



SACS

SOUTHWEST ALLEN COUNTY SCHOOLS

Substitute Teacher Application

4824 Homestead Road * Fort Wayne, Indiana 46814

Phone (260) 431-2051 * Fax (260) 431-2058

SACS Website www.sacs.k12.in.us

SACS is an Equal Opportunity Employer

Date of Application _____ Social Security Number _____

Name _____
(Last) (First) (Middle)

Home Address _____
(Number & Street) (City) (State) (Zip Code)

Telephone _____
(Home) (Cell)

When will you be available? _____

Are you presently under contract? Yes ___ No ___

If yes, please indicate expiration date: _____

Have you previously filed an application with SACS? Yes ___ No ___ Date _____

Under what name? _____

Have you been interviewed by a representative of SACS? Yes ___ No ___ Date _____

Please indicate level of teaching you would prefer (indicate 1st, 2nd, or 3rd choice if applying for more than one):

Elementary ___ Primary ___ Intermediate ___

Middle School _____ High School _____

List the specific grade & subject matter you prefer:

1. _____
2. _____
3. _____
4. _____

Student teaching experience _____
Dates (to/from) Subjects/grade level Supervising teacher

Supervisor's school _____ Work phone _____ Home/cell phone _____

Teaching certificate(s) _____
Number Expiration date State

Educational and Professional Training

Please list all educational institutions attended, in chronological order.

Name of institution	Location	From/To	Degree	Major	Minor

Teaching Experience

Please list all experience, in chronological order.

Inclusive dates (from/to)	School	City/State	Grade/Subject	Principal's Name

Years of experience as a full-time teacher _____

References

Please provide a minimum of four professional references.

Name	Title	Company	Phone	Email

Supplementary Information

What significant experiences have you had working with children?

Please list the student activities or sports that you feel competent to direct:

Have you ever been convicted of a felony? Yes ___ No ___ (If yes, please explain by confidential letter.)

The above information is true and accurate.

Written Signature

Date

Please answer each of the questions listed below as best as you can. Please limit your responses to the space provided.

1. Why do you want to become a substitute teacher?

2. What do you believe are your unique skills? What contributions do you feel you could make to education?

3. What are your professional goals?



SACS

SOUTHWEST ALLEN COUNTY SCHOOLS

Dear Substitute Applicant:

Thank you for your interest in substitute teaching at Southwest Allen County Schools. We have enclosed application materials for you.

Southwest Allen County Substitute Teacher Application:

This is to be filled out by everyone who desires to be a substitute teacher at SACS.

Please complete, sign, and return these forms with your other application materials: **Southwest Allen County Addendum Form, Indiana and Federal Tax Forms, I-9 Form, Direct Deposit Form, Student Privacy Form, and Indiana State Teacher's Retirement Fund Application.**

Application for Indiana Substitute Teacher's Permit:

If you do not have a current Indiana Teacher's License, you will need to apply for a Substitute Teacher's Permit from the State **after notice of conditional hire**. Please complete the application on line at www.doe.in.gov/educatorlicensing and pay the required \$15 fee. We will be notified by email when this is complete and will notify you at that time that you have successfully completed Southwest Allen County School's requirements and will be placed on our available substitute list. Upon receipt of your Substitute Teacher's Permit, a copy will need to be forwarded to the Human Resources department.

Please use the enclosed checklist for your convenience in preparing your application.

If you have any additional questions, please contact Becky at 431-2051 or Human Resources at 431-2050.

Preparing today's learners for tomorrow's opportunities.

Phyllis Davis ♦ Director of Human Resources
4824 Homestead Road ♦ Fort Wayne, Indiana 46814 ♦ (260) 431-2050 ♦ pdavis@sacs.k12.in.us

Metropolitan School District Southwest Allen County
4824 Homestead Road
Fort Wayne, IN 46814

NAME: _____

Following is a list of items which are necessary to provide complete records for substitute teaching. As documents are received, a check under the received column verifies our receipt of the necessary items.

