

Conecuh County Board of Education

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Superintendent

WELCOME NEW EMPLOYEES

The Superintendent and Board Members of the Conecuh County Board of Education wish to welcome you to our school system. Based on the number of individuals, who apply to work in education, you should feel honored to be chosen for your qualifications and abilities.

One advantage of having a position in education is the benefits that are offered to our employees. But before these benefits can become effective or your first paycheck can be issued, there is certain information that we will need from you. If you need assistance in completing or have any questions concerning these forms please call us at 251-578-1752 ext. 1202

Only Completed packages will be accepted. Packages are accepted in person only.

All persons interested in working for the Conecuh County Board of Education will need to provide the following items:

- Social Security Card (original card-no copies accepted)
- Driver's License (original, NON-expired – no copies accepted)
- W-4 Form Federal Tax Withholding Form
- A-4Form State Tax Withholding Form
- Employment Eligibility Verification Form
- Direct Deposit Form with voided check (with your name and address on check)
- Sick Leave Transfer Form
- TRS – Retirement Systems of Alabama Enrollment Member Information Record
- Peehip Coverage Form
- Memorandum
- A copy of receipt from fingerprinting location visit required as a new background review. If previously employed by an Alabama Public System, in most cases, the background and fingerprinting is not required again.
- Certification Form
- Human Resources Doc.
- FERPA Form
- Technology agreement
- Confidentially and Privacy Form

1455 Ted Bates Road • Evergreen, AL 36401

Phone: 251-578-1752 • Fax: 251-578-7061 • Website: www.conecuh.k12.al.us

Employee's Withholding Certificate

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.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works	<p>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.</p> <p>Do only one of the following.</p> <p>(a) Reserved for future use.</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p> <p>TIP: If you have self-employment income, see page 2.</p>
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Complete Steps 3–4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	<p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____</p> <p>Multiply the number of other dependents by \$500 \$ _____</p> <p>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here</p>	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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

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

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

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

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

FORM
A4
(REV 3/2014)

ALABAMA DEPARTMENT OF REVENUE
50 North Ripley Street • Montgomery, AL 36104 • InfoLine (334) 242-1300
www.revenue.alabama.gov



Employee's Withholding Tax Exemption Certificate

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

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

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

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

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

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

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

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

THIS FORM MAY BE REPRODUCED

DIRECT DEPOSIT IS AVAILABLE!!

Avoid the need to go to the bank to deposit your check.

Avoid the holiday and summer problems of having to go to the payroll office to get your check.

Sign up for direct deposit now! Here's how:

Use the form on the bottom of this page to sign up

Attach a copy of a voided check (checking accounts) or deposit ticket (savings accounts)

Turn this sheet in to the payroll office

Start relaxing and enjoying the benefits!

No bank account? No problem We can help you get one set up.

Benefits:

It's fast – Your money will be deposited in your account on payday and available for you that morning. You do not have to worry about vacations, sick time, summer, or just being too busy.

It's safe – Your paycheck can not be stolen or lost.

It's reliable – You'll still get a pay stub to show your deposit that includes your deductions and amount of pay.

Enrollment:

I authorize Conneaut County Board of Education to credit my account for direct deposit. I also authorize Conneaut County Board of Education to debit my account for any correction that may need to be made in an event there is an error. I also understand it is my responsibility to immediately notify in writing the Conneaut County Board of Education for any changes I make with my bank account. I have attached a copy of a voided check or provided savings account information to ensure that there is not a delay in processing my payroll.

Signature

Date

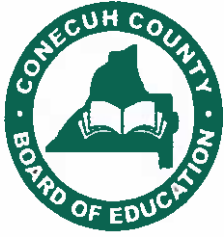
Please complete the following:

Name of Bank: _____

Account Number: _____

Routing Number: _____

Checking or Savings: _____



Conecuh County Board of Education

Jan Hayes, President- District 2

Coretta Boykin, Ed. D. Vice President - District 4

Timothy Covin - District 1

JoAnn King - District 3

Barbara T. Locke - District 5

Tonya D. Bozeman, Ed. D.
Superintendent

Alabama school boards are required by state law to verify the employment eligibility of newly hired employees by using the federal E-Verify program. New employees are required to provide a Social Security number, an unexpired identity document that contains a photograph, and other acceptable documents that establish employment eligibility. In addition to determining whether a new hire is authorized to work in the United States, E-Verify will confirm that the employee's name and Social Security number match. The U.S. Department of homeland Security (DHS) has a service for employees to check their own employment authorization status before going through the E-Verify process at a new job. The E-Verify Self Check gives new employees some additional time to correct any problems they find with their DHS or Social Security Administration records before employment begins. Self check is located on the right side of the E-Verify website www.uscis.gov/everify.

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

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

Refer to the instructions for more information about acceptable receipts.



