

## APPLICATION PROCEDURES FOR SUBSTITUTING

- Complete necessary paperwork with the Alabama State Department of Education Teacher Certification Office. [https://www.alabamaachieves.org/wp-content/uploads/2023/07/TEA\\_2023726\\_Form-SUB\\_V1.0](https://www.alabamaachieves.org/wp-content/uploads/2023/07/TEA_2023726_Form-SUB_V1.0)  
**Complete the application and print it. Then go to the link on the form (https://www.alabamainteractive.org/education/) to pay the \$38 application fee. Print a copy of your receipt. Bring completed pages back to the Superintendent's office for approval. A Copy of your receipt and a copy (front and back) of your driver licenses must accompany your application.**
- Complete Piedmont City Schools Application for Substitute Teaching
- Provide a copy of High School Diploma or equivalent.
- Complete W-4 and A-4 tax withholding forms
- Drug Free Workplace Statement must be signed
- Acceptable Use for Technology Resources must be signed
- Complete I-9 and attach a copy of your **social security** card and a **current driver's license (front and back)**. Cards must have current name and date. We will not accept an expired license.
- Complete Direct Deposit form.
- Follow the enclosed directions for background check and fingerprinting services with Fieldprint. (<https://aim.alsde.edu>)(<https://fieldprintalabama.com/individuals>) The fingerprint fee of \$49.20 is explained in the paperwork provided.

**Substitute hires must go before the Board of Education. After Board approval your information will be referred to E-Verify. This system is used to verify the employment eligibility of newly hired employees based on the Illegal Immigration Reform and Immigrant Responsibility Act. After you have been approved you will receive a letter and/or email from the Aesop administrator with your new id and password and directions for registering for Employee Self Service portal to receive pay statements online.**

**PIEDMONT CITY SCHOOL DISTRICT**  
**SUBSTITUTE TEACHER PAY SCHEDULE**

Pay Level I

\$75.00 daily – Possession of a high school diploma or GED diploma

Pay Level II

\$85.00 daily - Completion of at least 2 years of study at an institution of higher education **OR an associate's or higher degree**

Pay Level III

\$95.00 daily – Completion of a four-year college degree program

Support Staff Substitute (Instructional Aide, Custodian, Child Nutrition Program Worker, Secretary or any other support staff) - \$75 per day (CNP \$60 per day for 6 hours)

Extended Leave Teacher Substitutes (10 consecutive days for same teacher)

\$110.00 daily – Possession of a valid teaching certificate

*ALL SUBSTITUTES MUST HOLD EITHER A VALID SUBSTITUTE TEACHING CERTIFICATE OR REGULAR TEACHING CERTIFICATE AND HAVE COMPLETED A BACKGROUND CHECK.*

*ALL SUBSTITUTES MUST BE APPROVED BY THE SCHOOL BOARD.*

PIEDMONT CITY SCHOOLS  
502 HOOD ST, W  
PIEDMONT, AL. 36272

SUBSTITUTE APPLICATION

This Employer Participates in E-Verify

Degree/Non-Degree (Substitute Teacher's License) \_\_\_\_\_ Certificated (Valid AL Teaching Certificate) \_\_\_\_\_ Classified (CNP, Aide, Custodian) \_\_\_\_\_

**Personal Information**

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street

City

State Zip

Telephone \_\_\_\_\_ Alternative Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

<b>DATA FOR AFFIRMATIVE ACTION</b> (optional) Date of Birth _____ Sex: Male _____ Female _____
Ethnicity: White Non-Hispanic _____ Black Non-Hispanic _____ Hispanic _____ Native Hawaiian/Other Pacific Islander _____
American Indian/Alaska Native _____ Asian _____

**Educational Background**

High School Diploma

GED

College or University	Date of Graduation	Degree Held

**Additional Information**

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?  
Yes \_\_\_ No \_\_\_ If you answer "yes" please provide details of conviction including date and place of conviction. A "yes" answer will not automatically result in a non-issuance but may result in a request for additional information.