	Received
Completed application including <u>resume</u> , addendum	_____
Transcripts for all completed degrees (may use copy)	_____
Teacher certification (license) if valid in state of Indiana	_____
W-4 Federal Tax Withholding form	_____
Indiana State Tax Withholding form	_____
Direct Deposit Form	_____
I-9 Form (Immigration Form)	_____
Require two forms of identification (see back of I-9 Form for applicable documents)	_____
Application for Substitute Teaching Permit if applicable	_____
Student Privacy Form	_____

After notice of conditional hire, you will be asked to complete the following:

Contact www.doe.in.gov/educatorlicensing to obtain your sub teacher permit and pay \$15 fee on line. _____

After notification from SACS, complete Safe Hire background check form. The link to Safe Hire will be sent via email. _____

If you have any questions, please call Becky at 431-2051.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 65 or older,
- is blind, or

will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> <input type="checkbox"/> you're single and have only one job; or <input type="checkbox"/> you're married, have only one job, and your spouse doesn't work; or <input type="checkbox"/> your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <input type="checkbox"/> If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	
For accuracy, complete all worksheets that apply.	<input type="checkbox"/> you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. <input type="checkbox"/> you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. <input type="checkbox"/> neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: 0.8em; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2017</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.		
<input type="checkbox"/> Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and		
<input type="checkbox"/> This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here ▶ 7		

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

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

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
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Deductions and Adjustments Worksheet

Note: Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the Personal Allowances Worksheet, line H, page 1 9 _____
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note: Use this worksheet only if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1 _____
- 2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 _____

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 Subtract line 5 from line 4 6 _____
- 7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here 7 \$ _____
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.



Form WH-4
State Form 48845
(R2 / 8-08)

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1"
Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1".....

3. You are allowed one (1) exemption for each dependent. Enter number claimed.....

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind

Enter the total number of boxes checked.....

5. Add lines 1, 2, 3, and 4. Enter the total here

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....

7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$

8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____

Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. NOTE: An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions increases. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you decreases for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

**MSD SOUTHWEST ALLEN COUNTY PAYROLL
MANDATORY DIRECT DEPOSIT AUTHORIZATION**

NOTE: On the backside of this form is a list of banks currently set up for Direct Deposit. **PLEASE CIRCLE YOUR BANK AND DOUBLE CHECK THE ROUTING NUMBER;** however, you are **NOT** limited to this list. If your bank does not appear on the list, **please attach a voided blank check or for savings account attach a deposit slip with the routing number listed.**

CHECKING ACCOUNT INFORMATION

NET CHECKING ACCOUNT # _____

BANK NAME _____

LIST ADDITIONAL CHECKING ACCOUNTS BELOW IF NEEDED.

NAME OF BANK	ACCOUNT#	AMOUNT TO DEPOSIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

SAVINGS ACCOUNT INFORMATION

NET SAVINGS ACCOUNT # _____

BANK NAME _____

LIST ADDITIONAL SAVINGS ACCOUNTS BELOW IF NEEDED.

NAME OF BANK	ACCOUNT#	AMOUNT TO DEPOSIT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

By signing below, I am authorizing the employer (SACS) to originate electronic credit transactions to my bank account indicated above. If necessary, SACS may make deductions from my account for any payments credited to my account in error. This authority is to remain in full force and effect until SACS has received a new Direct Deposit Authorization form from me, in such time as to afford SACS and my bank a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE: _____