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
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<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. (See instructions)
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>OR Code - Section 1 Do Not Write In This Space</p>

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 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		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
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
--	---------------------------	---



Designation of Beneficiary Prior to Retirement

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov



Your SSN

This form must be signed and notarized for changes to be activated. To name contingent beneficiaries, use the back of this form. If you name contingent beneficiaries, you must sign both sides of the form. Do not use this form if you are retired or participating in DROP. Please contact the RSA for the proper form.

Type of Account: ☐ TRS ☐ ERS ☐ JRF ☐ SNU *Supernumerary members only*

Your Information

Please note: Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by the RSA.

Name _____
First Middle/Maiden Last
Address _____
Street or P.O. Box City State ZIP Code
Telephone Number _____ Email Address _____
Date of Birth _____ Sex ☐ Male ☐ Female

Designation of Primary Beneficiary

Primary beneficiaries will receive any benefits payable upon the member's death.

If you have more than four primary beneficiaries, please contact the RSA.

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____
Address _____
Street or P.O. Box City State ZIP Code
Social Security Number _____ Sex ☐ Male ☐ Female

☐ Check if contingent beneficiary information is continued on the back of this form.

Signature Certification

Sign Here →

Please have your signature acknowledged before a Notary Public.

Your Signature _____ Date _____
State of _____, County of _____

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public _____

Seal

My Commission Expires _____

Designation of Beneficiary Prior to Retirement



If completing this side of the form, do not forget to sign at the bottom.

Name _____ SSN _____

Designation of Contingent Beneficiary

*Contingent beneficiaries
will receive benefits only
if all primary beneficiaries
are deceased at the time of
the member's death.*

List any Contingent Beneficiaries below.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box _____ City _____ State _____ ZIP Code _____

Social Security Number _____ Sex ☐ Male ☐ Female

Sign Here → Your Signature _____ Date _____

**Page two must be signed if any contingent beneficiary information is submitted on this side of the form.*

PEEHIP has upgraded their online system and made a change that affects **all new employees** who enroll in PEEHIP. New employees must enroll in PEEHIP coverage(s) within 30 days of their employment by using the Member Online Services (MOS) system instead of sending in a paper enrollment form. Once you have enrolled you will receive a confirmation letter from PEEHIP, this confirmation letter will be attached to your Member Handbook that is mailed to all new employees once they have enrolled. In addition to new employees having to use the Member Online system to enroll, you must submit your initial premium payment electronically by selecting the "Pay Now" button at the end of the enrollment process. Failure to pay the premiums at the time of enrollment will result in your enrollment not processing and a claim hold on the account. Your account will remain on claim hold until the initial payment is made. If the premium payment can be payroll deducted, the member online system will not require you to pay online.

You can access Member Online Services by clicking on the Member Online Services on the bottom left of the page at <https://mso.rsa-al.gov>

If you do not have access to a computer with internet service you will need to come by the Payroll/Human Resource office.

PEEHIP RATES FOR 2019-2020

For Assistance: 1-877-517-0020

1-334-517-7000

PEEHIP Hospital Medical Plan & VIVA Health Plan (Base Rate)

Active Member		Member on LOA/COBRA	
Individual	\$30	Individual	\$486
Individual plus non-spouse dependents (no-spouse)	\$207	Family	\$1,241
Individual plus spouse only (no other dependents)	\$282		
Individual plus spouse plus other dependents	\$307		

PEEHIP Supplemental Medical Plan

Active Member		Member on LOA/COBRA	
Individual or Family	\$0	Individual or Family	\$149

Optional Coverage Plan

Cancer, Indemnity, and Vision	Individual or Family (cost per plan)	\$38
Dental	Individual	\$38
Dental	Family	\$50

Conecuh County Board of Education
1455 Ted Bates Rd
Evergreen, AL 36401
Phone: 251-578-1752 Fax: 251-578-7061

****This form is only to be completed by those employees who choose NOT to take out the Health/Hospital Medical insurance offered to them through P.E.E.H.I.P. (Blue Cross/Blue Shield of Alabama).**

To: Conecuh County Board of Education

Re: Insurance Coverage

I _____, hereby certify that I have been offered insurance through P.E.E.H.I.P. (Blue Cross/Blue Shield of Alabama) but hereby decline this coverage because I have coverage through my spouse.

Employee

Witness

Date

Instructions on Enrolling in PEEHIP Insurance

- Go to www.rsa-al.gov . There is also a link to this RSA website on our district web page www.lamarcountyk12.com . Go to **For Teachers** and look under **Staff and Teacher Resources for Retirement Systems of AL**
- Look at the top of the webpage for the **Member Login** tab
- If you are a **first time user** click on **Need to Register?**
- **Create an Online Account:** You will need your PID number, Last 5 digits of your Social Security Number, Date of Birth, and Last Name. *Your PID number is: _____*
- If you already have a Member Login, key in your User Name and Password where indicated and Login to make any changes. If you are coming from another Alabama Public School System and you have no open enrollment changes to make, you do nothing.
- Follow the Online Instructions to finish creating your Online Account and then you can proceed with Enrollment. If you have any problems or questions you can call PEEHIP at 1-877-517-0020 or Jennifer Morris at 205-695-7615, extension 3010.
- **Remember your Login!** Keep your newly created User Name and Password. You can login any time to view your coverage, premiums, etc...