**If Degree/Non-Degree or Certificated:**

Do you currently hold an Alabama Teaching Certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Valid until \_\_\_\_\_

If no, have you applied for a certificate? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Applied \_\_\_\_\_

**Building Preference:**

Piedmont Elementary School PK-05  Piedmont Middle School 6-8  Piedmont High School 9-12

**AGREEMENT**

I hereby certify that the above information to the best of my knowledge is true, accurate and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment. Furthermore, it is understood that this application and records become the property of the Piedmont City School System, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district. I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for employment.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

The Piedmont City School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities or employment and provides equal access to the Boy Scouts and other designated youth groups. The following people have been designated to address inquiries regarding the non-discrimination policies and the application of Title IX and its regulations to the Board:

Mrs. Debra Ledbetter, 504 Coordinator, 504 Hood St, Piedmont, AL 36272 (256-447-7483) [dledbetter@pcsboe.us](mailto:dledbetter@pcsboe.us)

Mrs. Rachel Smith, Title IX Coordinator, 502 Hood St, Piedmont, AL 36272 (256-447-8831) [rsmith@pcsboe.us](mailto:rsmith@pcsboe.us)

Mrs. Revonda Pruitt, Title II Coordinator, 504 Hood St., Piedmont, AL 36272 (256-447-7483) [rpruitt@pcsboe.us](mailto:rpruitt@pcsboe.us)

For further information on notice of non-discrimination, visit <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.



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

School System Code: \_ \_ \_ \_

Nonpublic/Private School Code: \_ \_ \_ \_ - \_ \_ \_ \_

APPLICATION FOR A SUBSTITUTE LICENSE

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

The applicant CANNOT submit this application to the Educator Certification Section.

This application is to be completed for individuals seeking initial issuance or re-issuance of a Substitute License. Application forms and supporting documents are not accepted by fax or e-mail. An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:

I am requesting this Substitute License for First Middle/Maiden Last

ALSDE ID:

Social Security Number:

I have verification of graduation from high school or the completion of an Alabama State Department of Education-approved equivalent on file for the above applicant. I understand that a certificate of attendance will not meet this requirement. I understand that this Substitute License, for use in the schools of Alabama, cannot be used as the basis for employing a full-time teacher and that the Substitute License will not be issued until the applicant has received background clearance.

School System/Nonpublic/Private School

Date

Signature of Superintendent/Nonpublic/Private School Administrator

Typed or Printed Name

APPLICATION FEE (Required)

A \$38.00 NONREFUNDABLE application fee is required.

- The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education (ALSDE) or through the ALSDE Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a transaction fee will be applied).
The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. Neither Personal checks nor cash will be accepted.

BACKGROUND CHECK (Required)

- For applicants seeking initial certification, additional certification, or certificate renewal to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at https://tcert.alsde.edu/Portalhttps://tcert.alsde.edu/Portal.
For Applicants who have not been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at https://www.alabamaachieves.org/teacher-center/teacher-certification/. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu.
Applicants may verify receipt of their criminal history results at the ALSDE by visiting https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx. If your results are not located or have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

PERSONAL DATA (Required)

APPLICANT COMPLETES: The purpose for submission of this form is:

- Issuance of my first Substitute License OR
Reissuance of my Substitute License. A Substitute License cannot be reissued until the year it expires. Initial here to confirm that https://tcert.alsde.edu/Portal/Public has been checked to verify that the Substitute License expires this year or has already expired.

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**APPLICANT COMPLETES: PERSONAL DATA**  
(TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Email Address		Cell Number		Work Telephone	
Social Security Number	ALSDE ID		Date of Birth (mm-dd-yyyy)		
<b>FOR STATISTICAL PURPOSES ONLY</b>					
<b>Ethnic Origin (Choose one)</b> <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		<b>Gender (Choose one)</b> <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		<b>Race (Choose one or more, regardless of Ethnicity)</b> <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander	

**APPLICANT COMPLETES: RECORD OF EDUCATION**

*(Graduation from high school or the completion of an Alabama State Department of Education-approved equivalent is required.)*

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

**APPLICANT COMPLETES: CITIZENSHIP OR NATIONAL STATUS (Required)**

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.

Choose **ONE** as appropriate:

- I hereby declare that I am a citizen of the United States. (**check one**) Yes \_\_\_ No \_\_\_  
 I am providing proof of United States citizenship 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>
	<b>Acceptable Documentation List</b>	
	<b>A</b>	An <b>Alabama</b> driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	<b>B</b>	A birth certificate indicating birth in the United States or one of its territories
	<b>C</b>	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
	<b>D</b>	United States naturalization documents or the number of the certificate of naturalization
	<b>E</b>	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
	<b>F</b>	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	<b>G</b>	A consular report of birth abroad of a citizen of the United States of America
	<b>H</b>	A certification of citizenship issued by the United States Citizenship and Immigration Services
	<b>I</b>	A certification of report of birth issued by the United States Department of State
	<b>J</b>	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	<b>K</b>	Final adoption decree showing the person's name and United States birthplace
	<b>L</b>	An official United States Military record of service showing the applicant's place of birth in the United States
	<b>M</b>	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
	<b>N</b>	AL-verify
	<b>O</b>	A valid Uniformed Services Privileges and Identification Card
	<b>P</b>	Any form of ID authorized by the Alabama Department of Revenue

