



New Hire Paperwork

Please read all documents carefully.

Bring completed forms with required documentation (driver's license, social security card, etc.) when you come to the Central Office.

Items:

- ☐ I-9 Employment Form
- ☐ CIT Form
- ☐ Years of Experience
- ☐ Retirement beneficiary designation
- ☐ W-4
- ☐ A4
- ☐ Payroll- Direct Deposit Form
- ☐ Sick Leave Bank Enrollment
- ☐ Technology Information & new employee forms
- ☐ Employee Self Serve Enrollment Information
- ☐ PEEHIP Information
- ☐ Optional - Retirement Savings Plan

If you have any questions, please call (205) 280-3000.



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



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

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

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

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

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

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

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

| | | | |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator | | Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | | Middle Initial (<i>if any</i>) |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

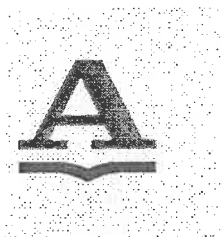
| | | |
|--|--|--|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|--|

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

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

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

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



SUPPLEMENT CIT

DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF
APPLICANT FOR EDUCATOR CERTIFICATION

Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Applicant: _____
Title (e.g., Mr., Mrs.) First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____
MM DD YYYY

Phone Number: (_____) _____ - _____ E-mail: _____

This section is to be completed in compliance with *Ala. Code § 31-13-(29)(c)(1)* which provides that United States citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section. Acceptable forms of documentation for proving citizenship or lawful presence status can be found on Charts A and B on page 2 of this form.

Choose one as appropriate:

1. I hereby declare that I am a citizen of the United States. (check one) _____ Yes _____ No

I am providing proof of citizenship by submitting a photocopy of Item _____ as listed on Chart A.

If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.

OR

2. I hereby declare that I am an alien lawfully present in the United States. (check one) _____ Yes _____ No

I am providing proof of lawful presence by submitting a photocopy of Item _____ as listed on Chart B.

If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.

Choose one as appropriate:

- ☐ I am a student at an Alabama college or university _____, AND/OR
Name of Alabama College/University
- ☐ I am an applicant for Alabama certification

I understand Alabama certification **will not** be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to *Ala. Code § 31-13-7(h)*.

Applicant's Signature

Date

Proof of United States Citizenship Documentation List*Code of Alabama 1975, Section 31-13-29(g)***Chart A**

United States citizenship may be demonstrated by submitting a legible photocopy (front and back) of one of the following documents.

Please mark an "X" next to the item letter of the documentation being submitted.

| Mark Item Selected | ITEM | <i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i> |
|--------------------------------------|----------|--|
| Acceptable Documentation List | | |
| | A | An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety |
| | B | A birth certificate indicating birth in the United States or one of its territories |
| | C | Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport |
| | D | United States naturalization documents or the number of the certificate of naturalization |
| | E | Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended |
| | F | Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number |
| | G | A consular report of birth abroad of a citizen of the United States of America |
| | H | A certification of citizenship issued by the United States Citizenship and Immigration Services |
| | I | A certification of report of birth issued by the United States Department of State |
| | J | An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security |
| | K | Final adoption decree showing the person's name and United States birthplace |
| | L | An official United States Military record of service showing the applicant's place of birth in the United States |
| | M | An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States |
| | N | AL-verify |
| | O | A valid Uniformed Services Privileges and Identification Card |
| | P | Any form of ID authorized by the Alabama Department of Revenue |

Proof of Lawful Presence in the United States Documentation List*Code of Alabama 1975, Section 31-13-3(10)***Chart B**

Lawful presence may be demonstrated by submitting a legible photocopy (front and back) of one of the following documents.

Please mark an "X" next to the item letter of the documentation being submitted.

| Mark Item Selected | ITEM | <i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.</i> |
|--------------------------------------|----------|---|
| Acceptable Documentation List | | |
| | A | A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier |
| | B | Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance |
| | C | A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States |
| | D | A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States |



Chilton County Board of Education
1705 Lay Dam Road
Clanton, AL 35045
Phone: 205.280.3000
Fax: 205.755.6549

Memo to Teachers Concerning Teaching Experience

In order to receive credit on the Teacher Salary Schedule for your PUBLIC education experience, please complete the following form. The payroll department will use this information until your Teaching Experience Verification form(s) is (are) received. A salary adjustment will be made if total number of years listed below cannot be verified.

Name (please print) _____

Degree (BS, MA, AA or DR) _____

Number of years in public education in Alabama _____

Number of years in public education out of state _____

TOTAL number of years in public education _____

Signature

Date



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.*

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.

OMB No. 1545-0074

2024**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, and when to use the estimator at www.irs.gov/W4App.**Step 2:****Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

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

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

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

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

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

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

3 \$**Step 4
(optional):****Other
Adjustments**(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each pay period**4(c)** \$**Step 5:****Sign
Here**

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

Employee's signature (This form is not valid unless you sign it.)_____
Date**Employers
Only**

Employer's name and address

First date of
employmentEmployer 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 |



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 <i>Chilton County Board of Education</i> | EMPLOYER IDENTIFICATION NUMBER (EIN) <i>63-6000803</i> |
| ADDRESS <i>1705 Lay Dam Road</i> | CITY STATE ZIP CODE <i>Clanton, AL 35045</i> |

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).

Direct Deposit Authorization

Attention: PAYROLL DEPARTMENT



The Chilton County Board of Education requires all payroll checks to be set up as direct deposit. Please provide the requested information along with your signature giving us authorization to deposit your check. The form will be processed the current month if received by the 15th. The first check will pre-note to verify the account information is accurate which means you will receive a live check the first month. Direct deposits will begin the following month.

