



UNIFIED SCHOOL DISTRICT 506
401 W. HIGH SCHOOL ST.
ALTAMONT, KS 67330
PHONE: (620)784-5326
FAX: (620)784-5879

SUBSTITUTE TEACHER PACKET AND TRAINING

Substitute teachers are required to complete annual training PRIOR to Board approval for hire. This training is done in two parts, online and face-to-face.

Online Training: This portion takes approximately two hours to complete. To complete this:

1. Go to <https://www.greenbush.org/>.
2. Hover over Educator Professional Development and under 'Tools and Resources' click on **Annual Required Trainings**.
3. Please review the information and take the quizzes in the following sections:
 - a. Bloodborne Pathogens (Please also read the attached handbook excerpt and sign the consent form)
 - b. Bullying Awareness and Prevention (Please also read the attached handbook excerpt)
 - c. Emergency Safety Interventions (ESI)
 - d. FERPA/HIPAA
 - e. Education for the Homeless (Title IX)
 - f. Sexual Harassment (Title IX)
 - g. Suicide Awareness and Prevention
4. Once training is completed, Click 'Submit Form for Completion', and complete the form.
 - a. In Question 2 on this form, please enter sholtzman@usd506.org in order for results to be sent to USD 506.

Face-to-Face Training: This portion can be arranged by contacting Mr. Holtzman to schedule an appointment via email (listed below) or via phone at 620-784-5326. This will take approximately 20 minutes to complete.

Please return the following items in-person, via fax, mail or email:

1. USD 506 Employee Application
2. Substitute Information
3. Direct Deposit Agreement
4. Ethnicity Survey
5. Blood Borne Pathogens Consent Form
6. K-4 Form
7. W-4 Form

8. I-9 Form
9. 2 Forms of identification (Passport, Driver's License Social Security Card, Birth Certificate)
10. Substitute/ Teaching License

Once training and paperwork are complete, you will be added to the Board of Education agenda to be approved. Board meetings are held on the second Monday of the month, and all items must be received one week prior to be placed on the agenda.

After approval, the Technology Department will be contacting you with instructions to access your USD 506 email account and AESOP, our automated substitute notification system.

Mr. Shane Holtzman
Assistant Superintendent, USD 506
P.O. Box 189
Altamont, KS 67330
Fax: 620-784-5879
Email: sholtzman@usd506.org



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SUBSTITUTE CLASSROOM INSTRUCTOR

Job Description

Purpose: The Substitute Classroom instructor creates a positive learning environment to facilitate the personal, social, and intellectual development of students in the absence of the regular instructor. In order to respond to the individual needs and abilities of students, the Substitute Instructor must work closely with other staff and the administration of USD 506.

Reports to: Building Principal

Payment Rate: As established by the Board of Education (\$110 a day, rate as of July 2022)

Qualification:

1. High school diploma or equivalent
2. Current Kansas certification as necessary for substitute teacher on file in the District Office
3. Desire to continue career improvement

Essential Functions

1. Facilitate the personal, social, and intellectual development of students.
2. Maintain a positive learning environment and respond to the individual needs of students.
3. Ensure that all activities conform to district guidelines
4. Communicate effectively with members of the school district and community
5. Work effectively with community organizations
6. React to change productively and handle other tasks as assigned.

7. Support the value of an education
8. Support the philosophy and mission of USD 506

Physical Requirements/Environmental Conditions

1. Requires prolonged sitting or standing
2. Occasionally requires physical exertion to manually move, lift, carry, pull or push heavy objects or materials.
3. Occasionally stooping, bending and reaching
4. Must work indoors and outdoors year round
5. Must work in noisy and crowded environments

General Requirements

1. Implement effective lessons in the absence of the regular Instructor.
2. Motivate students through effective communication and evaluate feedback.
3. Demonstrate awareness of the needs of students and provide for individual differences
4. Set high expectations for student achievement and behavior
5. Establish and maintain a positive climate for learning through appropriate classroom management
6. See that district policies are observed during all activities
7. Adhere to all district health and safety policies, including all precautions of the Bloodborne Pathogens Exposure Control Plan.
8. Other duties as assigned by the Building Principal