PRINT YOUR NAME: _____ Date: _____

Thank You, Rita Gage/Payroll Specialist (260)431-2032

#	FINANCIAL INSTITUTION	ROUTING	#	FINANCIAL INSTITUTION	ROUTING
30	1ST SOURCE BANK	71212128	143	JP MORGAN CHASE - DENVER,	102001017
141	AMERIPRISE FINANCIAL	26073079	90	JP MORGAN CHASE BANK N.A.,	72000326
325	ASSOCIATED BANK	75900575	29	JP MORGAN CHASE BANK, N.A.	74000010
102	BALL STATE F C U	274975291	131	JP MORGAN CHASE BANK-CHICA	71000013
97	BANCORPSOUTH	84201278	128	JP MORGAN CHASE NA & JPMC	44000037
156	BANK OF AMERICA	63100277	142	JP MORGAN CHASE-MILWAUKEE	75000019
157	BANK OF AMERICA	123103716	124	JPMORGAN CHASE BANK - DALL	111000614
164	BANK OF AMERICA	111000025	108	KEMBA INDIANAPOLIS CREDIT	274074163
83	BANK OF GENEVA	74905872	115	KEYBANK NATIONAL ASSOCIATI	74001048
122	BANK OF ST. AUGUSTINE	63191956	52	LAKE CITY BANK	74903719
25	BEACON CREDIT UNION	274976151	136	LOCKHEED FCU	322274187
27	BIPPUS STATE BANK	74909661	45	METABANK	73972181
70	BOSTON SAFE DEPOSIT & TRUS	11302920	163	MICHIGAN STATE UNIV FCU	272479663
148	BYRON BANK	72409464	16	MIDWEST AMERICA FEDERAL CR	274973141
88	CAMPBELL & FETTER BANK	74903544	114	N & W FEDERAL CREDIT UNION	274975518
8	CENTRAL SOYA FEDERAL C U	274972980	63	NATIONAL CITY BANK OF IND.	74000065
134	CHASE BANK - INDY	505301026	71	NAT'L CITY BANK-CLEVELAND,	41000124
166	CHASE BANK - TAMPA	122100024	80	NAVY FEDERAL CREDIT UNION	256074974
76	CITIBANK F.S.B.	21272655	121	NORTHERN TRUST CO CHICAGO,	71000152
159	CITY TRUST FCU	274973167	110	OLD NATIONAL BANK	86300012
133	COLUMBUS BANK AND TRUST CO	61120000	62	OSIAN STATE BANK	74910087
169	COMMUNITY CHOICE CU	272079021	93	OTTOVILLE BANK CO	41210943
173	COMMUNITY LINK FCU	274973578	22	PARTNERS 1ST FEDERAL CREDI	274973316
78	COMMUNITY STATE BANK	74906800	106	PENTAGON FCU	256078446
15	EAST ALLEN SCHOOLS FED CR	274973073	66	PEOPLE/EMPLOYEES FED CREDI	274973086
144	EVERBANK	63092110	28	PEOPLES FED. SAVINGS BANK	274970050
33	FARMERS & MERCH. BNK LAOTT	74910692	53	PINNACLE CREDIT UNION	274973057
130	FARMERS & MERCHANTS ST BNK	75907099	140	PNC BANK	71921891
161	FARMERS & MERCHANTS STATE	41207341	103	PNC BANK - NJ	31207607
64	FARMERS STATE BANK	74910854	2	PNC BANK (NAT'L CITY ROUTI	74000065
167	FIFTH THIRD BANK	42100230	158	PNC BANK (NORTHEAST PA)	31300012
137	FIFTH THIRD BANK - CINCINN	67091719	113	PNC BANK N.A. 050	83000108
149	FIFTH THIRD BANK - CINCINN	42000314	162	PNC BANK, VIRGINIA	54000030
95	FIFTH THIRD BANK - EASTERN	72405455	92	POWER ONE FEDERAL CREDIT U	274973219
104	FIFTH THIRD BANK NORTHERN,	72401404	17	PROFESSIONAL FEDERAL CR UN	274973183
7	FIFTH THIRD BANK OF CTRL I	74908594	23	PUBLIC SERVICE CREDIT UNIO	274973358
117	FIFTH THIRD BANK-CINCINNAT	71923909	4	PURDUE EMPLOYEES F.C.U.	274976067
146	FIFTH THIRD BANK-NE OHIO	41002711	145	RBC WEALTH MANAGEMENT	44115511
155	FIFTH THIRD BANK-OH	42202196	123	REGIONS	71122661
116	FINANCE CENTER FCU	274073876	69	SALIN BANK AND TRUST COMPA	74014035
18	FIRE POLICE CITY CO FED CR	274973196	12	STANDARD FEDERAL BANK	272471674
168	FIRST AMERICAN BANK	71922777	32	STAR FINANCIAL BANK	74901672
111	FIRST BANK OF BERNE	74905474	107	STATE FARM BANK	71174431
43	FIRST FED. SAVINGS BANK	274970995	152	STATE STREET BANK & TRUST	11000028
154	FIRST FEDERAL BANK-NAPLEON	241270851	10	TEACHERS CREDIT UN.SOUTH B	271291826
67	FIRST FEDERAL SAVINGS BANK	274970380	20	THREE RIVERS FEDERAL CR UN	274973222
200	FIRST FINANCIAL BANK	42200910	74	TOWER BANK	74914229
129	FIRST MERCHANTS BANK	74900657	170	U S BANK	91000022
109	FLAGSTAR BANK	74071926	172	U S BANK	42000013
51	FOOD MARKETING FCU	274973316	126	UBS FINANCIAL SVS INC	44000804
31	FORT FINANCIAL	274973374	84	USAA FEDERAL SAVINGS BANK	314074269
138	FREEDOM FINANCIAL FCU	274973426	132	WACHOVIA BANK	53101626
5	GARRETT STATE BANK	74903803	112	WACHOVIA SECURITIES	53000219
997	GE MONEY BANK/WALMART MONE	124085024	135	WEATHERHEAD FCU	274972838
19	GENERAL FEDERAL CREDIT UNI	274973206	3	WELLS FARGO	74900275
11	GREAT LAKES FED CREDIT UNI	271984832	125	WELLS FARGO - COLORADO	102000076
119	H&R BLOCK BANK,A FED SAV.	101089742	165	WELLS FARGO - NEVADA	321270742
147	HONDA FCU	322275746	171	WELLS FARGO - PA	31000503
44	HUNTINGTON SCHOOL FCU	274973581	151	WELLS FARGO - SO DAKOTA	91400046
36	IAB FINANCIAL BANK	74913275	118	WELLS FARGO ARIZONA	122105278
26	INDIAN LAWRENCE BANK	74904394	120	WELLS FARGO BANK N.A. CALI	121042882
86	INDIANA UNIV. CREDIT UNION	274972744	91	WELLS FARGO BANK, N.A. CAL	122000247
153	ING DIRECT	31176110	127	WELLS FARGO BANK-MINNEAPOL	124002971
160	INTERRA CREDIT UNION	271291017	150	WELLS FARGO BANK-MN,NA	91000019
49	ITT FEDERAL CREDIT UNION	274973251	139	WINGS FINANCIAL FCU	296076152
999	JS SCHENKEL/STATE ST BANK	11000028			