Employee Name: _____

Employee Signature: _____

Date: _____

| Account Information | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|
| Name of Institution: _____ | | | | | | | | | | |
| City: _____ | State: _____ Zip: _____ | | | | | | | | | |
| Routing Number: | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | |
| Account Number: _____ | | | | | | | | | | |
| Account Type: | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | | | | | | | | | |

Required: Attach a voided blank check to validate account information. We will also accept a letter from your institution with your account information.

| | | |
|------------------------|--|------|
| Your Name | | 1001 |
| Your Address | | |
| DATE | | |
| Pay to the order of | | \$ |
| Your Bank Name | | |
| 9 Digit Routing Number | | 1001 |
| Your Account Number | | |
| Check Number | | |



SICK LEAVE BANK ENROLLMENT FORM

CLANTON, ALABAMA

Enrollment into the SLB shall be the first 30 days of the beginning of each scholastic year, the month of January, or within 30 days of hire date of new employee.

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

Name of School/Work Site: _____

Position: _____

() I wish to deposit two (2) of my earned sick leave days in the Sick Leave Bank.

Employee Signature

Date

Sick leave days shall be repaid to the SLB monthly as re-earned by the member. Upon the resignation or other termination of an employee who has an outstanding loan of sick leave days, the value of the loan shall be deducted from the final paycheck at the employee's prevailing rate of pay.

NEW EMPLOYEE TECHNOLOGY INFORMATION

Welcome to Chilton County Schools! The information below covers required technology paperwork and provides information about technology usage. If you have specific questions, please contact your principal or Nic Cardwell, District Technology Coordinator at ncardwell@chiltonboe.com. Good luck!

1. School employees – see your Principal for the name of your school Technology Coordinator.
2. Technology in Classrooms – see your school Technology Coordinator **BEFORE** turning on any classroom computers/equipment and for more information on technology available for your use.
3. Chilton County Schools PowerSchool Home Use Policy Form (attached) – Sign/date form and then return to your Principal/School Technology Coordinator. Your signature verifies that you agree to abide by the policy.
4. Employee Network and Internet Usage Policy can be found at www.chiltonboe.com-Departments-Human Resources-New Hires-New Hire Technology Forms..
5. Employee Network and Internet Acknowledgement Form (copy attached) – Sign/date form and then return to your Principal/School TC. Your signature verifies that you agree to all terms outlined in the Employee Network and Internet Usage policy.
6. Social Networking Guidelines (copy provided), Additional training will be conducted at each school.
7. Data Governance Training (copy provided) – training document regarding Information security responsibilities of all staff. Additional training will be conducted at each school.
8. User Accounts Form – three copies are included. **Print, complete and return:**
 - 1) one copy to District Technology Coordinator at Central Office, 1705 Lay Dam Road, Clanton, AL 35045
 - 2) one copy to the school Tech Coordinator
 - 3) one copy should be retained by the employee

The information provided on this form will be used to create the following accounts:

- Network Account – use this information to log into the computer in your classroom and to the website.
 - PowerSchool Account – PowerSchool is the student information system that you will use daily to track student attendance and grades. Someone at your school will provide training on this program. It can be accessed from any computer with Internet access.
 - Email Account – A district-provided Gmail account is accessible through google.com using @chiltonboe.com login credentials.
 - Chromebook Account – A district-provided Gmail account is required to use Chromebooks for students and staff. Gmail accounts are created for all students and teachers in the district. The Gmail domain is @chiltonboe.com.
9. ID Badges – Pictures/badges can be made at your school (see the school Technology Coordinator) or at the Central Office Technology Dept. on Thursdays 8-9 am or 3-4 pm.
 10. School Webpage – each teacher has a webpage space on the school's website. The district website is www.chiltonboe.com and school websites can be accessed from the "schools" dropdown menu. School Webmasters will provide training. A few things to remember for your website:
 - Proofread carefully
 - Keep your information up to date
 - Follow copyright rules
 - Pictures of students are discouraged
 11. 2018 Digital Literacy & Computer Science Course of Study – All teachers in all grades are required to educate students on Internet safety and cover Standards in digital literacy. The 2018 COS can be found by clicking the Digital Literacy & Computer Science tab at the following website: alex.state.al.us/browseStand.php.
 12. Backups – keep an external backup of all important documents.
 13. Viruses/Malware/Email Scams – software is downloaded on network devices to prevent malware and viruses. If you notice anything unusual, contact your school Technology Coordinator. Since school systems are easy targets, be extremely careful opening emails, even if they appear to be from someone you know. Click in the "From" section to verify the email sender before clicking any links in emails. Our Payroll Department will not request payroll information/changes without speaking to you on the phone first.
 14. KnowBe4 Security Awareness Training – all employees are required to complete a monthly online training on IT security. The school Technology Coordinator will provide more information.

Welcome to Chilton County Schools!

**(Complete & Return a copy to District Technology Coordinator
and School Technology Coordinator)**

First Name: _____

Middle Initial: _____

Last Name: _____

Last Four Digits of Social Security Number: _____ Cell Phone: _____

School: _____ Position: _____

___ Check if you are a former employee of Chilton County Schools Previous School: _____

Chilton County Schools

PowerSchool Home Use Policy

My signature below verifies that I agree to abide by the following security policy when I am using PowerSchool outside of my school.

