095-C.

Employee Signature: _____ Date: _____

Employee Printed Name: _____

Last Four (4) digits of Social Security #: _____

Employee Email Address: _____

Employee Mailing Address: _____

Employee Phone Number: _____



HOMEWOOD CITY SCHOOLS

Direct Deposit Authorization for Payroll

Type of authorization (select one only)

- ☐ **NEW:** Complete and Verify Employee Information ☐ **CHANGE:** When changing your financial institution, account number, or type of account, you must complete and verify Payee information.

| | | |
|------------------|---------------------------------------|-------------------------|
| 1. Employee Name | 2. Social Security Number | 3. Contact Phone Number |
| 4. Address | 5. City, State, ZIP Code | |
| 6. Work Location | 7. Email Address for EFT Notification | |

I hereby authorize the Homewood City Board of Education to initiate credit entries, and if necessary, debit entries to adjust for any credit entries made in error to the checking or savings account indicated. I also authorize the depositories named below to credit and/or debit the same to such account. I understand that it is my responsibility to verify deposits have been credited to my account before dispersing or withdrawing funds. Homewood City Board of Education assumes no liability for bank errors, bank fees, or overdrafts.

This authority is to remain in full force until the Homewood City Board of Education has received written notification of its cancellation in such time and manner as to afford a reasonable opportunity to act on it, or until I have been notified of the board's or the financial institution's cancellation of this agreement.

I understand that a new authorization agreement must be completed when changing or closing the account or changing financial institutions. If any action taken by me results in non-acceptance of the electronic funds transfer by my financial institution, I understand the Homewood City Board of Education assumes no responsibility for processing replacement payment until the funds are returned to the board by my financial institution.

NOTE: Attach a voided check for checking accounts OR savings deposit slip for savings accounts.

Form cannot be processed without information below.

PRIMARY ACCOUNT:

| | | |
|------------------------|----------|-----------------------|
| Financial Institution: | CHECKING | <input type="radio"/> |
| Routing Number: | SAVINGS | <input type="radio"/> |
| Account Number: | | |

SECONDARY ACCOUNT: (optional)

| | | |
|------------------------|-------------------------|-----------------------|
| Financial Institution: | CHECKING | <input type="radio"/> |
| Routing Number: | SAVINGS | <input type="radio"/> |
| Account Number: | AMOUNT TO BE DEPOSITED: | |

I authorize Homewood City Board of Education to deposit to the account number(s) indicated above.

| | |
|---|---|
| 8. Print or Type Name of Authorized Signatory | 9. Position/Title of Authorized Signatory |
| 10. Signature of Authorized Signatory | 11. Date |

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2025

Step 1:
Enter
Personal
Information

| | | |
|---|-----------|---|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2 Enter:

| | | |
|--|---|-----------|
| <ul style="list-style-type: none"> • \$30,000 If you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately | } | |
|--|---|-----------|