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

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

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

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

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

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

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

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

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

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

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

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

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





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

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

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> Additional Information <div style="float: right; border: 1px solid black; padding: 5px; width: 150px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div> </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)
----------------	-----------------	---------------------------------------

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
1. U.S. Passport or U.S. Passport Card	OR	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	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		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			

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



SACS

SOUTHWEST ALLEN COUNTY SCHOOLS

To: All SACS Substitute Teachers
From: Phyllis Davis
Subj.: Enrollment Procedures and TRF Information

We have been notified that the Indiana Teacher Retirement fund considers substitute teachers to be eligible for membership in TRF and must be awarded service credit for **60 or more days** taught during a given year. We would appreciate your prompt response to the following questions in order to remain active on our substitute teacher list and to apply for TRF membership if necessary. (Please return all requested information to Human Resources.)

I am interested in substitute teaching for SACS:
Yes _____ No _____ (Please notify us either way)

Name: _____ Soc. Sec. #: _____

Address: _____

Phone number where you can be reached regarding substitute teaching:

Home # _____ Cell # _____

In order to remain on our active substitute list, we must have a current copy of your **substitute certificate or teacher's license** on file. Please attach a copy to this form and submit. **A current Indiana license must be on file prior to your first day of substitute teaching.**

I am available to substitute teach on M T W Th F (circle all that apply)

I am unavailable to substitute teach on the following dates: _____

I am currently enrolled in TRF and my TRF number is:

I am not currently enrolled in TRF. I understand I can enroll when I meet the qualifications for membership in the TRF. I will then return the completed TRF application to SACS for submission to the Indiana State Retirement Fund. I understand that deductions from my paycheck will be applied to the Teachers' Retirement Fund for any years in which I qualify for membership in the Fund. Questions regarding membership in TRF should be directed to: Indiana State Teachers' Retirement Fund, 150 West Market Street, Suite 300, Indianapolis, IN 46203-2809, (317) 232-3860. Any questions regarding substitute teaching for Southwest Allen County Schools should be directed to Human Resources at 431-2050

Preparing today's learners for tomorrow's opportunities.