This is your once-a-year opportunity to enroll, make changes, or terminate coverage during the 2019 Open Enrollment period. **Open Enrollment begins July 1, 2019**, and will end by the following deadlines:

- ♦ the deadline for submitting paper Open Enrollment forms is August 31, 2019. Any paper forms postmarked after August 31, 2019 will not be accepted.
- ♦ the deadline for submitting online Open Enrollment changes is midnight of September 6, 2019. After September 6, 2019, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed.
- ♦ the deadline for enrollment or re-enrolling in a Flexible Spending Account online or on paper is September 30, 2019.
- ♦ No changes in address, coverage, or tobacco status can be made by phone.

www.rsa-al.gov - This website has all your information for Teacher Retirement Systems (TRS), Retirement Systems of Alabama (RSA), and Public Education Employee Health Insurance Plan (PEEHIP). Forms, Publications, Contact Information, etc....

MEMORANDUM

TO: ALL EMPLOYEES

IN RE: EEOCSELF SURVEY

Each year the EEOC collects data concerning ethnicity and race on those in the work force. To be more correct, the EEOC has changed the categories and classifications under which these reports are given. We need your help to more correctly report this information. Completing this survey is completely voluntary on your part. Please take the time to identify for use which of the following ethnic or racial groups you belong and then return this form to the payroll office. Thanks for your consideration and help.

Please check which apply:

Male _____ Female _____

Hispanic or Latino _____

Non Hispanic or Latino:

White _____

Black or African American _____

Native Hawaiian or Other Pacific Islander _____

Asian _____

American Indian or Alaska Native _____

Two or More Races _____

Name _____

Alabama Applicant Processing Service (AAPS) Fingerprinting Overview

STEP 1 - REGISTRATION

If you live out of state and cannot travel to Alabama to be fingerprinted [CLICK HERE](#)
Alabama applicants **MUST** be registered online prior to arriving at a fingerprint location
Currently only Alabama State Department of Education (ALSDE) applicants may use AAPS

Option 1 - Online Registration – <https://www.cogentid.com/AL>

- o Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting **CANNOT** be corrected and is the responsibility of the applicants. Changes to incorrect registration data **MAY** be corrected online or by telephone prior to fingerprint submission.

Option 2 - Telephone Registration – 866-989-9316

- o 3M Cogent encourages ALL applicants to register online
- o Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting **CANNOT** be corrected and is the responsibility of the applicants. Changes to incorrect registration data **MAY** be corrected online or by telephone prior to fingerprint submission.

Option 3 - Out-of-State Applicants/Paper Fingerprint Cards

- o Out-of-State applicants may submit a completed fingerprint card **AND** a money order or cashier's check in the amount of \$57.65 made out to 3M Cogent. Applicants **MUST** register **ONLINE** prior to mailing in fingerprint cards **AND** must include their **REGISTRATION ID**. Submit fingerprint cards to:

3M Cogent
ALSDE Cards Scan
639 North Rosemead Boulevard
Pasadena, CA 91107

STEP 2 - PAYMENT

Fingerprint Fee is \$49.65

- o Applicants may pay online during registration using a debit or credit card
- o No cash, credit card or business checks are accepted at the fingerprint locations.
- o Applicants may pay at the fingerprint site with money order or cashier check
 - Payments must be made out to 3M Cogent
 - Payment amount for ALSDE fingerprinting is \$49.65

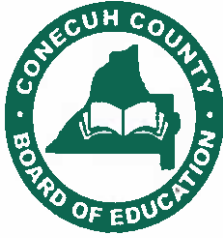
STEP 3 - FINGERPRINTING

Visit any 3M Cogent fingerprint location in Alabama. See *Print Locations & Hours* at <https://www.cogentid.com/AL>

Be sure to bring valid identification with you to the print location. See *What to Bring* at <https://www.cogentid.com/AL>

[Home](#)

[Back](#)



Conecuh County Board of Education

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JoAnn King - District 3

Barbara T. Locke - District 5

Tonya D. Bozeman, Ed. D.
Superintendent

CONGRATULATIONS AND WELCOME FROM TEACHER CERTIFICATION

You will be receiving new hire information from Mrs. Anita Deason, Payroll and Benefits office. When you come to see Mrs. Deason to turn your paperwork, please drop by and see me before you leave.

I will need a few additional documents to complete your file, with Teacher Certification

- Official transcripts sent to my attention
- Experience verification from your previous school system(s). Supplement EXP attached
- Documentation of Lee vs. Macon training

Brenda Landon/Administrative Asst.
Conecuh County Board of Education
Phone 251-578-1752 x 1204

Alabama State Department of Education
Educator Certification Section

5215 Gordon Persons Building
Post Office Box 302101
Montgomery, AL 36130-2101

Telephone: (334) 353-8567
www.alabed.edu/edcert



This section must be completed by the
employing Alabama school system or
nonpublic school.