EMPLOYEE APPLICATION
Labette County Unified School District 506
PO Box 188, Altamont, KS 67330
620-784-5326

Position applying for _____ Date _____

Name in full _____ Soc. Sec. # _____

Address _____

Telephone & time you can be reached _____

Give full & accurate data regarding your educational & professional training:

	Name of Institution	Degree/Diploma	Major/Minor	Date	Credits
High School					
College					
Special					

Give full & accurate data regarding your previous employment:

Name & Address of Employer	Type of Work	Dates of Employment	Full/Part Time (F)/(PT)

Give 4 references that have first-hand knowledge of your character, personality, ability, & work experience.

Name	Mailing Address	Official Position	Phone Number

Have you read the job description for this position? _____ Are you able to perform the essential functions of this position with or without reasonable accommodation?

Responsibilities connected with your present or last position _____

Reason for leaving your present or last position _____

When could you begin work here? _____ Have you ever been convicted of a felony? _____ If yes, please explain by confidential letter.

I certify that all the information provided by me in this application is true & complete. I understand that any misstatement, falsification, or omission of information is grounds for ~~refusal to hire, or if I am hired & the same is discovered thereafter, termination.~~

I authorize any of the persons or organizations referenced in this application to give you any & all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, & I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.

I authorize you to request, receive, & verify all information given on this application & I release you from all damages that may result from your doing so.

I authorize you to conduct a criminal background investigation using any & all methods necessary to successfully complete such investigation & I release you from all liability for any damages that may result from your doing so.

Date _____ Signature of Applicant _____

THE FOLLOWING APPLIES TO BUS DRIVER APPLICATIONS ONLY, & MUST BE COMPLETED BY ANY DRIVER APPLICANT.

Name as it appears on drivers license _____

Address as it appears on drivers license _____

Drivers license number _____ Birth Date _____

I have never been convicted of a felony or class A, B, or C misdemeanor. I have not within the past 3 years been convicted of hit & run driving, driving while intoxicated or under the influence of drugs, vehicular homicide, or reckless driving, nor had an operator's license revoked. I hereby give consent to USD 506 to obtain & to my previous employer(s) to release to USD 506 drug & alcohol testing information for the 2 years prior to the date below.

Date _____ Signature of Applicant _____

It is the policy of Labette County Unified School District 506 to follow employment practices which consider only qualifications of the applicant for a position, without regard to race, color, religion, age, sex, disability, ancestry, or national origin.

USD 506 SUBSTITUTE INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Preferred Telephone (please list only one, this will be your username for logging in to the Frontline Absence Management phone system):

Desired PIN (This will be your password for logging in to the Frontline Absence Management phone system. Must be four digits.):

Please read the following carefully:

You will be assigned a district email. Generally, this email will consist of your first initial and last name followed by @usd506.org unless otherwise specified. (Example: John Smith would be jsmith@usd506.org) Your password will be labette506 and you will be prompted to change it upon first log in. You will also receive an email from the absence management system to create your account for online use. You will use your district email as your username and pick a password of your choice. By filling out this form you are expressing your intent to serve as a substitute teacher for the 2021-2022 school year for USD 506 Labette County Schools.

The following describes my current certification (check one):

_____ Certified Teacher

_____ Certified Substitute

_____ Eligible for emergency certificate (at least 60 hours of college credit)

If certified please list subjects and grade levels you are certified to teach.

List only the schools you desire to substitute for. If you have no preference, please leave blank.

Additional information you would like to submit.

Labette County U.S.D. 506 Direct Deposit Agreement

Authorization Agreement for Automated Deposits (ACH Credits)

I hereby authorize Labette County U.S.D. 506, hereinafter called Company, to initiate credit entries to my ☐ Checking or ☐ Savings account indicated below & the depository named below, hereinafter called Depository, to credit the same such account.