**OR**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 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>
<b>Acceptable Documentation List</b>		
	<b>A</b>	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	<b>B</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
	<b>C</b>	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
	<b>D</b>	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

**APPLICANT COMPLETES: PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION**

Check “yes” or “no” for each question below. “YES” responses require an attached explanation and any additional supporting documentation (e.g., court-certified copies of judgment, conviction, and sentencing).

**READ CAREFULLY**

- Yes  No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education?**
- Yes  No Are you currently the subject of an investigation involving a violation of a profession’s laws, rules, standards or Code of Ethics by an agency **other than the Alabama State Department of Education?**
- Yes  No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- Yes  No Have you ever resigned from a position rather than face disciplinary action?
- Yes  No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
- Yes  No Are you the subject of a pending investigation involving a criminal act?

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 ALSDE that I am not lawfully present in the United States, the ALSDE 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).

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

**FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR SUBSTITUTE LICENSE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

*Check to be certain that all portions of this form have been completed, documents have been attached, and all signatures have been obtained. Incomplete forms will not be returned to the school system or eligible nonpublic/private school.*

- *A note will be placed on the individual’s file indicating that the application was incomplete and a new application is required.*
- *If a fee was submitted, the fee will be retained and entered into the individual’s file.*

# 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.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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](http://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](http://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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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		<b>3</b> \$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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		<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> 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		<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period		<b>4(c)</b> \$ _____

**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**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	Piedmont Board of Education 502 Hood St W Piedmont, AL 36272		

## 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](http://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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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



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



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

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



## Employee's Withholding Tax Exemption Certificate

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

### Part I – To be completed by the employee

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

### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

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

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Part II – To be completed by the employer

EMPLOYER NAME		EMPLOYER IDENTIFICATION NUMBER (EIN)	
ADDRESS	CITY	STATE	ZIP CODE

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

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

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

## **ACKNOWLEDGEMENT**

### **SAFE SCHOOLS POLICY**

(Drugs, Alcohol, Tobacco, and Weapons)

#### **Drug and Alcohol Free Workplace**

The use, possession, distribution, and sale of alcohol and the illegal use, possession, distribution, and sale of drugs in a school building, on school grounds, on Board property, on school buses, or at school-sponsored functions are prohibited.

#### **Tobacco/Tobacco products**

The use of tobacco products and illegal possession, distribution, and sale of tobacco products on school property is prohibited. These prohibitions also apply to electronic cigarettes, vape pens, hookah pens, e-hookahs, vape pipes and any similar device designed to deliver nicotine, flavor and other chemicals via inhalation.

#### **Deadly Weapons**

The possession of a deadly weapon or dangerous instrument (defined in Board Policy) in a school building, on school grounds, on school property, on school buses, or at school-sponsored functions is prohibited except for authorized law enforcement personnel.

In addition to any criminal penalties that may be imposed, employees and substitutes that violate these policies will be subject to adverse personnel action, which may include termination. Employees will be terminated in accordance with the *Students First Act*. (Ala. Code 16-24C)

The Piedmont City Board of Education will implement a drug and alcohol free awareness program to inform employees of the dangers of drug abuse, the system's policy of maintaining a drug and alcohol free workplace, available drug counseling, rehabilitation, and penalties that may be imposed upon employees for drug abuse violations.

**ACKNOWLEDGEMENT**

**SAFE SCHOOLS POLICY**  
(Drugs, Alcohol, Tobacco, and Weapons)

I, \_\_\_\_\_, have received a copy of the Piedmont City Board of Education’s policy regarding safe schools, including the maintenance of a drug-free workplace, illegal drugs and alcohol, tobacco, and weapons.

I understand that as an employee/substitute of the Piedmont City School District I must abide by the terms of the system’s policy including notifying the administration of any criminal drug statute conviction.

I also understand that the school district will take action against me if I violate the system policy.