2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$0 | \$700 | \$850 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 |
| \$10,000 - 19,999 | 0 | 700 | 1,700 | 1,910 | 2,110 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 3,220 |
| \$20,000 - 29,999 | 700 | 1,700 | 2,760 | 3,110 | 3,310 | 3,420 | 3,420 | 3,420 | 3,420 | 3,420 | 4,420 | 5,420 |
| \$30,000 - 39,999 | 850 | 1,910 | 3,110 | 3,460 | 3,660 | 3,770 | 3,770 | 3,770 | 3,770 | 4,770 | 5,770 | 6,770 |
| \$40,000 - 49,999 | 910 | 2,110 | 3,310 | 3,660 | 3,860 | 3,970 | 3,970 | 3,970 | 4,970 | 5,970 | 6,970 | 7,970 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 4,080 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,420 | 3,770 | 3,970 | 5,080 | 6,080 | 7,080 | 8,080 | 9,080 | 10,080 | 11,080 |
| \$80,000 - 99,999 | 1,020 | 2,220 | 3,420 | 4,620 | 5,820 | 6,930 | 7,930 | 8,930 | 9,930 | 10,930 | 11,930 | 12,930 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,270 | 7,620 | 8,820 | 9,930 | 10,930 | 11,930 | 12,930 | 14,010 | 15,210 | 16,410 |
| \$150,000 - 239,999 | 1,870 | 4,240 | 6,640 | 8,190 | 9,590 | 10,890 | 12,090 | 13,290 | 14,490 | 15,690 | 16,890 | 18,090 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,100 | 18,300 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,300 | 13,500 | 14,700 | 15,900 | 17,170 | 19,170 |
| \$320,000 - 364,999 | 2,040 | 4,440 | 6,840 | 8,390 | 9,790 | 11,100 | 12,470 | 14,470 | 16,470 | 18,470 | 20,470 | 22,470 |
| \$365,000 - 524,999 | 2,790 | 6,290 | 9,790 | 12,440 | 14,940 | 17,350 | 19,650 | 21,950 | 24,250 | 26,550 | 28,850 | 31,150 |
| \$525,000 and over | 3,140 | 6,840 | 10,540 | 13,390 | 16,090 | 18,700 | 21,200 | 23,700 | 26,200 | 28,700 | 31,200 | 33,700 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$200 | \$850 | \$1,020 | \$1,020 | \$1,020 | \$1,370 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 |
| \$10,000 - 19,999 | 850 | 1,700 | 1,870 | 1,870 | 2,220 | 3,220 | 3,720 | 3,720 | 3,720 | 3,720 | 3,890 | 4,090 |
| \$20,000 - 29,999 | 1,020 | 1,870 | 2,040 | 2,390 | 3,390 | 4,390 | 4,890 | 4,890 | 4,890 | 5,060 | 5,260 | 5,460 |
| \$30,000 - 39,999 | 1,020 | 1,870 | 2,390 | 3,390 | 4,390 | 5,390 | 5,890 | 5,890 | 6,060 | 6,260 | 6,460 | 6,660 |
| \$40,000 - 59,999 | 1,220 | 3,070 | 4,240 | 5,240 | 6,240 | 7,240 | 7,880 | 8,080 | 8,280 | 8,480 | 8,680 | 8,880 |
| \$60,000 - 79,999 | 1,870 | 3,720 | 4,890 | 5,890 | 7,030 | 8,230 | 8,930 | 9,130 | 9,330 | 9,530 | 9,730 | 9,930 |
| \$80,000 - 99,999 | 1,870 | 3,720 | 5,030 | 6,230 | 7,430 | 8,630 | 9,330 | 9,530 | 9,730 | 9,930 | 10,130 | 10,580 |
| \$100,000 - 124,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,760 | 9,960 | 10,160 | 10,950 | 11,950 | 12,950 |
| \$125,000 - 149,999 | 2,040 | 4,090 | 5,460 | 6,660 | 7,860 | 9,060 | 9,950 | 10,950 | 11,950 | 12,950 | 13,950 | 14,950 |
| \$150,000 - 174,999 | 2,040 | 4,090 | 5,460 | 6,660 | 8,450 | 10,450 | 11,950 | 12,950 | 13,950 | 15,080 | 16,380 | 17,680 |
| \$175,000 - 199,999 | 2,040 | 4,290 | 6,450 | 8,450 | 10,450 | 12,450 | 13,950 | 15,230 | 16,530 | 17,830 | 19,130 | 20,430 |
| \$200,000 - 249,999 | 2,720 | 5,570 | 7,900 | 10,200 | 12,500 | 14,800 | 16,600 | 17,900 | 19,200 | 20,500 | 21,800 | 23,100 |
| \$250,000 - 399,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$400,000 - 449,999 | 2,970 | 6,120 | 8,590 | 10,890 | 13,190 | 15,490 | 17,290 | 18,590 | 19,890 | 21,190 | 22,490 | 23,790 |
| \$450,000 and over | 3,140 | 6,490 | 9,160 | 11,660 | 14,160 | 16,660 | 18,660 | 20,160 | 21,660 | 23,160 | 24,660 | 26,160 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$450 | \$850 | \$1,000 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,870 | \$1,870 | \$1,870 | \$1,890 |
| \$10,000 - 19,999 | 450 | 1,450 | 2,000 | 2,200 | 2,220 | 2,220 | 2,220 | 3,180 | 4,070 | 4,070 | 4,090 | 4,290 |
| \$20,000 - 29,999 | 850 | 2,000 | 2,600 | 2,800 | 2,820 | 2,820 | 3,780 | 4,780 | 5,670 | 5,690 | 5,890 | 6,090 |
| \$30,000 - 39,999 | 1,000 | 2,200 | 2,800 | 3,000 | 3,020 | 3,980 | 4,980 | 5,980 | 6,890 | 7,090 | 7,290 | 7,490 |
| \$40,000 - 59,999 | 1,020 | 2,220 | 2,820 | 3,830 | 4,850 | 5,850 | 6,850 | 8,050 | 9,130 | 9,330 | 9,530 | 9,730 |
| \$60,000 - 79,999 | 1,020 | 3,030 | 4,630 | 5,830 | 6,850 | 8,050 | 9,250 | 10,450 | 11,530 | 11,730 | 11,930 | 12,130 |
| \$80,000 - 99,999 | 1,870 | 4,070 | 5,670 | 7,060 | 8,280 | 9,480 | 10,680 | 11,880 | 12,970 | 13,170 | 13,370 | 13,570 |
| \$100,000 - 124,999 | 1,950 | 4,350 | 6,150 | 7,550 | 8,770 | 9,970 | 11,170 | 12,370 | 13,450 | 13,650 | 14,650 | 15,650 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,060 | 11,260 | 12,860 | 14,740 | 15,740 | 16,740 | 17,740 |
| \$150,000 - 174,999 | 2,040 | 4,440 | 6,240 | 7,640 | 8,860 | 10,860 | 12,860 | 14,860 | 16,740 | 17,740 | 18,940 | 20,240 |
| \$175,000 - 199,999 | 2,040 | 4,440 | 6,640 | 8,840 | 10,860 | 12,860 | 14,860 | 16,910 | 19,090 | 20,390 | 21,690 | 22,990 |
| \$200,000 - 249,999 | 2,720 | 5,920 | 8,520 | 10,960 | 13,280 | 15,580 | 17,880 | 20,180 | 22,360 | 23,660 | 24,960 | 26,260 |
| \$250,000 - 449,999 | 2,970 | 6,470 | 9,370 | 11,870 | 14,190 | 16,490 | 18,790 | 21,090 | 23,280 | 24,580 | 25,880 | 27,180 |
| \$450,000 and over | 3,140 | 6,840 | 9,940 | 12,640 | 15,160 | 17,660 | 20,160 | 22,660 | 25,050 | 26,550 | 28,050 | 29,550 |