- The above-mentioned programs will not be left open on my computer when I am not directly using them. If I need to step away for any reason, I will close the programs first.
- I will adhere to strict confidentiality procedures to ensure that information is not shared with any family members. I will neither allow my family members access to PowerSchool nor provide any information from these programs.
- I will not share the web address, username and/or password for these programs with anyone.
- I understand that using these programs at home is a privilege that may be revoked at any time for security reasons.

Employee's Signature

Date

FILE: GARB-F1

CHILTON COUNTY BOARD OF EDUCATION

Clanton, Alabama

EMPLOYEE NETWORK AND INTERNET ACKNOWLEDGEMENT FORM

I acknowledge that I have read, understand and agree to all terms as outlined in the Employee Network and Internet Usage policy (File: GARB). I further understand that this agreement will be kept on file at the school or work site for the duration of my employment.

NAME (PRINTED)

SIGNATURE

TODAY'S DATE

02/2001

Staff Digital Equity

The purpose of this form is to provide the district with additional information regarding your access to the internet and devices.

Last Name: _____ First Name: _____ Middle Name: _____

Please select one answer for each question below:

Internet in Residence - Indicate whether or not the internet is available in your residence

- ☐ Yes - Internet access in residence
- ☐ No - Not available
- ☐ No - Not affordable
- ☐ No - Other

Internet Access - Indicate the type of internet access is in your residence

- ☐ Residential Broadband (e.g., DSL, Cable, Fiber)
- ☐ Cellular Network
- ☐ School Provided HotSpot
- ☐ Satellite
- ☐ Dial-up
- ☐ Other
- ☐ None

Devices

| Device #1 - Access | Device#1 - Type |
|--|---|
| <input type="checkbox"/> Personal - Dedicated (one person per machine) <input type="checkbox"/> Personal - Shared (sharing among others in household) <input type="checkbox"/> School Provided - Dedicated <input type="checkbox"/> School Provided - Shared <input type="checkbox"/> None | <input type="checkbox"/> Desktop/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Chromebook <input type="checkbox"/> Smartphone <input type="checkbox"/> Other <input type="checkbox"/> None |
| Device #2 - Access | Device#2 - Type |
| <input type="checkbox"/> Personal - Dedicated (one person per machine) <input type="checkbox"/> Personal - Shared (sharing among others in household) <input type="checkbox"/> School Provided - Dedicated <input type="checkbox"/> School Provided - Shared <input type="checkbox"/> None | <input type="checkbox"/> Desktop/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Chromebook <input type="checkbox"/> Smartphone <input type="checkbox"/> Other <input type="checkbox"/> None |
| Device #3 - Access | Device#3 - Type |
| <input type="checkbox"/> Personal - Dedicated (one person per machine) <input type="checkbox"/> Personal - Shared (sharing among others in household) <input type="checkbox"/> School Provided - Dedicated <input type="checkbox"/> School Provided - Shared <input type="checkbox"/> None | <input type="checkbox"/> Desktop/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Chromebook <input type="checkbox"/> Smartphone <input type="checkbox"/> Other <input type="checkbox"/> None |
| Device #4 - Access | Device#4 - Type |
| <input type="checkbox"/> Personal - Dedicated (one person per machine) <input type="checkbox"/> Personal - Shared (sharing among others in household) <input type="checkbox"/> School Provided - Dedicated <input type="checkbox"/> School Provided - Shared <input type="checkbox"/> None | <input type="checkbox"/> Desktop/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Chromebook <input type="checkbox"/> Smartphone <input type="checkbox"/> Other <input type="checkbox"/> None |
| Device #5 - Access | Device#5 - Type |
| <input type="checkbox"/> Personal - Dedicated (one person per machine) <input type="checkbox"/> Personal - Shared (sharing among others in household) <input type="checkbox"/> School Provided - Dedicated <input type="checkbox"/> School Provided - Shared <input type="checkbox"/> None | <input type="checkbox"/> Desktop/Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> Chromebook <input type="checkbox"/> Smartphone <input type="checkbox"/> Other <input type="checkbox"/> None |



Civil Rights Data Collection (CRDC) Information

The following information is required to be input in PowerSchool for the mandatory CRDC Collection. It is for certified employees only.

Full Name: _____

Years of Employment:

- ☐ 2021 – 2022
- ☐ 2022 – 2023
- ☐ 2023 – 2024 (present)

Do you hold **any** of the following certifications?

- ☐ General Mathematics
- ☐ Algebra I
- ☐ Algebra II
- ☐ Geometry
- ☐ Advanced Mathematics
- ☐ Calculus
- ☐ General Science
- ☐ Biology
- ☐ Chemistry
- ☐ Physics
- ☐ Computer Science

Chilton County Schools Social Networking Guidelines

Failure to adhere to the CCS Social Networking Guidelines may result in personal liability based on negligence.

1. Friending any currently enrolled CCS students is strongly discouraged by the school district. It is wise to protect your professional role as a teacher.
2. Friending a parent of a student currently assigned to your class is strongly discouraged by the school district. Use discretion when posting comments and pictures.
3. Post only what you want the world to see, even if your personal web site is restricted. Imagine your current students, parents, and your supervisor visiting your site—viewing your personal pictures, reading your posts, and examining your profile and friend list. Do your pictures reflect how you want your students to see you during school hours?
4. Avoid posting comments that discuss or criticize coworkers, students, or school policies.
5. Visit your profile's security and privacy settings. We suggest that educators should have all privacy settings set to "only friends." By selecting "friends of friends" and "networks and friends," you open your content to a large group of unknown people. Remember that people classified as "friends" have the ability to download and share your information with others.
6. Be careful not to fall for phishing scams that arrive via email or on your "wall," providing a link for you to click and leading to a fake login page for your social networking site.
7. If you are tagged in a photo by a student or parent, we suggest you remove your tag. Protect your students and yourself. Refer to our AUP for additional information regarding posting of images.
8. Weigh whether a particular posting/status updates puts at risk your professional role and effectiveness as a teacher.