\_\_\_\_\_  
Employee/Substitute Signature

\_\_\_\_\_  
Date

# ACCEPTABLE USE POLICY FOR TECHNOLOGY RESOURCES

## Substitute Teachers

### Purpose

The purpose of this policy is to provide guidance on the acceptable use of computers, networks, the Internet, electronic mail, and related telecommunications equipment in the Piedmont City School system. The Piedmont City School (hereafter referred to as "PCS") system has purchased technology resources to serve many *Users* of the community. The term *User* refers to person (i.e., student, teacher, employee, substitute, parent, etc.) who uses the technology resources of the PCS. PCS has provided technology resources (i.e., computers, networks, the Internet electronic mail, software, etc) for the following purposes:

- To provide our students and faculty the resources to achieve program related goals/objectives
- To provide a communication link between PCS and the community
- To perform functions related to conducting business by PCS

### General

Technology resources are an important part of our school system, and may enhance the educational experience for our students and assist employees in performance of the day-to-day operations of the school system. Employees and students of PCS may be allowed to use the school system's electronic mail system. The use of computers, networks, the Internet and electronic mail is a privilege that is granted to users. Violation of this policy may result in a *User* losing access to PCS technology.

### Student Access

It is the policy of PCS that students will be allowed to access the Internet or use electronic mail (if requested by a teacher) only after receiving the written approval of their parent or legal guardian. The Internet is a very powerful information tool that provides tremendous educational opportunities; however, it also can provide information that is considered inappropriate for a K-12 educational environment. While PCS requires students to adhere to the standards contained in this policy, parents and guardians are ultimately responsible for setting and conveying the standards that their children should follow when using media and information sources, including the Internet. PCS supports and respects each family's right to decide whether or not to allow their child access to the Internet and electronic mail. Students and parents must agree to abide by this acceptable use policy before they will be allowed to access PCS technology resources. Failure to use PCS technology resources in an appropriate manner will subject the student to appropriate disciplinary action as prescribed by the Student Code of Conduct. In addition to established punishment under the Student Code of Conduct, a student may also have computer, network, Internet, and electronic mail privileges suspended or revoked.

### User Access

PCS employees may also be allowed access to technology resources in conjunction with their job duties and responsibilities. PCS employees may also be asked to supervise students using technology resources. Each employee shall maintain responsibility for the technology resources under his or her supervision and control. Each *User*, including each employee, must agree to abide by this acceptable use policy before accessing any technology resources of PCS. Failure to use PCS technology resources in an appropriate manner as prescribed by Board policy, federal, state, and local law, will subject the *User* to appropriate disciplinary action up to and including termination. In addition, PCS may suspend or terminate access to PCS technology resources at its sole discretion.

### School Board Limitation of Liability

PCS makes no warranties of any kind, either expressed or implied, that the functions or the services provided by the school system will be error-free or without defect. The school system will not be responsible for any damage *Users* may suffer, including but not limited to loss of data or interruption of service. The school system is not responsible for the accuracy or quality of information obtained through or stored on the equipment. All communications and information stored on computers owned by the school system shall be considered the property of the school system and may be retrieved, monitored, deleted, destroyed, modified, or used by PCS for any purpose at its sole discretion. PCS will not be responsible for financial obligations or any other damages incurred through the use of its technology resources.

### Copyright and Plagiarism

1. Existing copyright law will be followed in using materials accessed through the Internet. Teachers will instruct students to respect copyright and to request permission to use materials when appropriate.
2. Plagiarism is not acceptable. Teachers will instruct students in appropriate research and citation practices.

### Acceptable and Unacceptable Use(s)

The following uses of the PCS are considered acceptable:

1. Employees will use the technology resources only for purposes directly related to that person's job duties. Students may only use technology resources for purposes directly related to the student's educational program.
2. *Users* utilizing electronic mail through PCS will check their electronic mail frequently and delete unwanted messages promptly.
3. Employees will only be allowed to subscribe to discussion groups, chat rooms, and/or mail lists that are relevant to their job duties and responsibilities. Students may be allowed to subscribe to discussion groups, chat rooms or mail lists relevant to the student's educational program. Any student asking for subscription to one of these services must submit a written request to the *User's* teacher and receive the school principal's approval.