School System Code: _____

Nonpublic
School Code: _____

SUPPLEMENT EXP

This supplement is to be completed for verification of professional educational work experience and/or for verification of clock hours of professional development.

Professional educational work experience is full-time educational employment in

- A state or local public school,
- A church-related/parochial school (grades P-12),
- Alabama State Department of Education sponsored initiatives (e.g., Alabama Math, Science, and Technology Initiative: AMSTI),
- State Departments of Education,
- An educational association,
- A college/university that was regionally accredited when the educational experience was earned,
- An Alabama nonpublic school,
- An Alabama charter school (grades P-12), OR
- A nonpublic school or charter school outside of Alabama (grades P-12) that was accredited or approved by the State Department of Education where the school was geographically located when the educational experience was earned. The school **MUST SUBMIT** documentation of their accreditation or approval by that State Department of Education, during the school year(s) the experience was earned, with Supplement EXP.

Experience as a graduate assistant, intern, student teacher, or in positions such as aide, clerical worker, or substitute teacher will **NOT** be considered.

For **certificate renewal**, professional educational work experience in increments of less than one semester (4.5 months) or less than 20 hours per week will **not** be calculated toward full-time experience.

For **certificate issuance**, in an instructional support area (library-media, school counseling, administration and/or supervision, etc.) professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required.

For **meeting testing requirements through the certificate reciprocity approach**, professional educational work experience in increments of less than one semester (4.5 months) will **not** be considered. Additionally, **full-time** experience is required and must have been earned within ten years prior to applying for Alabama certification.

Clock hours of professional development earned and applied toward renewal must be

- Consistent with the Alabama Standards for Professional Development found at www.alabed.edu/edcert (click *Certificate Renewal - Professional Educator*).
- Based on the individual's professional growth needs as identified through performance evaluations, if employed, and
- Related to professional education with consideration given to the sponsoring organization, the professional qualifications of the presenter, and the purposes, goals, and evaluation of the activity.

For additional information and rules regarding certification requirements, which all applicants are responsible for meeting, please refer to the appropriate summary sheet(s) and the Alabama Administrative Code rules at www.alabed.edu/edcert. **FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

I. PERSONAL DATA: TO BE COMPLETED BY THE APPLICANT TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
()	()	()			
Social Security Number		Date of Birth (mm-dd-yyyy)			

II. PURPOSE OF SUBMISSION: TO BE COMPLETED BY THE APPLICANT

- ☐ Certificate Renewal
- ☐ Meeting testing requirements *through the certificate reciprocity approach*
- ☐ Issuance of a _____ certificate
- ☐ Superintendent election in _____ County.
- ☐ Other _____

Name: _____

Social Security Number: _____

SECTIONS III, IV, and V ON PAGE TWO ARE TO BE COMPLETED BY THE SUPERINTENDENT, HEADMASTER, COLLEGE/UNIVERSITY HUMAN RESOURCES/PAYROLL OFFICER OR ASSOCIATION DIRECTOR

DO NOT RETURN THIS FORM TO THE APPLICANT. FOR SUBMISSION TO THE ALABAMA STATE DEPARTMENT OF EDUCATION, PLEASE MAIL TO THE ADDRESS ON PAGE ONE. AT THE APPLICANT'S REQUEST, THE EMPLOYER MAY FORWARD THIS FORM TO AN ALABAMA SCHOOL SYSTEM OR AN ALABAMA COLLEGE/UNIVERSITY.

III. EMPLOYMENT INFORMATION

Name of School System, Nonpublic School, College/University, or Association _____

From Month Day Year	To Month Day Year	Specific Grade(s) Taught	Specific Subject Area(s)	Position(s) Held	Full Time Part Time	If Part-Time, List Hours per Week
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
					<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

IV. VERIFICATION OF CLOCK/CONTACT HOURS OF PROFESSIONAL DEVELOPMENT:

(Section IV applies to those seeking the renewal of an Alabama Certificate. Attach additional sheets if necessary.)

Specific Professional Development Activity	Beginning Month/Day/Year	Ending Month/Day/Year	Number of Clock/Contact Hours

Total Clock/Contact Hours of
Professional Development _____

V. I certify that all of the above information pertaining to this individual is true and correct:

A notary seal must be affixed to this form OR the business card of the authorized official must be attached.

Sworn to and subscribed before me this _____ day of _____, 2016.