Why Guidelines for Teachers?

Educators' online identities are very public and of great interest to our community. As educators, we have a professional image to uphold, and how we conduct ourselves online impacts this image.

When students gain access into a teacher's network of friends and acquaintances and are able to view personal photos and communications, the student-teacher dynamic is altered. By friending students and/or parents, teachers may provide more information than one should share in an educational setting. It is important to maintain a professional relationship with students to avoid relationships that could cause bias in the classroom.

Profiles + Friends + Comments

The primary structure of all social networks includes 3 components: profiles, friends, and comments. The public commenting feature on social network sites goes by different names: "testimonials," "comments," "the wall," etc. The comments feature allows you to "hang out", express your mood, make news "official" by posting it and having witnesses acknowledge it, or just whine about the moment.

These discussions are archived forever. Twitter and most social networking sites own the messages you post on their SNS (social network site). They are not private or your own property.

The collection of friends on your social network site, aka SNS, is not simply a list of close ties. After all, you never know which friends will read your posts on a particular day. Many SNSes allow visitors to wander from friend to friend and communicate with anyone who has a visible profile, the main way Facebook users find other people to "friend."

Profiles—word pictures of how people see themselves. Some resemble resumes, some resemble half-finished snapshots of a person, and some are total fiction. People need to be cautious about posting information that allows others to easily locate you offline. If you have a public profile, it can be seen by anyone searching the social networking site and might be available to people searching for profiles using a search engine, like Google or Bing.

Keep your passwords protected. Recent research indicates 40% of Internet users disclose their passwords to friends and family.

How to Respond to Friend Requests

We suggest you inform your students and parents at the beginning of each school year that our district encourages staff to keep their online identities (such as Facebook, Google+, Bebo, personal Twitter feed, etc.) private.

Then, friend requests from students and parents can be easily declined. If questioned as to why, feel free to use the following statement: "Thank you for requesting to be my online friend. However, the school district discourages teachers from online friending of students and parents. The school district tries to protect student and parent identities online."

References:

- Boyd, D. (2007). Social network sites: public, private, or what? <http://creativecommons.org>
Boyd D. (2009). Social media is here to stay...Now what? Microsoft Research Tech Fest Redmond, WA, 28 February 2009.
Hegna, J & Johnson, D. (2010). Guidelines for educators using social and educational networking sites, Byron Public Schools, Mankato, MN.

APPROVED
CHILTON COUNTY BOARD OF EDUCATION
DATE 5-15-12
Chae Gordon
SUPERINTENDENT

DATA GOVERNANCE TRAINING

The Chilton County Board of Education adopted a Data Governance Policy on February 17, 2015. The policy can be found on the district website at www.chilton.k12.al.us under Board of Education Policies.

Description:

All information, whether spoken (face to face or by phone/radio), hard copy (written or printed on paper), electronic (email, fax, text, chat, or social media), or stored (on servers, PCs, laptops, tablets, mobile devices, removable media or cloud based services) shall be protected from accidental or intentional unauthorized modification, destruction or disclosure throughout its life cycle. This protection includes security over the equipment and software used to process, store, and transmit that information. Protecting our students' and staff's privacy is an important priority.

The policy applies to all users of Chilton County Board of Education information including: employees, staff, students, volunteers, substitutes, student teachers, interns and outside affiliates. It also applies to contractual third parties who have access to district information systems or information. Failure to comply may result in disciplinary action.

Disciplinary Action:

Possible disciplinary/corrective action may be instituted for, but is not limited to, the following:

1. Unauthorized disclosure of confidential information.
2. Unauthorized disclosure of a user id or password.
3. Attempting to obtain a sign-on code or password that belongs to another person.
4. Using or attempting to use another person's sign-on code or password.
5. Unauthorized use of an authorized password to invade student or employee privacy by examining records or information for which there has been no request for review.
6. Installing or using unlicensed software on Chilton County Board of Education computers or technological systems.
7. Intentional unauthorized altering, destruction or disposal of Chilton County Board of Education information, data and/or systems.

Training:

Training on the Data Governance Policy will be conducted for all personnel annually and training will be documented.

Physical Access and Security:

1. File servers containing confidential and/or internal information must be installed in a secure area to prevent theft, destruction, or access by unauthorized individuals.
2. Access to secured areas shall be controlled by the use of access card keys, keypads, or key locks with limited key distribution. If a key is reported missing, locks must be changed or re-keyed. A record shall be maintained of all personnel who have authorized access.
3. Servers shall be accessed by authorized personnel only. Visitors must be escorted by a person with authorized access to the secured area.
4. A log of all visitors granted entry into secured areas must be maintained.
5. Data center temperature of 68-77 degrees must be maintained.
6. Equipment being removed for transfer to another organization or being designated as surplus must be disposed of or appropriately sanitized.
7. Only authorized personnel are allowed access to INOW and other applications that contain personal information.

Passwords:

1. Passwords must never be shared with another person, unless the person is a designated security manager.
2. Passwords must, where possible, have a minimum length of six characters.
3. When creating passwords, it is important not to use words that can be found in dictionaries or words that are easily guessed due to their association with the user (i.e. children's names, pets' names, birthdays, etc.). A combination of alpha and numeric characters are more difficult to guess.