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

| | | | |
|----------------|------|---------------------------------|----------|
| EMPLOYEE NAME | | EMPLOYEE SOCIAL SECURITY NUMBER | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer.
- If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption
- If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption.
- Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.*
- Additional amount, if any, you want deducted each pay period. \$
- This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables).

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

| | | | |
|-----------------------|----------|--------------------------------------|----------|
| EMPLOYER NAME | | EMPLOYER IDENTIFICATION NUMBER (EIN) | |
| HOMEWOOD CITY SCHOOLS | | | |
| ADDRESS | CITY | STATE | ZIP CODE |
| 450 DALE AVENUE | HOMEWOOD | AL | 35209 |

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | Employee's Email Address | | | Employee's Telephone Number |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | |
| | | <input type="checkbox"/> 1. A citizen of the United States | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | | | |
| | | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | | |
| | | If you check Item Number 4., enter one of these: | | | | |
| | | USCIS A-Number | | OR | Form I-94 Admission Number | |
| | | | | OR | Foreign Passport Number and Country of Issuance | |
| Signature of Employee | | | | | Today's Date (mm/dd/yyyy) | |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A | | OR | List B | AND | List C |
|---|--|-------------------------------|--|-----|--|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | | Additional Information | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| | | | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | | | | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative | | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | |

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND LIST C Documents that Establish Employment Authorization |
|---|----|---|---|
| <ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 | | <ol style="list-style-type: none"> 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 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p> |
| Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | |
| <ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 Issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp Issued to a refugee. | OR | Receipt for a replacement of a lost, stolen, or damaged List B document. | Receipt for a replacement of a lost, stolen, or damaged List C document. |

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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 | | Date (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | City or Town | State | ZIP Code |

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 | | Date (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | City or Town | State | ZIP Code |

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 | | Date (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | City or Town | State | ZIP Code |

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 | | Date (mm/dd/yyyy) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial (if any) | |
| Address (Street Number and Name) | City or Town | State | ZIP Code |



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

| | | |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

| | | | |
|--|--|---------------------------------------|--|
| Date of Rehire (if applicable) | | New Name (if applicable) | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|---------------------------------------|--|
| Date of Rehire (if applicable) | | New Name (if applicable) | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| | | | |
|--|--|---------------------------------------|--|
| Date of Rehire (if applicable) | | New Name (if applicable) | |
| Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below. | | | |
| Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. | | | |
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Additional Information (Initial and date each notation.) | | | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

TIMEKEEPING REQUIREMENTS AND RESPONSIBILITIES

Homewood City Schools uses software to report time worked and leave taken. As an employee, you are responsible for ensuring your time is recorded accurately in accordance with the policy below for each pay period.

To comply with the Department of Labor and the Fair Labor Standards Act, employees are asked to use either the UKG Mobile app or the Patriot Time icon on a school computer. **When installing the mobile app, it is required that location services be turned on.** If Mobile app rights are given they may be revoked at any time if abuse is suspected.

Exempt Employees: Teachers and administrators are only required to clock in daily for your main job. You may be required to clock in and out for some additional work that may be performed outside your regular duties.

Non-exempt Employees: All hourly employees (e.g., instructional assistants, bookkeepers, secretaries, CNP, EDP, etc.) are required to clock in and out daily (including lunch breaks). You are receiving detailed printed instructions that walk you through exactly how to do that and, should there be missing punches, how to get those entered into the system. On the rare occasion that you are unable to clock in/out due to a network issue, etc., you should submit a missed punch via a "change request" in Kronos as soon as possible and provide the reason for the missed punch. ***Abuse of the timekeeping policy (e.g., excessive missed punches, etc.) may be grounds for termination of employment.***

Each school has an individual with payroll responsibilities that can assist you with downloading the app and questions about requesting leave time.

Edgewood Elementary: Terri Nowak

Hall-Kent Elementary: Holly Foster

Shades Cahaba Elementary: Hollie Pritchett

Homewood Middle School: Latonya White

Homewood High School: Catenia Lewis

A contract day is 8* hours. Non-exempt employees should not exceed 40* hours in a workweek. Overtime must be approved in advance.

An employee's full pay is based on working 40* hours per week. If hours fall short of 40* hours, an employee may use available leave in increments of a whole or half day. Leave includes available sick leave, sick bank, personal days or vacation (12-mo employees only). Sick leave must be used in accordance with the sick leave policy. If leave is not available, the time below 40* hours will be docked from the subsequent month's paycheck.

*Work hours are 8 hours/day or 40 hours/week, unless the job is specified as 6-/7-hours per day (or 30-/35-hours per week).

Exempt employees are required to request leave time thru AESOP/Frontline, and not Kronos, in order to ensure adequate staffing during their absence.

Each school handles non-exempt (support) staff leave requests differently. You will be instructed by the payroll person at your location to use either Frontline or Kronos to request leave time. Although these instructions do include the process for requesting time off in Kronos, you will only use this if your location instructs you to.

All individuals are required to review and submit their timesheet weekly for approval. HCS follows a weekly timesheet of Saturday thru Friday. **Timesheets should be submitted no later than Wednesday of the following week.**

By signing this form, I acknowledge receipt of timekeeping requirement documents and understand my responsibilities in reporting my time accurately and timely. Failure to consistently meet timekeeping requirements could result in disciplinary action.