Signature of
Superintendent or Headmaster
College/University Human Resources/Payroll Officer
Association Director

Typed or Printed Name _____

Position Held _____

Seal and Signature of Notary Public _____

My Commission Expires _____

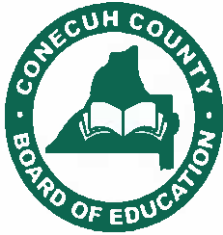
School System, Nonpublic School, College/University, Association _____

Address _____

City/State/ZIP Code _____

Telephone Number _____

Date _____



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Barbara T. Locke - District 5

Tonya D. Bozeman, Ed. D.
Superintendent

TRANSFER SICK DAYS TO THE CONECUH COUNTY BOARD OF EDUCATION

ATTN: PAYROLL OFFICE OF FORMER SCHOOL SYSTEM

SCHOOL SYSTEM NAME: _____

ADDRESS: _____

ADDRESS/FAX: _____

Employee should send form to former school system

PLEASE TRANSFER MY REMAINING SICK DAY BALANCE TO

Conecuh County Board of Education

ATTN: Payroll/Anita Deason

1455 Ted Bates Road

Evergreen, AL 36401

FAX 251-578-7061

DATE OF REQUEST: _____

Employee Name: (Printed) _____

Employee Address: _____

Employee SSN: (required) _____

Last School Worked: _____

EMPLOYEE SIGNATURE REQUIRED: _____

The balance transferred will include any sick bank days.

Please allow two payroll periods for the balance to be transferred to the receiving system and be posted to your payroll check.

LIST PRIOR TEACHING EXPERIENCE

DOB: _____

[illegible]

Date: _____

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE**

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.
**** See instructions for the address to use when submitting this form. ****

Requesting Person or Agency/Organization Conecuh County Board of Education		Check All That Apply
Mailing Address 1455 Ted Bates Road		<input type="checkbox"/> Child Placing Agency
Evergreen, AL 36401		<input type="checkbox"/> Residential Child Care Facility
Telephone Number (251) 578-1752 Email: tonya.bozeman@conecuhk12.com		<input type="checkbox"/> Child Day / Night Care Center
PRINT Requestor's Name Tonya D. Bozeman, Ed.D		<input type="checkbox"/> Family Day / Night Care Home
Requestor Signature	Date	<input type="checkbox"/> Exempt Child Day Care Center
Witness Signature	Date	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
		<input type="checkbox"/> Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☐ employee ☐ volunteer ☐ other. This person's specific job/role is or will be:

Name _____ Sex ☐ Male ☐ Female Race _____ DOB ____/____/____
 Last First Middle

Current Mailing Address _____

Alias, Maiden & Prior Married Name(s) _____

Name & DOB of Spouse & Former Spouse(s) _____

Name & DOB of Children / Stepchildren _____

Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature _____ Date _____ Signature of Witness _____ Date _____

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

☐ Substantiated report (i.e., indicated) located. See attached information.

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

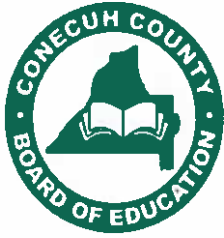
☐ No report located.

☐ Request Denied _____

☐ Other _____

Office of Child Protective Services _____

Date Completed _____



Conecuh County Board of Education

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Timothy Covin - District 1

JoAnn King - District 3

Barbara T. Locke - District 5

Tonya D. Bozeman, Ed. D.
Superintendent

Conecuh County Board of Education Confidentiality and Privacy Statement

Given the nature of our work, it is imperative that employees of Conecuh County Schools maintain the confidence of parents, students, and staff about any information that we learn in the course of our work. Conecuh County Schools prohibits the release of any students, staff, or parents information gained through participation in the typical classroom/school setting, meetings, and paperwork to anyone outside.

- The privacy of participants involved in the school setting, and information gained in the course of the day is strictly confidential.
- Knowledge of events and information gained in the school setting are not shared or discussed with anyone outside of the staff, student, and/or family, and deliberate care is given to respect persons' safety and right to privacy.
- Conecuh County School employees adhere to strict confidentiality standards regarding personal or sensitive information concerning students and/or their families.
- Confidential, personal, or sensitive information includes, but is not limited to the following:
 - Racial and/or ethnic background
 - Religious, cultural, or political beliefs
 - Sexual orientation
 - Criminal record, history, or acts
 - Health records
 - Inappropriate school behaviors
 - Academic issues
 - Family issues

Conecuh County School Employee Declaration of Confidentiality

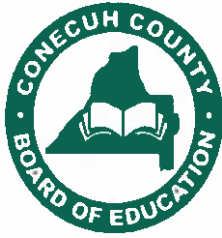
- As a Conecuh County School Employee, I have read and understand the above declaration on confidentiality and agree to work within these arrangements.
- I will maintain the confidentiality of the staff, students and their parents regarding any personal, sensitive, or confidential information.
- I will not mention the names or other details of staff, students and parents in conversation with people outside this meeting.