Phyllis Davis ♦ Director of Human Resources
4824 Homestead Road ♦ Fort Wayne, Indiana 46814 ♦ (260) 431-2050 ♦ pdavis@sacs.k12.in.us



**APPLICATION FOR INDIANA
SUBSTITUTE TEACHING PERMIT**

State Form 46700 (R12 / 7-09)
Approved by State Board of Accounts, 2009

INDIANA DEPARTMENT OF EDUCATION
OFFICE OF EDUCATOR LICENSING AND DEVELOPMENT
151 West Ohio Street
Indianapolis, IN 46204
Toll Free: 1-866-542-3672
www.doe.in.gov/educatorlicensing

ACCOUNTING CONTROL	
Receipt number	_____
Date of receipt (month, day, year)	_____
Transaction number	_____

The information in this document is confidential according to IC 5-14-3-4(a)(12).

* This agency is requesting disclosure of your Social Security Number in accordance with 42 USC 666(a)13. Disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Please **TYPE** or **PRINT** clearly.
 2. Attach money order or cashier's check for \$15.00, payable to the State of Indiana.
 3. Do not send cash or personal checks. All fees are non-refundable.

Type of application

Original Renewal Duplicate

SECTION A - COMPLETED BY SUPERINTENDENT

As Superintendent of Southwest Allen County Schools, Corporation number 0125, I have submitted a Corporation plan for certifying substitute teachers for this Corporation. Under our plan, I hereby request a substitute certificate for the person named hereon, _____.

Name of Superintendent (type or print)	Telephone number (with area code)
<u>Dr. Philip Downs</u>	<u>(260) 431-2051</u>

Address of corporation (number and street, city, state, and ZIP code)

4824 Homestead Rd., Fort Wayne, IN 46814

Signature of Superintendent	Date (month, day, year)
_____	_____

SECTION B - COMPLETED BY TEACHER

Name of applicant (last, first, middle)	Maiden name
_____	_____

Social Security number *	Date of birth (month, day, year)	Telephone number (with area code)
_____	_____	<u>()</u>

Address (number and street)

City	State	ZIP code
_____	_____	_____

SECTION C - CRIMINAL HISTORY

1. Have you ever been convicted of a felony? Yes No
2. Have you been convicted of a misdemeanor since January 15, 1994? Yes No
3. Have you ever had a credential, certificate or license to teach denied, revoked or suspended in Indiana or in any other state? Yes No

If you answered yes to questions 1 or 2, you must provide a written explanation and court records, including:

- Chronological case summary
- Affidavit of probable cause
- Charging information
- Plea agreements (if applicable)
- Judgment / Order of Sentencing
- Documentation of successful completion / release from any probation

Court records may be obtained from the clerk of the court(s).

If you answered yes to question 3, you must submit a written explanation and any available documentation.

LOYALTY/AFFIDAVIT

I affirm that the information contained in my application is true and accurate to the best of my knowledge and belief. Misrepresentations made in this application may constitute grounds to deny, suspend, or revoke a license.

I solemnly swear (or affirm) that I will support the Constitution of the United States of America and the Constitution of the State of Indiana.

Signature of applicant	Date (month, day, year)
_____	_____

**MSD of Southwest Allen County
Employment Application Addendum**

Dear Applicant,

Each position within the Metropolitan School District of Southwest Allen County involves contact with our students. Because of the high priority we place upon the wholistic development of these students, we ask each applicant for employment to provide us with certain information. This information helps us to determine an applicant's suitability to work for our school corporation.

This addendum is part of that application process. Therefore, any misrepresentation or omission of fact may be grounds for disqualification from further consideration, or for termination from employment, regardless of when the misrepresentation or omission is discovered.