Employee Name (please print) _____ Employee # _____

Employee Signature _____ Date _____

Copies of timekeeping documents given by _____ Date _____

KRONOS (UKG Ready) MOBILE APP

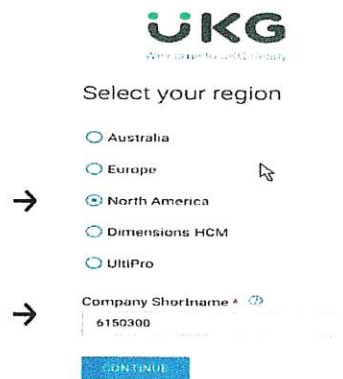
STEP 1: Installing the App -

From your app store, search for "UKG Ready" (the app is from SaaSshr.com). Download the application.



STEP 2: Launch the App -

The company short name requested on this screen is **6150300**.



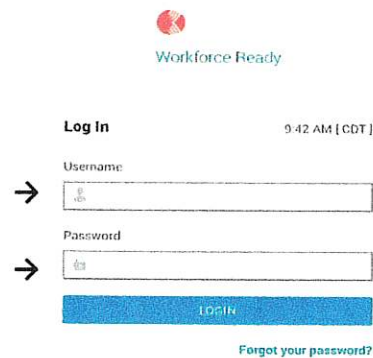
STEP 3: Enter your User Name and Password -

Your User Name is your employee #

The temporary password to use is:

Setmypassword2!

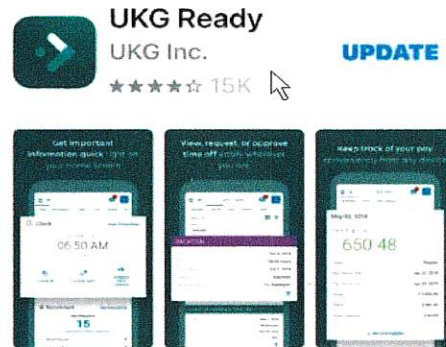
You will be prompted to create a new password.



KRONOS (UKG Ready) MOBILE APP

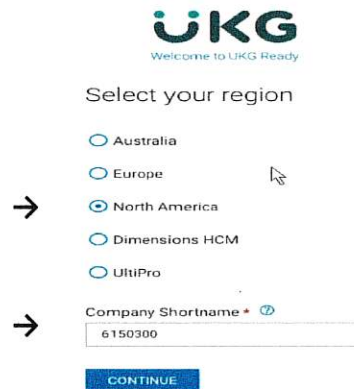
STEP 1: Installing the App -

From your app store, search for "UKG Ready" (the app is from SaaShr.com).
Download the application.



STEP 2: Launch the App -

The company short name requested on this screen is **6150300**.



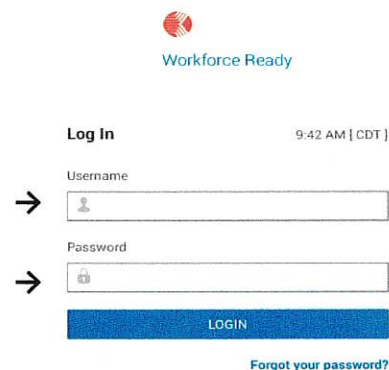
STEP 3: Enter your User Name and Password -

Your User Name is your employee #

The temporary password to use is:

Password1!

You will be prompted to create a new password.



KRONOS (UKG Ready) MOBILE APP

STEP 4: Clocking In/Out -



The first screen that comes up after logging in to the app is your current timesheet.