Name _____ Signature _____ Date _____

Please Print

1455 Ted Bates Road • Evergreen, AL 36401

Phone: 251-578-1752 • Fax: 251-578-7061 • Website: www.conccuh.k12.al.us



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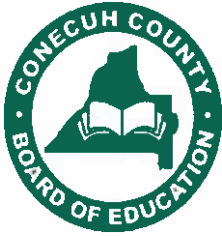
Notice to Employees regarding FERPA

(IDEA 2004, ADA and Section 504)

All employees hired by Conecuh County Schools need to understand that the Family Education Rights and Privacy Act (FERPA) protects student educational records. This act ensures that information about students is not disclosed without the written consent of their parents. A student's right of privacy is violated when personal information is disclosed to others without consent, or when he or she is being asked for personal information by others who have no legal basis to do so. FERPA applies to education records that includes but are not limited to the following: Family information, Personal information, Grades, Test records, Special education records, Disciplinary records, Medical and Health records, Transcripts, Videotaping. All employees are expected to comply with confidentiality demands of FERPA and may not disclose any student information verbally, in writing, or electronically to anyone other than another school employee who has a need to know due to legitimate educational interest. This requirement applies to any knowledge, written or otherwise, that an employee might have about a student's educational experience that is gleaned from working as a Conecuh County School employee. I, _____ have read the information explaining the confidentiality of student records protected by FERPA. I understand that I may not disclose any information about a student under my charge as a Conecuh County Schools employee to anyone other than another school employee who has a legitimate educational interest in that student. I agree to abide by these standards.

Signed: _____

Date: _____



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INTERNET USE AND EQUIPMENT AGREEMENT

Access to Technology Resources Policy

In order to enhance educational opportunities for its students, it shall be the policy of the Conecuh County Board of Education to permit access to and use of developing technology resources, including but not limited to the "Internet." Such access and use shall be restricted to faculty, students, and other persons who are engaged in bona fide educational and administrative activities which serve and are consistent with identified educational objectives and authorized support functions. To those ends, the Superintendent is authorized to promulgate reasonable rules and regulations regarding access to and use of school-based technology resources and to require adherence to such rules and regulations through such means as the "Internet Use Agreement" and by the application of appropriate disciplinary policies and procedures.

Introduction

To ensure that students receive a quality education and that employees are able to work in a professional and intellectually-stimulating environment, the Conecuh County Board of Education („the Board“) provides students and employees with opportunities to access a variety of technology resources, including the Internet.

What is the Internet?

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students and teachers, through the Internet, will have access to: 1. electronic mail communication with people all over the world; 2. information from university library catalogs, electronic journals, government sources, and news; 3. public domain software and shareware of all types; 4. discussion groups on a variety of topics.

Statement of Caution and Consequences

Board policy restricts access to and use of computers and the Internet to instructional and related purposes. However, because of the nature of the technology, it is impossible to ensure that a user intent upon doing so will not be able to gain access to unsuitable material and data through misuse of computers or the Internet. When detected, misuse of equipment to access prohibited or otherwise inappropriate Internet sites are a violation of this agreement as well as Board policy. Violations of this agreement and of Board policy may result in denial or cancellation of access privileges, and are subject to disciplinary action in accordance with the Code of Student Conduct

1455 Ted Bates Road • Evergreen, AL 36401

Phone: 251-578-1752 • Fax: 251-578-7061 • Website: www.conecuh.k12.al.us

and other applicable policies and regulations. Internet users are also subject to any civil penalties or criminal sanctions that may arise from unlawful use of the Internet.

Regulations Regarding the Use of Internet Resources

1. Acceptable Use. The use must be in support of education or research, or otherwise consistent with the educational objectives of the Board. Transmission or receipt of any material in violation of any state or federal law is prohibited.

2. Privileges. The use of computers and the Internet is a privilege, not a right, and their unauthorized or inappropriate use will result in a cancellation of those privileges.

3. Network and E-Mail Guidelines. Internet users are expected to abide by the generally accepted rules of network etiquette. All Internet users are expected to act in a considerate and responsible manner. The following infractions are not permitted on any Board computer, computer network, or the Internet:

- a. Sending, displaying, or downloading offensive, profane, or prurient messages or pictures;
- b. Using obscene language;
- c. Harassing, insulting, or attacking others;
- d. Damaging computers, computer systems, or computer networks this includes changing .workstations and printer configurations, and erasing or reattribution files);
- e. Violating copyright laws;
- f. Using another user's password;
- g. Trespassing in another user's "files", folders, or work;
- h. Intentionally wasting limited resources;
- i. Using the network for commercial or political purposes;
- j. Revealing personal information (i.e., photographs, addresses, phone numbers);
- k. Disrupting the use of the network by other users;
- l. Uploading or creating computer viruses.

4. Security

a. Users who discover or suspect a security problem within the computer system should notify the school technology team leader, library media specialist, or principal, and should not discuss the problem with or demonstrate it to other users. b. Users may only log on to the network with their assigned user name and password. c. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network.

5. Procedures for Use.

- a. Student users must have permission from their instructors before using computers or

related technology resources.