Check one: I am not currently participating in the Direct Deposit Program
☐ ADD Deposit my pay to the account shown*

I am currently participating in the Direct Deposit Program
☐ CHANGE- Change financial institutions &/or account number*
☐ CANCEL- Stop my participation in the program

Bank Name _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

This authority is to remain in full force & effect until Company has received written notice from me of its termination in such time & in such manner as to afford Company & Depository a reasonable opportunity to act on it.

Name _____ Date _____

Signed _____ S.S. No. _____

*Due to the time required for Company & bank processing, allow one or two pay periods for processing. You will receive a regular paycheck until the change can be processed.

IMPORTANT! NOTE TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

TAPE YOUR VOIDED CHECK OR DEPOSIT SLIP HERE

General Report

General Report on the results of the survey conducted in 1998.

The survey was conducted in 1998 and the results are presented in this report. The survey was conducted in 1998 and the results are presented in this report.

Page 1

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Name: _____ Date of Birth: _____

Please answer BOTH part A & B.

Part A. **Are you Hispanic/Latino?** (*Choose only one*)

No, not Hispanic/ Latino

Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Part B. **What is your race?** (*Choose one or more*)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North, South, or Central America, & who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Signature: _____ Date: _____

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BLOOD BORNE PATHOGENS

The Exposure control Plan adopted by USD 506 to meet school compliance with federal regulations concerning Blood Borne Pathogens is available for review during working hours at each principal's office & the district office. The purpose of the exposure control plan is to protect employees from coming in contact with another person's blood & thus creating the risk of becoming infected with HBV or HIV.

Blood Borne Pathogens are pathogenic microorganisms present in human blood that can cause disease in humans. They include, but are not limited to, hepatitis B (HBV) which can damage the liver, & human immunodeficiency virus (HIV) which damages the immune system. The mode of transmission for both HBV & HIV is blood, semen, & vaginal fluid. Transmission is by blood exposure to mucous membranes & open wounds, transfusion of contaminated blood or blood products, contaminated needles, & sexual contact.

The key to prevention in the school setting is universal precautions for both HBV & HIV & by vaccination for HBV for persons at risk of exposure. Universal precautions are a method of infection control in which all human blood & other potentially infectious materials are treated as if known to be infectious for HIV & HBV. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit unless they contain visible blood.

Hand washing is the key to universal precautions. Wash before: drinking, eating or smoking; handling clean utensils, equipment or food; putting on gloves; going to the bathroom. Wash after: going to the bathroom; contact with any body secretions; handling soiled or contaminated diapers, clothing, or equipment; caring for children; removing disposable gloves.

Gloves are needed when: direct hand contact with body fluids is anticipated; cleaning up body fluid spills; diapering; changing wound dressings; the first aid giver has an open wound on their hands; handling contaminated items (exercise mats, tissues, etc.). Disposable, non-sterile latex gloves should be discarded after each use. Utility gloves may be decontaminated & reused if intact.

FIRST AID INCIDENTS

1. Let injured persons help themselves as much as possible, i.e.: hand the injured person a tissue or paper towel to stop bleeding, have injured person wash own cut, etc.
2. Use gloves if you help with any situation where you may come in contact with another person's blood such as assisting with a scrape or cut, a nosebleed, etc.
3. Call for the custodian to clean up any contaminated surfaces.
4. Place any contaminated items such as paper towels, disposable gloves, etc. in a plastic bag, tie it shut, & put it in another plastic bag for disposal.
5. Contaminated clothing should be removed as soon as possible, bagged & sent home with owner to be laundered.

6. If another person's blood comes in contact with employee assisting in first aid or clean up, report it to your supervisor immediately.

EXPOSURE INCIDENT

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from an employee's duties. If an exposure incident occurs, report it to your supervisor immediately. Vaccination & post exposure evaluation will be offered.