The following uses of the PCS technology resources are considered unacceptable:

1. Personal Safety
  - a. Student *Users* who have electronic mail established with an organization other than PCS will not access that mail from within PCS.
  - b. Student *Users* will not be allowed to use any external Instant Messaging service (e.g.-AOL)

- c. Users will not post personal contact information about themselves or others anywhere on the Internet except for educational purposes. Personal contact information includes home address, home telephone, school address or telephone number, work address or telephone numbers, e-mail addresses, etc.
  - d. Student *Users* will not agree to meet with someone they have met online without their parent's approval and participation
  - e. Students *Users* will immediately notify teachers, parents, or other school employees if they receive unsolicited e-mail, or e-mail from anyone that threatens, harasses, or makes the *Users* feel uncomfortable in any way.
2. Illegal Activities
- a. *Users* may not use technology resources for commercial purposes, defined as offering or providing goods or services or purchasing goods or services for personal use. Purchases made for official purposes must be accomplished through the purchasing methods established by school board policy.
  - b. *Users* will not attempt to gain unauthorized access, (i.e., "hacking") to PCS computers or networks or go beyond their authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are illegal even if for browsing. *Users* may not utilize PCS technology resources to attempt to gain unauthorized access to a computer or network owned by other persons or entities.
  - c. *Users* will not attempt to disrupt computer system performance or destroy data by intentionally spreading computer viruses or by any other means. *Users* will not access any system or configuration file without specific permission from the superintendent or his designee.
  - d. *Users* will not use PCS's computer system to engage in or arrange to engage in illegal acts that could violate federal, state or local law or Board of Education policies and procedures, (i.e., arranging for the purchase of alcohol, drugs, engaging in gang activity, or threatening or harassing another person). Additionally, any action that is associated with a violation of the Student Code of Conduct is considered inappropriate use of the school computer system.
3. Inappropriate Internet Sites
- a. In general, purposely visiting an inappropriate Internet site is the equivalent to bring the same inappropriate material to school in the form of a book, magazine, videotape, audiotape, or other media, and is subject to the same disciplinary actions as listed in the Student Code of Conduct. Any employee or other *User* Who accesses or visits inappropriate sites will be subject to appropriate disciplinary action up to and including termination.
  - b. Inappropriate Internet sites are sites that a reasonable person would conclude are inappropriate for a school environment. Specific examples include:
    - 1) Sites that advocate or give instruction on how to break the law.
    - 2) Sites that provide information or picture(s) that are lewd, obscene, vulgar, rude, inflammatory, threatening, or use profane or disrespectful language.
    - 3) Sites that advocate, in any manner, harm to the student, the school system or other individuals.
4. Inappropriate Language
- a. Restrictions against inappropriate language apply to public messages, private messages, material posted in Web pages, and any media accessed, viewed, created or stored on PCS technology resources.
  - b. *Users* will not use obscene, profane, lewd, vulgar, threatening, or disrespectful language.
  - c. *Users* will not post information that, if acted upon, could cause damage or a danger of disruption.
  - d. *Users* will not engage in personal attacks, including prejudicial or discriminatory attacks.
  - e. *Users* will not harass another person. Harassment is defined as persistently acting in a manner that distress or annoys another person. If a *User* tells another person to stop sending messages to them, he or she must stop.
  - f. *Users* will not post false or defamatory information about a person or organization.

Privacy

1. All technology resources of PCS are to be used for educational and job related purposes. Communications and activities conducted by using PCS technology resources are not private, and *Users* do not have any right to privacy when using these resources. School administrators may, and will, at their sole discretion, review communications; activities and data created on, contained on, or accessed through PCS technology resources.
2. *Users* are hereby notified that monitoring software will be used that records what sites have been visited and from which computer the sites were accessed or viewed. PCS will utilize said software to monitor its technology resources to ensure compliance with federal, state and local law, PCS policy, and PCS's educational objectives.
3. *Users* are hereby notified that filtering software will be utilized to prevent access to inappropriate matter on the Internet and World Wide Web.
4. *Users* are hereby notified that all electronic mail will be subject to PCS monitoring and that all messages may be reviewed by appropriate system employees at their discretion for compliance with system policy, federal, state, or local law or PCS educational objectives.
5. *Users* will not post private information about another person.

As the Substitute Teacher, my signature indicates I have read or had explained to me and understand this Acceptable Use of Technology Policy, and accept responsibility for abiding by the terms and conditions outlined and using these resources for educational purposes.

Substitute Teacher (please print): \_\_\_\_\_

Substitute Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

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

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

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

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

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

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

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

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

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

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

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

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

Employer Completes Next Page





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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <b>Payroll Clerk</b>	
Last Name of Employer or Authorized Representative <b>Wood</b>	First Name of Employer or Authorized Representative <b>Emily</b>		Employer's Business or Organization Name <b>Piedmont City Schools</b>	
Employer's Business or Organization Address (Street Number and Name) <b>502 Hood St W</b>		City or Town <b>Piedmont</b>	State <b>AL</b>	ZIP Code <b>36272</b>

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

# DIRECT DEPOSIT

Employee payroll checks are now being deposited via ACH transfer to ANY checking account at ANY bank or credit union. The transfer is deposited on the last working day of each month. You will receive a direct deposit statement.