- b. Users must sign in or register in the classroom or library media center each time they use the network.
- c. Users may not play games or use computer resources for nonacademic activities unless given written permission to do so by the Superintendent, Board, or Director of Technology.
- d. Users may not waste or take without permission supplies (such as paper, printer, ribbons, and diskettes) that are provided by the Board.
- e. No user of electronic media may purchase and/or install technology hardware or software without the written approval of the Director of Technology.

6. Conecuh County Schools Domain.

- f. Any and all devices connected to the Conecuh County Schools network are considered to be in the private domain of the Conecuh County Schools.
- g. Any and all devices connected to the Conecuh County Schools network are subject to search and monitoring by the appropriate members of the technology staff and superintendent.
- h. No information or resource connected to the Conecuh County Schools network should be considered personal or private from the appropriate members of the technology staff and superintendent. Agreement to Care for and Return Company Equipment

I acknowledge that while I am working for Conecuh County Schools, I am expected to take proper care of company equipment. I understand that upon termination, I am expected to return all property of Conecuh County Schools in proper working order. This agreement includes, but is not limited to, the following: portable computers, mobile phones, video and digital cameras, external hard drives, etc. I understand that continued failure to return equipment may be considered theft by the school system and may lead to criminal prosecution.

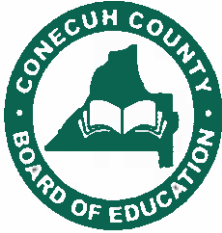
Employee Name (Please print)

Date

Signature

School Name

Grade/Subject Teaching or Job Position



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- As a Conecuh County School Employee, I have read and understand the above declaration on confidentiality and agree to work within these arrangements.
- I will maintain the confidentiality of the staff, students and their parents regarding any personal, sensitive, or confidential information.
- I will not mention the names or other details of staff, students and parents in conversation with people outside this meeting.

Name _____ Signature _____ Date _____

Please Print

Check Stubs

We no longer print check stubs. To view or print a copy of your check stub you will need to access the Employee Self Service link below and register with a username and password.

Employee Self Service Link

<https://ess.conecuhk12.com/employeeselfservice>

KASS EMPLOYEE QUICK-START GUIDE

KASS Internet Feature			
Accessing KASS via the Internet	Recording an Absence on the Internet	Modifying an Absence via the Internet	Changing Your PIN via the Internet
<ol style="list-style-type: none"> Go to www.kellyeducationalstaffing.com. Click KASS Login at the top of the screen. Enter your ID and PIN. Click Sign In. Your home page will display. 	<ol style="list-style-type: none"> Scroll down to the Create Absence tab on your home page. Enter the absence information. Click Create Absence or Create Absence and Assign Sub. You will receive a confirmation number. <p>Note: The Assign Sub function may not be available for your district.</p>	<ol style="list-style-type: none"> Click Scheduled Absences on your home page. Click the confirmation number of the future absence you want to modify. Click Edit Absence and edit the information as necessary. (Editable fields are dependent on absence status) Click Save Absence. 	<ol style="list-style-type: none"> Click Account>Change PIN on your home page. Enter your existing PIN in the Old PIN field. Enter your new PIN in the New PIN field. Retype your new PIN in the Confirm New PIN field. Click Apply to save your changes.
KASS IVR Feature			
Accessing KASS via the IVR	Recording an Absence on the IVR	Reviewing Upcoming Absences via the IVR	Changing Your PIN via the IVR
<ol style="list-style-type: none"> Call 1-800-942-3767. Enter your ID and PIN and press #. Select one of the following system options: <ul style="list-style-type: none"> Press 1 to record an absence. Press 2 to check entitlement balances Press 3 to review upcoming absences Press 4 to review a specific absence. Press 5 to review or change personal information. <p>Note: Press * to go back one menu level at any point.</p>	<ol style="list-style-type: none"> Press 1 from the Main Menu and select one of the following options: <ul style="list-style-type: none"> Press 1 to record an absence for today. Press 2 to record an absence for tomorrow. Press 3 to record an absence for another day within the next 30 days. Press 4 to record an absence for Monday (on Friday or weekend). Enter the number of days for the absence (up to five) Enter a start and end time by following the IVR prompts Select the reason for the absence Confirm the absence details Save the absence or Save & Assign a particular substitute by following the IVR prompts. You will receive a confirmation number. <p>Note: The Assign Sub function may not be available for your district.</p>	<ol style="list-style-type: none"> Press 3 from the Main Menu and select one of the following options: <ul style="list-style-type: none"> Press 1 for absences scheduled for today. Press 2 for absences scheduled for tomorrow. Press 3 for absences scheduled for the next 30 days. Select one of the following options: <ul style="list-style-type: none"> Press 1 to hear more about the absence (if multiple days). Press 2 to hear the information again. Press 4 to listen to the next absence, if applicable. Press 5 to return to the Main Menu. 	<ol style="list-style-type: none"> Press 5 from the Main Menu Press 2 to hear your current PIN. Press * to leave your PIN unchanged, or enter a new four or five digit PIN and press #. The system will repeat the PIN you entered <ul style="list-style-type: none"> Press 1 if the PIN is correct. Press 2 to re enter your PIN.