HBV VACCINATION

If an exposure incident has occurred, the exposed individual will be offered the HBIG (Hepatitis B Immune Globulin) within 24 hours & will be offered the hepatitis B vaccination series, which consists of 3 shots—initial, 1 month later, 6 months from initial.

POST EXPOSURE EVALUATION CONSISTS OF THE FOLLOWING:

- Report of circumstances to a health-care professional
- Identification & status of source individual (blood tested if permission obtained)
- Results of source individual's blood testing made available to exposed employee
- Employee is offered the option of having blood collected for testing
- Counseling concerning precautions to take & information on potential illnesses

LOCATION OF FACILITIES & SUPPLIES

Hand washing facilities:

Restrooms
Antiseptic rinse-all first aid kits
(Alternative when hand washing facilities are not available)

Disinfectant/Cleaning Supplies:

Clean Up Kits
Custodian storage room

Waste Receptacles:

Use plastic lined receptacles for disposal of any contaminated waste, Double Bag

Masks & Goggles:

Custodial Room

Sharps Containers:

Altamont Grade office
Bartlett North Workroom
Meadow View Nurse's Office
Mound Valley Office
LCHS Nurse's Office

Gloves:

Custodian storage room
All Principals' Offices
All First Aid Kits
All Clean Up Kits
Every teacher's desk- Replenish your supply from your school office

CONTACT PERSONS

Report all first aid incidents involving blood to your immediate supervisor. Contact your building principal, school nurse, or the district office about any questions or concerns you may have.

Bloodborne Pathogen Consent Form

I have read and understand the information given to me regarding bloodborne pathogens. I understand that I am to use universal precautions (wear glove; use good hand washing skills) in any situation where I might be exposed to blood while performing my duties as an employee of USD 506. I also understand that if an exposure incident occurs, I will be offered the Hepatitis B vaccination and post-exposure evaluation at school district expense.

Name _____ Date _____
(Please print name)

Signature _____

Social Security Number _____

Excerpt from USD 506 Classified Handbook Regarding Bullying, Pages 10 and 11

- Displaying cartoons or telling jokes which relate to an individual's age, race, gender, color, religion, national origin, disability, or sexual orientation.

If you believe that you are being subjected to workplace harassment, you should:

- If you feel comfortable enough to do so, tell the harasser that his or her actions are not welcome and they must stop.
- Report the incident without delay to your immediate supervisor/principal, or USD 506 Superintendent.
- Report any additional incidents or retaliation that may occur to one of the above resources.

Any reported incident will be investigated immediately and thoroughly. Complaints and actions taken to resolve complaints will be handled as confidentially as possible, given USD 506's obligation to investigate and act upon reports of such harassment.

Appropriate actions will be taken by USD 506 to stop and remedy all such conduct, including interim measures during a period of investigation.

Retaliation of any kind or discriminating against an employee who reports a suspected incident of harassment or who cooperates in an investigation is prohibited. An employee who violates this policy or retaliates against an employee in any way will be subject to disciplinary action up to and including immediate termination.

VIOLENCE-FREE WORKPLACE

It is USD 506's policy to provide a workplace that is safe and free from all threatening and intimidating conduct. Therefore, USD 506 will not tolerate violence or threats of violence of any form in the workplace, at work-related functions, or outside of work if it affects the workplace. This policy applies to USD 506 employees, parents, student's guests, vendors, and persons doing business with USD 506.

It will be a violation of this policy for any individual to engage in any conduct, verbal or physical, which intimidates, endangers, or creates the perception of intent to harm persons or property. Examples include but are not limited to:

- Physical assaults or threats of physical assault, whether made in person or by other means (i.e., in writing, by phone, fax, e-mail, text, or social media).
- Verbal conduct that is intimidating and has the purpose or effect of threatening the health or safety of a co-worker.
- Possession of firearms or any other weapon on District property, in a vehicle being used on District business, in any District owned or leased parking facility, or at a school-related function.
- Any other conduct or acts which management believes represents an imminent or potential danger to work place safety/security.