Disposal of Information/Equipment:

1. Disposition forms must be completed when equipment is removed.
2. The school Technology Coordinator must be notified when equipment is disposed.
3. Technology Coordinators should remove hard drives prior to disposal of devices.

Responsibilities of all Staff:

1. Accessing information only in support of their authorized job responsibilities.
2. Keeping personal authentication (passwords, PINs, etc.) confidential. Network user ID is used to log on to the network with password known only to the user. Passwords will be reset periodically for all users.
3. Users must lock or log off workstations when leaving their desks.
4. Passwords and confidential information should never be stored on a mobile device (laptop, Smartphone, tablet, etc.) unless the device has a power-on password or an auto logoff or screensaver with password.
5. Software must not be copied for use at home or any other location, unless otherwise specified by the license agreement.
6. All software that resides on computers and networks must comply with licensing agreements.
7. Users are not authorized to turn off or disable virus-checking systems.
8. Social security numbers are not used on printed documents unless absolutely necessary.
9. Printed documents with personnel information that is no longer needed must be shredded.
10. Phone numbers or other personnel information about employees or students must not be given to anyone who is not requesting it for an official business purpose.
11. Staff should be aware of their surroundings when discussing confidential information (including use of cell phones in public areas).
12. Suspected or actual security breaches (whether due to inappropriate actions, carelessness, loss/theft of devices, or failures of technical measures) must be reported immediately.
13. Creating backups of important information. Central Office Technology Department is not responsible for lost information.
14. Completing yearly training on Data Governance policies.

Responsibilities of Administrators:

1. Providing physical safeguards (keeping server room and records locked).
2. Providing access to information only to authorized personnel. (Subs and temporary employees are NOT granted network access. Subs hired as long-term substitutes, per Board approval, will be granted network access.)
3. Reporting the loss or misuse of information to the Data Governance Officer.
4. Identifying and responding to security incidents.
5. Initiating security change requests to keep employees' security record current with their positions and job functions.
6. Revoking physical access to terminated employees (confiscating keys, changing locks, etc.).
7. Educating the staff on Data Governance by providing yearly training.
8. Reviewing third party vendor agreements that deal with student data. Agreements should not allow for student data to be used for non-educational purposes.

Employee Self Service

Employee Self Service (ESS) is available and immediately replaces the need to use *Document Services* as a means to view and/or print copies of paychecks or W2's. Please read the list of features ESS has to offer. Below ESS Features you'll find a link to and directions for ESS to help you get started.

ESS Features

- Access ESS
 - Log In from work or your home computer.
 - Google Chrome (web browser of choice).
 - Other compatible web browsers.
 - Mozilla Firefox.
 - Internet Explorer (IE) Version 10 or 11 – earlier versions of IE are not compatible.
- Demographics
 - View name, address, phone number, and email information.
 - Request a change** of address, phone number, email information, etc.
 - A color copy of your new Social Security card must be provided before the change request will be approved.
 - You may use your school email, or your personal email account.
- Tax Withholdings
 - View Federal and State Tax Withholding Status.
 - Request a change** for Federal and/or State Tax Withholding Status.
 - If making a change type your name exactly as it appears on the form. This will serve as your electronic signature.
- Direct Deposit (DD)
 - Request a change** for Direct Deposit.
 - DD change form and 'void' check should be submitted for new DD deductions.
- Deductions
 - View current payroll deductions (no changes allowed at this time).
- Leave
 - View Leave balances (as shown on your paycheck).
 - View detailed report of leave taken.
- Paychecks
 - View / Print paychecks.
- Earnings & W2's
 - View annual earnings summary (by calendar year)
 - View / Print W2's

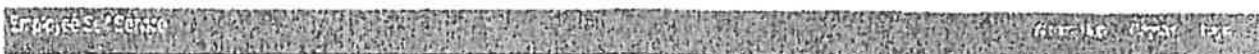
**Change requests will be acknowledged by an automatic email from ESS to the email account listed with ESS when the change request is received and again when the change request is approved.

Employee Self Service

Create an ESS account -

Name _____ Emp# _____

- Type or click on the link <https://ess-chiltonco.asc.edu/EmployeeSelfService/Account/Login?ReturnUrl=/EmployeeSelfService>
 1. The ESS page will look similar to the one shown below.
 2. Add the page to your "favorites" for future use.
- Click "Register" to create your account (see green arrow in the picture below)
 1. Write down your user id and password and keep in a safe place.
- ESS is user friendly. However, if you encounter a problem trying to create an account please ask for help.
- A black message appears at the top right of the screen after you click "submit".
- Momentarily you will receive an email. Click the "confirmation" link to finalize your account.
 - a. You MUST follow the confirmation link to complete registration of your account.



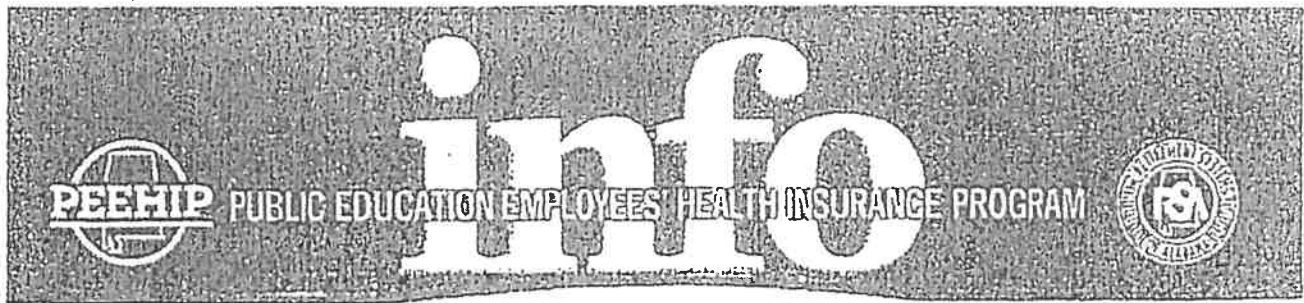
Log in

User name

Password



* INFORMATIONAL *



www.ise-al.gov

email: peehipinfo@ise-al.gov

PH: 877.517.0020



May 15, 2017

- Interested in learning more about PEEHIP'S Team Up for Health Wellness Program? View the latest Active Health Wellness video here <https://vimeo.com/216236445>.
- Looking for a previous *PEEHIP Advisor*? All previous issues are available online [here](#).