To enroll, please complete and return this form to the Central Office.

Attach a voided personal check from your existing account and complete the following:

Names of account holders: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Financial Institution Mailing Address: \_\_\_\_\_

Financial Institution Phone Number: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing Transit #: \_\_\_\_\_

Please sign below that you provided the above information and that you authorize the direct deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Attach voided check here

Substitute Pay Statements & W-2 forms will be provided through an Employee Self Service portal.

Follow this link to register.

<https://ess.piedmont.k12.al.us/EmployeeSelfService/Account/Login>

The link is also on the PCSD website under Employee Benefits. You will need your social security number and your employee number provided by PCSD.

The directions to register for this service are on the Piedmont City School District Website. <http://www.piedmont.k12.al.us/>

Click on Search then choose Central Office from the menu on the side bar, then Documents. Scroll down to Employee Self Service Instructions.

If you have any problems registering, please feel free to contact me.

Emily Wood  
Payroll Clerk/Receptionist  
Piedmont City Schools  
ewood@pcsboe.us  
256-447-8831



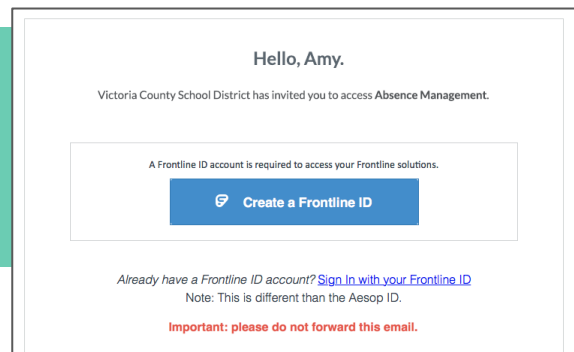
## Identity Management

Once your organization upgrades to the Frontline Insights Platform, you can begin to utilize new and improved system functionality! These new upgrades allow you to log in to all your Frontline applications with a single username and password and to access any Frontline application via a single URL.

### GETTING STARTED

On the date your district upgrades, you will receive an invitation email to create a Frontline ID account.

This new account replaces your former login credentials and allows you to collectively access all your different Frontline applications via a new, single username and password.



Click **Create a Frontline ID** within the invitation email.

This selection takes you to a Sign In page where you must create login credentials in accordance to Frontline requirements.

### CREATING AN ACCOUNT

Your new username must contain 1 alphabet character and at least 4 total characters. (You can potentially use your email address, first initial and last name, or a different, district-preferred combination.)

The password must have 1 alphabet character, 1 number or special character, and 8 total characters.

Include an email address to provide a means for password recovery/verification and click the checkbox to accept the terms and conditions.

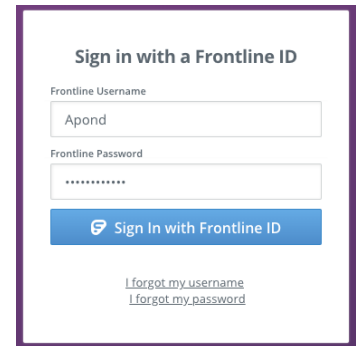
Once you are finished, click **Create Frontline ID**.

The system will prompt you to confirm your email as a final verification step. Once completed, the system enables access with your new username and password and requires these credentials for any future logins.

## SIGN ON PAGE

With the creation of your new Frontline ID account, you can access all your Frontline applications through a single sign-on page.

Go to [app.frontlineeducation.com](http://app.frontlineeducation.com), enter your new username and password, and click **Sign In**. The system recognizes your account configurations and presents applicable options based on your organizational setup.