Anyone with questions or complaints about workplace behaviors which fall under this policy may discuss them with a supervisor/principal or the District Superintendent. USD 506 will promptly and thoroughly investigate any reported occurrences or threats of violence. Violations of this policy will result in disciplinary action, up to and including

immediate termination of employees. Where such actions involve non-employees, USD 506 will take action appropriate for the circumstances. Where appropriate and/or necessary, USD 506 will also take whatever legal actions are available and necessary to stop the conduct and protect USD 506 employees and property.

In addition to this policy, the District has a policy in place to address student behavior concerning weapons. For information on this policy, please contact your school principal. The safe school hotline number is 1-877-626-8203.

WORKPLACE BULLYING POLICY

USD 506 is committed to providing a safe and healthy work environment for all employees. As such, USD 506 prohibits bullying of any kind and will deal with complaints accordingly. This policy applies to employees while working, at work functions and while traveling on business.

Bullying is defined as unwelcome or unreasonable behavior that demeans, intimidates or humiliates an individual or a group of individuals.

Bullying can be:

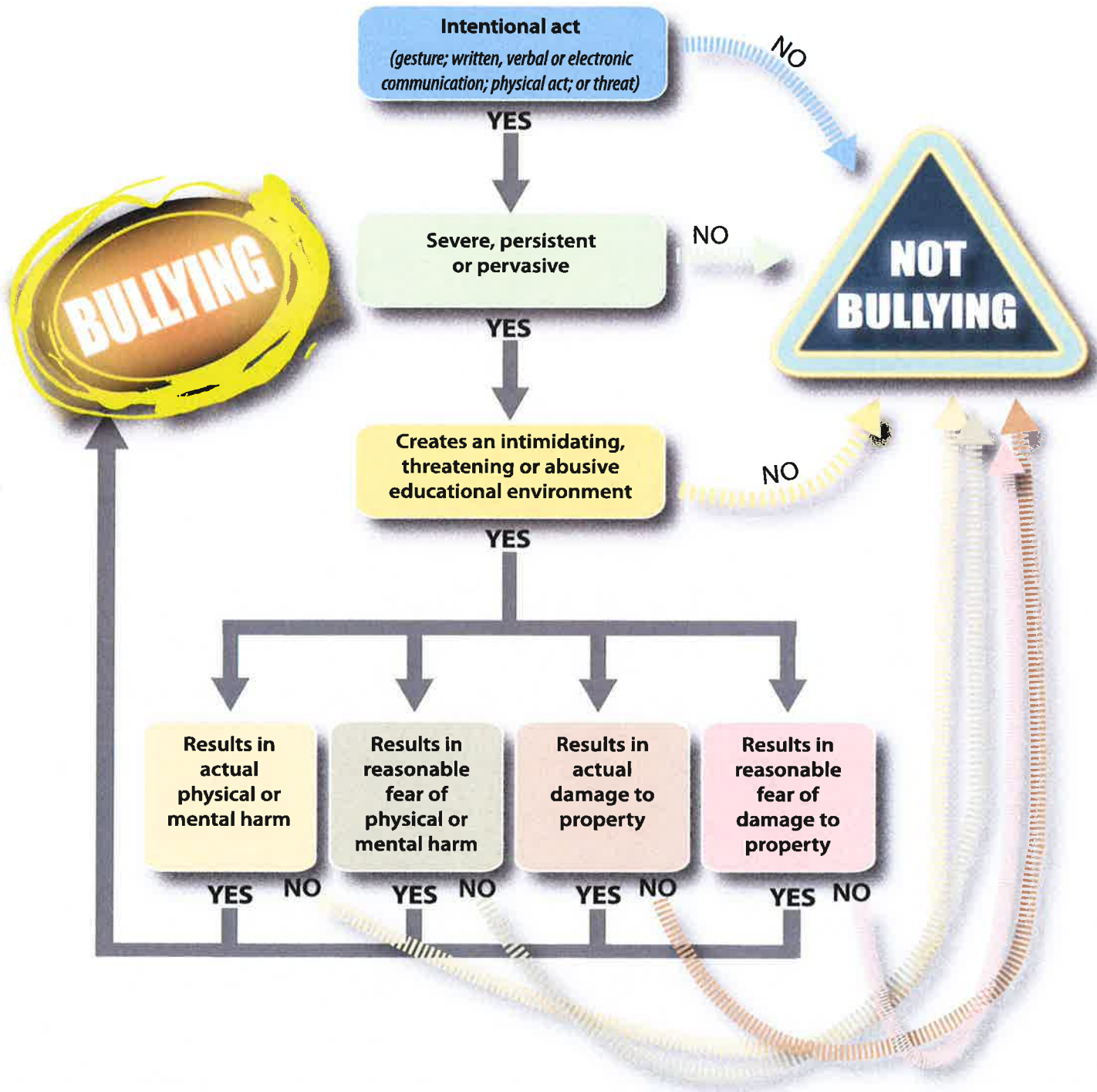
- An isolated incident or persistent incidents
- Carried out by a group or an individual
- Either direct or indirect
- Verbal or physical