Retiree Information:

- **Medicare-Eligible PEEHIP Members:** Get your annual wellness visit by June 30 to receive a \$50 gift card to your choice of selected merchants. More information is available in the [May PEEHIP Advisor](#).

Register Online!

- For access to your medical and prescription drug plan information: UnitedHealthcare offers its Medicare Advantage plan members a convenient way to access their health plan information any time they want through a safe and secure member website. To register, go to www.UHCRetiree.com/peehip.
- For virtual doctor visits: Visit the link above for more information. Once you log into your member account, scroll to the bottom of the page and view My Resources. There, you will see a link for virtual doctor visits. Click on the link and you will see more information including what providers are available, how to request a visit, and a Frequently Asked Questions section.

Statement of Nondiscrimination: PEEHIP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-Language Interpreter Services: Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.517.0020 Chinese: 注意：如果您使用繁体中文，您可以免费获得语言援助服务。请致电1.877.517.0020

Phone: 334.517.7000 or 877.517.0020
Website: www.ise-al.gov

Mailing Address: P.O. Box 302150 Montgomery, AL 36130-2150
Office Location: 201 South Union Street Montgomery, AL

Public Education Employees' Health Insurance Plan



"New Employees" Web Page

The PEEHIP New Employee web page was designed to make it easy for new employees to find the information they need to make informed decisions about the health insurance plans offered by PEEHIP. It contains the insurance policies and type of coverage available to new employees with PEEHIP (Public Education Employees' Health Insurance Plan).

IMPORTANT

30-day Deadline to Enroll in Health Insurance Coverage

When to Enroll - Enrollment in any of the plans must be completed within 30 days of your employment by using the Member Online Services (MOS) system instead of a paper enrollment form. If you miss the 30-day deadline, you must wait until the next Open Enrollment period to enroll in coverage(s) with PEEHIP.

How to Enroll -

- Go to www.rsa-al.gov and click "Member Online Services."
- Log In using your USER ID and Password. If you do not have a User ID and Password, click "Register Now" and follow the onscreen prompts to create a User ID and Password.
- Select the "New Enrollment" option and click Continue.
- Follow the onscreen prompts until you receive a Confirmation page, confirming your enrollment requests were saved and submitted to PEEHIP. Be sure to print and keep a copy of the Confirmation Page for your records. The Confirmation Page will show the coverage(s), and the monthly premiums for each coverage.

Initial Premium Payment

- New Employees must submit their initial premium payment electronically by selecting the "Pay Now" button at the end of the online enrollment process. New employees who elect coverage to start on their date of employment will not yet have a paycheck for payroll deduction of the initial premium; therefore, they must submit the initial payment electronically to PEEHIP at the time of enrollment. Failure to do so will result in your enrollment not processing and a claim hold on your account.

Please complete the form attached to this packet to confirm you have read and understand PEEHIP enrollment procedures. Thank you!

Public Education Employees' Health Insurance Plan

Member Online Services

1. How do I register to use the online system? Go to Member Online Services. Click "Register Now" and follow the onscreen prompts to create your own User ID and Password. You will use your User ID and Password each time you log into the online system.

2. Can I enroll online in new coverage or make changes to my existing coverage during the Open Enrollment period? Yes, you can enroll or make changes to your coverage online during the entire Open Enrollment period of July 1 through midnight of Sept. 10.

3. How do I enroll online during Open Enrollment? Go to Member Online Services and enter your User ID and Password. Once logged in, click the "Enroll or Change PEEHIP Coverage" link, select Open Enrollment and follow the onscreen prompts until you receive a Confirmation page confirming that your change requests were saved and submitted to PEEHIP. We redesigned the online system to make the process of enrolling in or changing coverage faster and easier for our members!

4. Is the Member Online Services system secure? Yes, the Member Online Services system is secure. PEEHIP is committed to ensuring your personal information remains confidential. We have taken steps to safeguard the integrity of our communications and computing infrastructure, including, but not limited to: User ID and password authentication, monitoring, auditing, and encryption. How do I know my personal information will not be accessed by other online users? No one can access your member information unless they know both your User ID and your Password. Protect your personal online information by not revealing your User ID and Password to anyone. Prevent others from viewing your information on your computer screen by logging out and completely shutting down your browser if you have to walk away from your computer in the middle of a session.

5. What services are available online? New employees can enroll in PEEHIP coverage online. Enrollment must be completed within 30 days of the new employee's date of hire.