**Sign in with a Frontline ID**

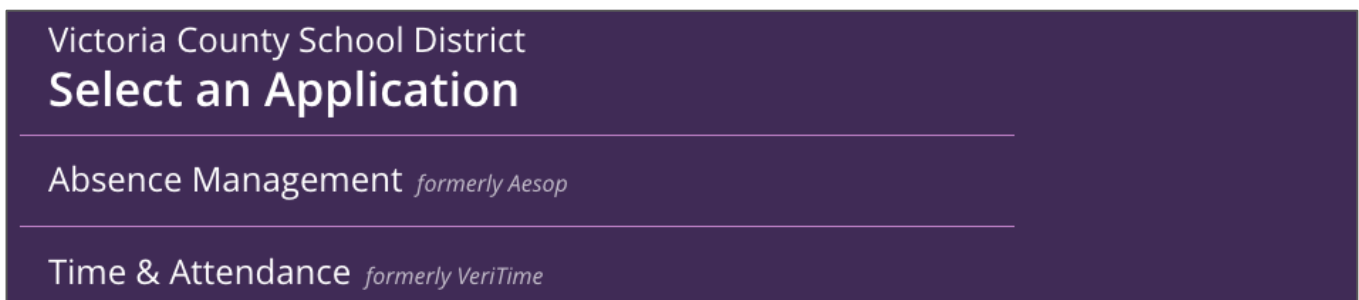
Frontline Username  
Apond

Frontline Password  
\*\*\*\*\*

**Sign In with Frontline ID**

[I forgot my username](#)  
[I forgot my password](#)

If you belong to multiple organizations, the system will prompt you to choose which organization you want to access, and once selected, you will then choose from a list of your accessible Frontline applications.



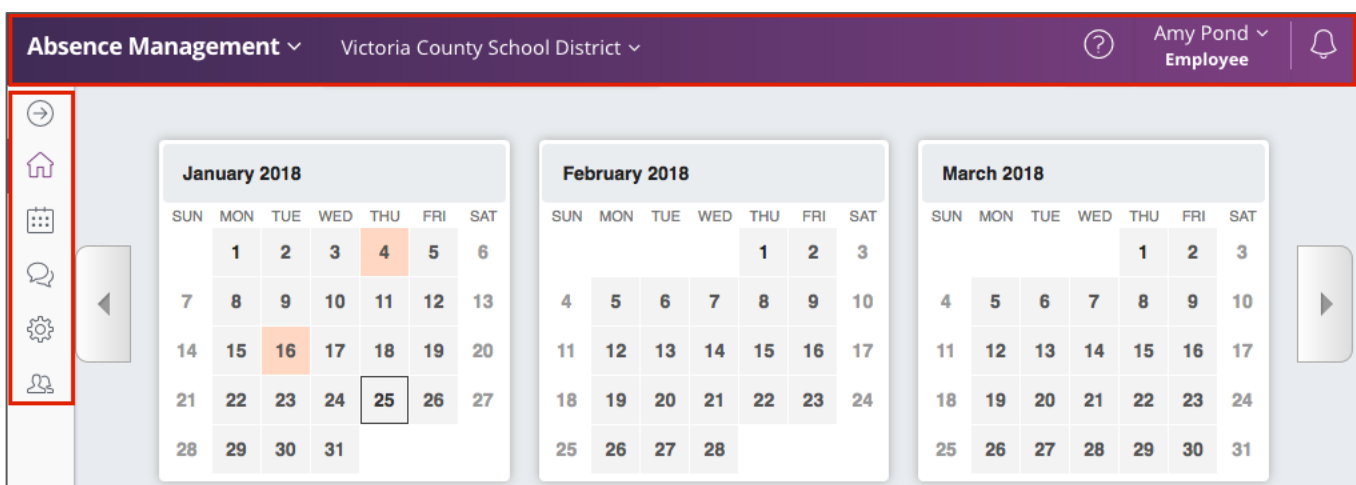
Victoria County School District  
**Select an Application**

Absence Management *formerly Aesop*

Time & Attendance *formerly VeriTime*

## LAYOUT

When you log in, the system will display a side navigation bar that hosts application-specific options, and you will have a series of selectable options along the top purple bar. From this top bar, you can alternate between applications/districts (if applicable), access help resources, and manage your account.



**Absence Management** Victoria County School District Amy Pond Employee

Home, Calendar, Chat, Settings, Profile

January 2018							February 2018							March 2018						
SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6					1	2	3					1	2	3
7	8	9	10	11	12	13	4	5	6	7	8	9	10	4	5	6	7	8	9	10
14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17
21	22	23	24	25	26	27	18	19	20	21	22	23	24	18	19	20	21	22	23	24
28	29	30	31				25	26	27	28				25	26	27	28	29	30	31

If you have any additional questions, please reference your application's Learning Center!





# Absence Management

## SIGNING IN

Type [aesoponline.com](https://aesoponline.com) in your web browser’s address bar or go to [app.frontlineeducation.com](https://app.frontlineeducation.com) if you have a Frontline Account.