Some examples of bullying include:

- Abusive or offensive language
- Unwelcome behavior
- Unreasonable insults or criticism (especially in public)
- Teasing and/or spreading rumors
- Trivializing of work or achievements
- Exclusion or isolation

Bullying can have devastating results. If you witness bullying or suspect bullying is taking place, report it to your supervisor and/or District Office immediately. All suspected incidents of bullying will be thoroughly investigated and disciplinary measures will be taken accordingly.

KANSAS BULLYING LAW



Employee's Withholding Certificate

OMB No. 1545-0074

2021

▶ **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.**

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 widow(er) <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.)		

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, when to use the estimator at www.irs.gov/W4App, and privacy.

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 most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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)

K-4

(Rev. 11-18)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call the Kansas Department of Revenue at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to re-figure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with the Kansas Department of Revenue that: 1) last year you had the right to a refund of **all** STATE income tax withheld

because you had **no** tax liability; and 2) this year you will receive a full refund of **all** STATE income tax withheld because you will have **no** tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should **not** exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your employer. If your employer does not receive

a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Non-wage income: If you have a large amount of non-wage Kansas source income, such as interest or dividends, consider making Kansas estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A** Allowance Rate: If you are a single filer mark "Single" **A** ☐ Single
 If you are married and your spouse has income mark "Single" ☐ Joint
 If you are married and your spouse does not work mark "Joint"
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. **Do not** claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4 **E** _____
- F** Add lines **B** through **E** and enter the total here **F** _____

▼ Cut here and give the lower portion to your employer. Keep the top portion for your records. ▼

Kansas Employee's Withholding Allowance Certificate

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

1 Print your First Name and Middle Initial		Last Name		2 Social Security Number	
Mailing address		3 Allowance Rate Mark the allowance rate selected in Line A above. <div style="text-align: center;"><input type="checkbox"/> Single <input type="checkbox"/> Joint</div>			
4 Total number of allowances you are claiming (from Line F above)				4	
5 Enter any additional amount you want withheld from each paycheck (this is optional).....				5	\$
6 I claim exemption from withholding. (You must meet the conditions explained in the "Exemption from withholding" instructions above.) If you meet the conditions above, write "Exempt" on this line				6	
Note: The Kansas Department of Revenue will receive your federal W-2 forms for all years claimed Exempt.					
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.					
SIGN HERE		Date			
7 Employer's Name and Address				8 EIN (Employer ID Number)	



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	ZIP Code

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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

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

Refer to the instructions for more information about acceptable receipts.