➤ PEEHIP members can do the following online during Open Enrollment:

- Enroll, Change, or Cancel your Hospital Medical Plan
- Enroll, Change, or Cancel your Optional Coverage Plans (Cancer, Dental, Indemnity & Vision)
- Enroll or Re-enroll in Flexible Spending Accounts
- Add or Update your Medicare Information
- Update your and/or your Spouse's Tobacco Usage Status
- Add/Cancel Dependent(s) to Coverage

➤ PEEHIP members can do the following online year-round:

- View Current PEEHIP Coverage
- View and/or Update Contact Info (i.e. address, phone number, e-mail address, and marital status)

➤ PEEHIP members can make changes outside of Open Enrollment for the following qualifying life events (QLE):

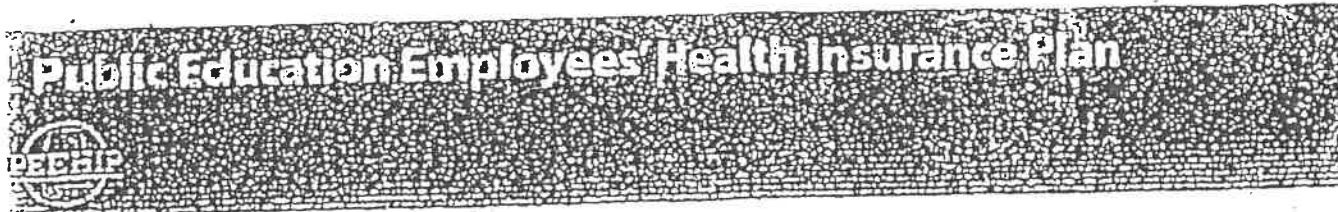
- Adoption of a child
- Birth of a child
- Legal custody of a child
- Marriage of a spouse

6. Why should I use the online system instead of using a paper form?

Using Member Online Services is easy, fast, secure, free of charge to you, and it eliminates the need for paper forms, stamps, envelopes and last minute runs to the post office. It also allows our members as well as PEEHIP to save time and costs, while maintaining the privacy of your information.

7. If I use the online system, how will I know that you received my changes? You will receive a Confirmation page at the end of the online session confirming change requests were successfully saved and submitted to PEEHIP. The Confirmation page provides:

- Date and Time Stamp of when your change requests were submitted to PEEHIP
- Copy of your PEEHIP Coverage which includes any changes or new enrollments
- Premium Calculation of your total monthly out-of-pocket premium



Frequently Asked Questions

1. I am a new employee. How can I enroll in PEEHIP coverage?

You can enroll online through Member Online Services within the 30-day period of your hire date. Once logged in, click "Enroll or Change PEEHIP Coverage," then click the newly eligible for PEEHIP coverage option. Follow the onscreen prompts until you receive a Confirmation page confirming your enrollment requests were saved and submitted to PEEHIP. Or, you can enroll by properly completing the HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION form and mailing the form to PEEHIP.

2. Does a new employee have a deadline to enroll in the PEEHIP Insurance coverage?

Yes. You have 30 days from your date of hire to enroll in the PEEHIP Hospital Medical and the Optional Coverage Plans. Otherwise, you are only allowed to enroll in single Hospital Medical coverage effective the date the enrollment application is completed and submitted to PEEHIP. You must wait until the next Open Enrollment period to enroll in family coverage and the Optional Coverage Plans.

3. Will I have a pre-existing waiting period if I enroll in PEEHIP coverage as a new employee?

A new employee hired after July 1 and before October 1 is given a waiver on the waiting period for pre-existing conditions. However, a new employee hired after October 1 is required to serve a 270-day waiting period on pre-existing conditions unless proof of previous coverage is received and approved by PEEHIP. When enrolling, PEEHIP will require a Certificate of Creditable Coverage from your previous insurance plan proving you had previous insurance without a 63-day or longer lapse in coverage.

4. As a new employee, can I choose the effective date I want my coverage to begin?

Yes. A new employee hired during the Open Enrollment period of July 1 through September 30 can choose his or her effective date of coverage to be either the date of hire; the first of the month following the date of hire; or October 1. A new employee hired outside of the Open Enrollment period can choose his or her effective date of coverage to be either the date of hire or the first of the month following the date of hire.

5. I am a new employee. Can I enroll in the Flexible Spending Accounts? If so, what will the effective date be?

Yes. The Flexible Spending Accounts for a new employee hired during the Open Enrollment period of July 1 through August 30 will have an effective date of October 1. The Flexible Spending Accounts for a new employee hired outside of the Open Enrollment period will have an effective date beginning the first day of the first full month after the date of hire. The Flexible Spending Accounts will cancel at the end of the Program Year on September 30. Re-enrollment is required each year if a member desires to participate in Flexible Spending Accounts.

6. Am I considered a new employee if I am rehired after having resigned last year?

An employee who is hired for the first time or rehired with a prior break in PEEHIP coverage is considered a new employee with respect to the policies regarding enrolling in PEEHIP coverage(s).

7. I am a new employee hired on August 1. Can I enroll in the Optional Coverage Plans on my date of hire then cancel the plans during Open Enrollment?

No. New employees employed during the Open Enrollment period cannot enroll in the Optional Plans on their date of hire and cancel the plans October 1 of that same year. You must wait until the next Open Enrollment period to cancel.

ATTENTION:

In order to open the PEEHIP enrollment site for you, Chilton County Schools is required to provide PEEHIP with the following information:



Social Security Number

- (documentation used: copy of social security card)



Date of Birth

- (documentation used: copy of Driver's License)

Please bring the original documents or a color copy of the original documents.

If you bring original documents, a copy will be made for you.