The IVR automatically generates a recording of your name and title. If the IVR records your name or title incorrectly, you can manually re-record them by following these steps:

- Call the IVR at 800-942-3767.
- Enter your ID and PIN and press #.
- Press 5 from the Main Menu to change your personal information.
- Press 1 to record your name.
- Press 1 to save the recording.

Note: If your name or title is changed in KASS, review your recordings on the IVR for accuracy.

Call 1-866-KELLY-38 if you experience technical difficulties using KASS, or if you have forgotten your ID or PIN.

This guide is a condensed version of the *KASS Employee Guide* on kellyeducationalstaffing.com, intended for quick reference only.

RE: New Health Insurance Marketplace Coverage Options and Your Health Coverage

To Conecuh County School System Employees:

There is a lot of talk about healthcare reform today, and you will be hearing much more in the coming months.

It is important to know that the Public Education Employees' Health Insurance Plan (PEEHIP) will continue to offer health coverage to our eligible employees. This coverage is an important part of our total compensation package.

The Patient Protection and Affordable Care Act (ACA) requires employers subject to the Fair Labor Standards Act to provide the attached notice to all working full-time and part-time employees. The notice provides basic information about individual health insurance options that will be available through the Marketplace (also referred to as Exchanges) beginning in 2014. In Alabama, the Health Insurance Marketplace will be administered by the federal government.

The required notice also explains that some individuals may be eligible for federal subsidies to help pay for some of the cost of individual health insurance policies sold through a public exchange. The value of these subsidies will vary based on an individual's household income.

According to the ACA and IRS regulations, if an employee is eligible for an employer sponsored health plan, and that plan meets the government's definition of affordable, minimum value coverage, then the employee and any family members eligible for the employer plan are not eligible for the federal subsidies described in the attached notice, regardless of household income. **Coverage offered to you by PEEHIP meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.**

Important Note for Employees Who Are Eligible for PEEHIP Coverage:

Is PEEHIP coverage "affordable" to you according to ACA rules?

The ACA defines "affordable" as a plan that requires an employee to contribute no more than 9.5% of their household income to participate in employee only coverage (single coverage).

- PEEHIP offers a plan that requires a monthly contribution of \$15 for single coverage for full time employees earning a full allocation.
- Note: Employees who qualify and apply for PEEHIP's Federal Poverty Level premium discount program will have a reduced premium of 10% up to 50% depending on your income.

Note: If you purchase a health plan through the Marketplace instead of accepting coverage offered through PEEHIP, you will lose the PEEHIP (employer) contribution to the PEEHIP offered coverage. Also, a health plan purchased through the Marketplace is not paid for with pre-tax dollars. Premium payments made through the Marketplace are made on an after-tax basis.

Important Note for Employees Who are Not Eligible for PEEHIP Coverage:

If you are not eligible for PEEHIP coverage, you may want to review the attached notice and explore individual health insurance options available to you through a public exchange. Since you are not eligible for PEEHIP coverage, you may qualify for the federal subsidies described in the notice.

For further information on the ACA or the Health Insurance Marketplace, call 1-800-318-2596 or visit www.healthcare.gov.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description available on the PEEHIP website at www.peehip.gov or contact the Public Education Employees' Health Insurance Plan (PEEHIP) toll free at 1-877-517-0020.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value" standard if the plan's share of the total allowed benefit costs covered by the plan is no less than 30 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Conecuh County Board of Education		4. Employer Identification Number (EIN) 63-6000827	
5. Employer address 100 Jackson Street		6. Employer phone number (251) 578-1752	
7. City Evergreen	8. State AL	9. ZIP code 36401	
10. Who can we contact about employee health coverage at this job? Anita Deason			
11. Phone number (if different from above) (251) 578-1752 x1202		12. Email address anita.deason@conecuhk12.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees. Eligible employees are:
 - ☒ Some employees. Eligible employees are:
Full-time employees and permanent part-time employees employed in any public institution of education within the state of Alabama that provides instruction for any combination of grades K - 14 exclusively, under the auspices of the State Board of Education. A permanent part-time employee must agree to payroll deduction for a pro-rata portion of the premium cost for a full-time employee based on the percentage of time the permanent part-time worker is employed.
- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:
 - An employee's spouse as defined by Alabama law to whom the employee is currently and legally married (excludes divorced or common-law spouses).
 - A child under the age of 26 who is the employee's biological child, legally adopted child, stepchild, or foster child placed with the employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction. Any other children such as a grandchild, must meet the same requirements as a foster child.
 - A dependent child of any age incapable of self-sustaining employment because of a physical or mental handicap and is chiefly dependent on the employee for support. The handicap must have existed prior to the time the child attained age 26 and was covered as a dependent on the employee's PEEHIP policy before age 26.
 - ☐ We do not offer coverage
- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages
- ** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1955).