The screenshot shows the 'Timesheet Edit' screen in the KRONOS Mobile App. At the top, there is a navigation bar with a menu icon, a search icon, and a notification icon. Below the navigation bar, the text 'My Time > Timesheet > Current Timesheet' is displayed. The title 'Timesheet Edit' is followed by a date range 'June 12, 2021 - June 18, 2021' and an 'Open' button. A 'Time Entry' dropdown menu is visible. The main section displays two time totals: '38:31 hrs' (Raw Total) and '38:30 hrs' (Calc. Total). Below this is a table with columns 'Date' and 'Raw / Calc. Total'. The table lists dates from SAT Jun 12 to WED Jun 16, with corresponding time entries. At the bottom, there is a '8 Hour' label and a 'From' to 'To' time range selector with a 'SAVE' button.

| Date | Raw / Calc. Total |
|------------|-------------------|
| SAT Jun 12 | 06:31 / 06:30 |
| SUN Jun 13 | 06:31 / 06:30 |
| MON Jun 14 | 08:00 / 08:00 |
| TUE Jun 15 | 08:00 / 08:00 |
| WED Jun 16 | 08:00 / 08:00 |

Select either "Clock In" or "Clock Out" .

Note: if you need to change the job you are working select "Change Cost Center" before clocking in or out.



The screenshot shows the 'Clock' screen in the KRONOS Mobile App. At the top, there is a navigation bar with a menu icon, a back arrow, a search icon, a notification icon, and a profile icon. Below the navigation bar, the text 'My Time > Clock' is displayed. The main section shows the date 'Wednesday, Jun 16' and the time '08:45 AM'. Below the time, there is a 'You clocked in at 06:48am' message. At the bottom, there are two buttons: 'Clock Out' and 'Change Cost Center'. Below these buttons is a section titled 'Recent punches' which shows the date 'WEDNESDAY, JUN 16' and a list of punches with columns 'In Punch' and '06:48am'.

Wednesday, Jun 16

08:45 AM

You clocked in at 06:48am

Recent punches

WEDNESDAY, JUN 16

In Punch 06:48am

KRONOS (UKG Ready) MOBILE APP

OTHER THINGS YOU NEED TO KNOW -

Missing a Punch In or Out

From your timesheet screen select the three blue dots in the lower right hand side of the screen next to the blue save button

AT&T 11:13 AM 87%

My Time > Timesheet > Current Timesheet

Timesheet Edit

June 26, 2021 - July 02, 2021 Open

Time Entry

32:00 hrs 32:00 hrs

| Date | Raw / Calc. Total | Actions |
|------------|-------------------|---------|
| SAT Jun 26 | | |
| SUN Jun 27 | | |
| MON Jun 28 | 08:00 / 08:00 | |
| TUE Jun 29 | 08:00 / 08:00 | |
| WED Jun 30 | 08:00 / 08:00 | |

8 Hour

From To Date Total

CLOCK IN SAVE

You will receive a new pop up menu where you will select "Change Request"

| Date | Raw / Calc. Total | Actions |
|------------|-------------------|---------|
| SAT Jun 26 | | |
| SUN Jun 27 | | |
| MON Jun 28 | | |
| TUE Jun 29 | | |
| WED Jun 30 | | |

8 Hour

From To Date Total

CLOCK IN SAVE

A new window will open. When you click on the down arrow in the box at the top of the screen under "Change Type" you will get a roller at the bottom to select what action is needed. Find the action needed and click on the word "Done" to select that action.

AT&T 11:14 AM 87%

Change Request

Change Type

Done

Add Extra Pay & Counter Adjustment

Add Punch In

Add Punch Out

Add Time Entry

Add Time Off

KRONOS (UKG Ready) MOBILE APP

The change type selected will be at the top. Choose the date the punch applies to.



You will select the time of the correction here.



You must enter a comment in this box.

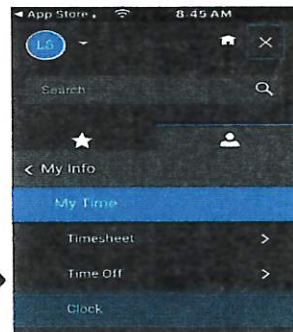


Select "Submit Changes"

Requesting Time Off

Select the 3 black lines at the top left of the screen.

Select "Time Off" then "Request"



On this screen enter the "Time Off Type". The leave type selected will be displayed in the available balance section. Proceed with requesting time off by selecting "Start Request". Follow the prompts to enter the requested information.