** Optional **



RSA-1 Deferred Compensation Plan

P.O. Box 302150
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020
www.rsa-al.gov

Enrollment Forms

- RSA-1 Enrollment (Submit to RSA-1)
- Beneficiary Designation (Submit to RSA-1) — Can also be used for change of beneficiary.
- Investment Option Election For New Accounts (Submit to RSA-1)
- Authorization to Defer Compensation (Submit to your payroll office)



RSA-1 Deferred Compensation Plan Enrollment

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



Your SSN

Your Information

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

Employer Information

Employer _____
Agency Name
Address _____
Street or P.O. Box City State ZIP Code
Telephone Number _____ Email Address _____

My current status is:

- ☐ Employees' Retirement System (ERS) member ☐ Judicial Retirement Fund (JRF) member
☐ Teachers' Retirement System (TRS) member ☐ I am not a member of ERS, TRS, or JRF

Signature Certification

Please read carefully as the following statements will apply to your RSA-1 account:

I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).

I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).

I will complete an AUTHORIZATION TO DEFER COMPENSATION form and deliver it to **my payroll officer** to begin deferrals. **It takes at least two weeks** to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION FORMS.

I understand that I may not withdraw this account unless I meet one of the following conditions:

1. Separation from service through retirement or termination from employment
2. The attainment of age 70 ½
3. Unforeseeable emergency (must be approved by Plan Administrator)
4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here → Your Signature _____ Date _____



RSA-1 Investment Option Election for New Accounts

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



Your SSN _____

Your Information

Name _____
First Middle/Maiden Last
Address _____
Street or P.O. Box City State ZIP Code
Telephone Number _____ Email Address _____
Date of Birth _____ PID (optional) _____

RSA-1 Accounts Only

I elect the following investment option for future deferrals. You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of **new deferrals** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **new deferrals** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **new deferrals** in the RSA-1 **SHORT-TERM** investment option.

DROP, PLOP, ERIP, TSP Rollover Accounts Only

I elect the following investment option for:

Check one: ☐ DROP ☐ PLOP ☐ ERIP ☐ TSP

You can elect to have 100% in the fixed income, equity, or short-term investment option election or split the percentages between the investment options, but they must add up to 100%.

Invest _____ % of **funds** in the RSA-1 **FIXED INCOME** investment option.

Invest _____ % of **funds** in the RSA-1 **EQUITY** investment option.

Invest _____ % of **funds** in the RSA-1 **SHORT-TERM** investment option.

RSA-1 FIXED INCOME investment option: The fixed income portfolio is invested in various debt instruments with maturities greater than one year, such as corporate bonds, U.S. agency obligations, mortgage obligations, and commercial paper.

RSA-1 EQUITY investment option: The equity portfolio is invested in a S&P 500 Index Fund.

RSA-1 SHORT-TERM investment option: The short-term investment fund (STIF) could include high-quality money market securities, U.S. Treasury bills or notes, and U.S. Government agency notes with a maturity of one year or less.

Please note that Fixed Income, Equity, and Short-Term Investment Options are all subject to market fluctuations.

Signature Certification

I understand the following regarding this investment option election:

My election must be made prior to the funds being submitted or transferred.

My election can be made **once every 90 days**.

My election will remain in effect until a subsequent election is made, but it must remain in effect for **90 days**.

Sign Here → Your Signature _____ Date _____



RSA-1 Authorization to Defer Compensation

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



Your SSN _____

Use this form to begin, restart, increase/decrease, or stop deferral amounts.

Your Information

Complete and submit to your Payroll Officer to begin deferrals.

Do not submit this form to RSA-1 or the Retirement Systems of Alabama.

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

Deferral Information

Specify one of the following:

- ☐ New Enrollment ☐ Restart ☐ Sick/Annual Leave
☐ Increase Deferrals ☐ Decrease Deferrals ☐ Stop Deferrals

If **enrolling** in RSA-1, please make certain that your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Plan **before** submitting this form to your Payroll Officer.
Note the following exception: If stopping deferrals due to **financial hardship**, your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your Financial Hardship Distribution Request.

1. **Please defer \$ _____ per pay period** from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. **If stopping deferrals, enter zero (0) for the dollar amount.**

2. **Effective date*** _____ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.

3. If you are deferring payments for **Sick or Annual Leave** (must be enrolled), please indicate the amounts below:

Please defer \$ _____ of my payment for unused Sick Leave to RSA-1.

Please defer \$ _____ of my payment for unused Annual Leave to RSA-1.

Signature of Employee

Sign Here

Your Signature _____ Date _____

Payroll Officer Information

Only if submitting a Financial Hardship Distribution Request or a Distribution Request.

Payroll Officer Signature _____ Date _____

Name and Title _____
Please Print

Payroll Officer Telephone _____ Email Address _____

Date Deferrals Stopped _____

***Please submit all required enrollment forms to RSA-1. Contributions received by RSA-1 without executed enrollment forms will be refunded.**



RSA-1 and PEIRAF Beneficiary Designation

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



Your SSN

Type of Account: ☐ PEIRAF ☐ RSA-1

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 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(ies)

I hereby designate the following person(s) as my **PRIMARY BENEFICIARY(IES)** to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

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

Signature Certification

Your Signature _____ Date _____

Seal

Sign Here

Please have your signature acknowledged before a Notary Public.

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 _____

My Commission Expires _____

RSA-1 and PEIRAF Beneficiary Designation



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

Name _____ SSN _____

Designation of Contingent Beneficiary(ies)

In the event the primary beneficiary(ies) designated above does **not** survive me, I hereby designate the following person(s) as my **CONTINGENT BENEFICIARY(IES)** to receive any benefit that may become due at or after my death according to the terms of the Plan.

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ Sex ☐ Male ☐ Female

Name _____ Relationship _____ Date of Birth _____

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

SSN _____ Telephone _____ 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.*