Having been convicted of a crime or answering "yes" to any of the following questions will not automatically bar you from employment consideration. However, the school corporation's administrators will consider the nature of any conviction or alleged conduct resulting in a "yes" response; the date of the alleged conduct; your intervening conduct; and the relationship between the offense or alleged conduct and the position for which you are applying.

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous employer?
Yes _____ No _____
(If yes, please explain the circumstances on a separate sheet and attach it to this application.)
2. Have you ever been reprimanded, disciplined, discharged, or asked to resign from a prior position?
Yes _____ No _____
(If yes, please explain the circumstances on a separate sheet and attach it to this application.)
3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of your alleged sexual contact with another person, alleged mishandling funds, or alleged criminal conduct?
Yes _____ No _____
(If yes, please explain the circumstances on a separate sheet and attach it to this application.)
4. Have you ever pleaded guilty or "no contest" (*nolo contendere*) to, or been convicted of any crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which are contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor).
Yes _____ No _____
(If yes, please explain the circumstances on a separate sheet and attach it to this application.)
5. Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (*nolo contendere*), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?
Yes _____ No _____
(If yes, please explain the circumstances on a separate sheet and attach it to this application.)

Authorization and Release

I authorize the Metropolitan School District of Southwest Allen County to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including an "expanded criminal history" (as defined by Indiana Code 20-26-2-1.5), possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employees of local, state, or federal agencies to provide the school corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school corporation, its officials, employees, trustees, or agents, or against any provider of such information.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

Please Print Your Name: _____

Signature: _____ Date: _____

In order to provide statistical information relative to applications for employment, we are requesting that you voluntarily complete the following information:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic/Latino or Latino."
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a 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, and Vietnam.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North 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.

REMINDER OF STUDENT PRIVACY OBLIGATIONS

ADMINISTRATIVE GUIDELINES

10/2/11

1. All Southwest Allen County Schools' substitute teachers will sign the Student Privacy Obligations form at the beginning of 2011-12 school year.
 - a. You will be given a copy of the Student Privacy Obligations form and Board policy 4170.
 - b. The signed Student Privacy Obligations form is to be returned to Human Resources for retention in your district file.
2. After initial signing of the form by all current Southwest Allen County Schools' substitute teachers in 2011-12 school year, the Student Privacy Obligations form will be included in the initial hiring materials for all new employees.
3. An annual reminder of Student Privacy Obligations will be sent from HR in the spring to all Southwest Allen County Schools' substitute teacher employees. However, the form will not be signed annually.
4. Completed Student Privacy Obligation forms will be maintained in the substitute teacher's district file.

REMINDER OF STUDENT PRIVACY OBLIGATIONS

Faculty and staff at the Metropolitan School District of Southwest Allen County ("SACS") often have access to confidential information regarding SACS' students. SACS expects all of its employees to handle such information appropriately.

SACS Board Policy 4170 (a copy of which is attached) outlines the proper procedures for handling student records and/or confidential student information. All employees are expected to comply with this policy. In particular, employees should keep the following points in mind:

1. Under federal law, the term "parent" includes a natural or adoptive parent or a legal guardian.
2. Unless there is an order from the Court stating otherwise, custodial and non-custodial parents have the same right to view their child's student records.
3. Once a student turns 18, the student, rather than his or her parents, can authorize the release of records. The parents still have the right to see the student's records if the student is reported as a dependent on the parents' taxes.
4. Generally, faculty and staff must have the written permission of the student's parents to release confidential student information.
5. Confidential student information may be released to a SACS' employee without the permission of the student's parents if the employee has a legitimate educational interest in the information. This means that the employee must be directly involved in the development and/or delivery of educational services to the student.
6. Faculty and staff must not treat confidential student information as the subject of gossip.
7. Teachers must not release confidential student information to the parents of another student. Often, parents may be quite interested in such information, but confidential information cannot be released except in accordance with Board policy, as well as state and federal law.

I acknowledge receipt of SACS Board Policy 4170, and understand that I must comply with that policy and the directives set forth above.

Signature of Employee

Date

Printed Name of Employee

Title