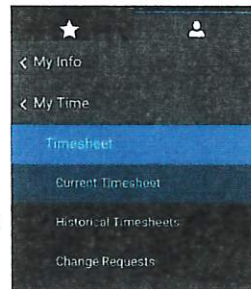


KRONOS (UKG Ready) MOBILE APP

This last step is very important to ensuring you are paid accurately and timely. Time worked cannot be processed until each weekly timesheet is submitted for approval.

Reviewing and Submitting timesheets weekly for approval.

Select the 3 black lines at the top left of the screen.



From this screen you will select "Historical Timesheets".



From this screen you will select the timesheet you are ready to submit for approval by clicking on the corresponding checkbox.

You may view the selected timesheet by selecting "View" at the bottom of the screen, or submit the selected timesheet by selecting "Submit" at the bottom of the screen.



My Timesheets

Timesheet Dates: This Month

1 of 1 [System] 1 (1) ...

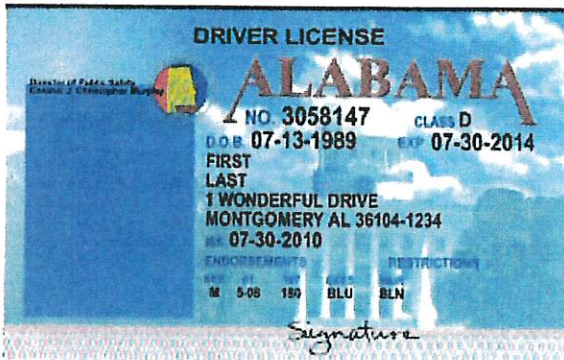
| <input type="checkbox"/> | Approval State | Timesheet Start | Actions |
|--------------------------|----------------|-----------------|---------|
| <input type="checkbox"/> | Open | 06/26/2021 | ... |
| <input type="checkbox"/> | Open | 06/19/2021 | ... |
| <input type="checkbox"/> | Open | 06/12/2021 | ... |
| <input type="checkbox"/> | Submitted | 06/05/2021 | ... |
| <input type="checkbox"/> | Submitted | 05/29/2021 | ... |

[View Column Totals](#)

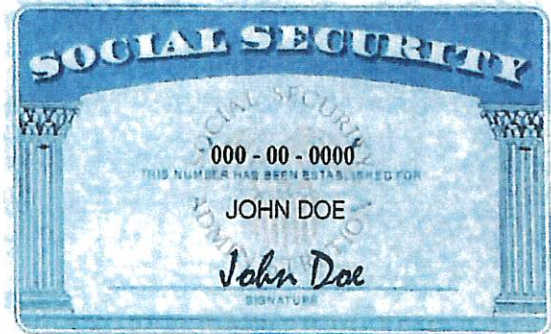
[VIEW](#) [SUBMIT](#) ...

REVIEW

1.



2.



DID YOU REMEMBER TO ATTACH A COPY OF YOUR:

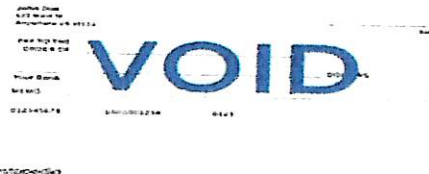
DRIVER'S LICENSE* and SOCIAL SECURITY CARD

OR

YOUR PASSPORT and SOCIAL SECURITY CARD?

DID YOU ATTACH A VOIDED CHECK or BANK MEMO ON THE BANK'S LETTERHEAD or THE BANK'S DIRECT DEPOSIT FORM PRINTOUT OF YOUR ACCOUNT INFORMATION?

3.



IF SO, GREAT JOB! IF NOT, PLEASE ATTACH NOW.

ARE YOU MISSING ANY OF THE REQUIRED DOCUMENTS? THERE ARE WAYS TO GET THEM. CALL ME IF YOU NEED MY ASSISTANCE.

*Driver's license can be any state's driver's license. Must be valid...not expired.

THANK YOU.

LA VONDA PRIMUS
HR/BENEFITS OFFICER
LPRIMUS@HOMEWOOD.K12.AL.US
(205) 870-4203