The Sign In page will appear. Enter your ID/username and PIN/password and click **Sign In**.

## RECOVERING CREDENTIALS

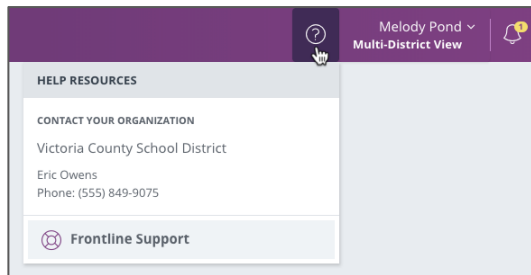
If you cannot recall your credentials, use the recovery options or click the “**Having trouble signing in?**” link for more details.

## SEARCHING FOR AVAILABLE JOBS

You can review available jobs directly on the homepage. These potential jobs appear in green on the calendar and in list form under the “Available Jobs” tab.

To accept a job, click the **Accept** button beside the absence (or click **Reject** to remove a job from the list).

Date	Time	Duration	Location
Mon, 4/30/2018	11:00 AM - 6:00 PM	1 Full Day	Victoria County School District Victoria County Community Schools



## GETTING HELP AND TRAINING

If you have questions, want to learn more about a certain feature, or want more information about a specific topic, click **Help Resources** and select **Frontline Support**. This opens a knowledge base of help and training materials.

## ACCESSING ABSENCE MANAGEMENT ON THE PHONE

In addition to web-based, system accessibility, you can also find and accept available jobs, manage personal information, change your PIN number, and more, all on the phone.

### When You Call into Absence Management

To call, dial **1-800-942-3767**. You'll be prompted to enter your ID number (followed by the # sign), then your PIN number (followed by the # sign).

When calling the Absence Management system, you can:

- Find available jobs – **Press 1**
- Review or cancel upcoming jobs – **Press 2**
- Review or cancel a specific job – **Press 3**
- Review or change your personal information – **Press 4**

### When the Absence Management System Calls You

If an available job has not been filled by another substitute two days before the absence is scheduled to start, the system will automatically begin to call substitutes and try to fill the job.

Keep in mind, when the system calls you, it will call about one job at a time, even if you're eligible for other jobs. You can always call in (see "When You Call into Absence Management" section above) to hear a list of all available jobs.

**Note:** When the system calls, be sure to say a loud and clear "Hello" after answering the call. This will ensure that the system knows you picked up the call.

When you receive a call, you can:

- Listen to available jobs – **Press 1**
- Prevent Absence Management from calling again today – **Press 2**
- Prevent Absence Management from ever calling again – **Press 9**

If you are interested in the available job, **Press 1**. You will be asked to enter your PIN number (followed by the # sign). The Absence Management system will list the job details, and you will have the opportunity to accept or reject the job.





# Registering for a Criminal History Background Check Overview

## Applicants will need:

- A computer, tablet, or smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of \$46.20 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)
- Ability to provide commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)

Step 1- Create an AIM Account at <https://aim.alsde.edu>

Step 2- Complete Background Check Registration in AIM

Step 3- Go to <https://fieldprintalabama.com> to create a sign in and schedule an appointment. (You should be transferred to the Fieldprint Welcome screen automatically after completing the AIM registration.)

- Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting CANNOT be corrected and is the responsibility of the applicants.

Step 4- Complete authorization forms, schedule appointment, and fee payment  
Payment

- Applicant fee for Fieldprint, Inc. (card or live scan user); \$46.20 (\$25 ALEA + \$13.25 FBI + \$7.95 Fieldprint)
- Fee payment is by debit or credit card only. No money orders or checks are accepted.

Step 5- Fingerprinting

- Applicants must schedule an appointment with Fieldprint before visiting a fingerprint location (same day appointments are common)
- Two forms of identification are required. (See list of acceptable forms of ID in instructions)
- Out of state applicants can submit fingerprints via Fieldprint's nation-wide network. If an out of state location is not convenient, an applicant will be sent fingerprint cards from Fieldprint. The completed cards should be returned to Fieldprint for processing. There is no additional fee for this service.



## **Alabama State Department of Education Educator Certification Section**

# **Registering for a Criminal History Background Check with Fieldprint**

### **Applicants will need:**

- A computer, tablet, or smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of \$46.20 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)
- Ability to provide commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)

**Be sure your applicants follow the required sequence below. If they do not, they will not be able to complete the process successfully.**

Step 1: Create an AIM Account

Step 2: Complete Background Check Registration in AIM

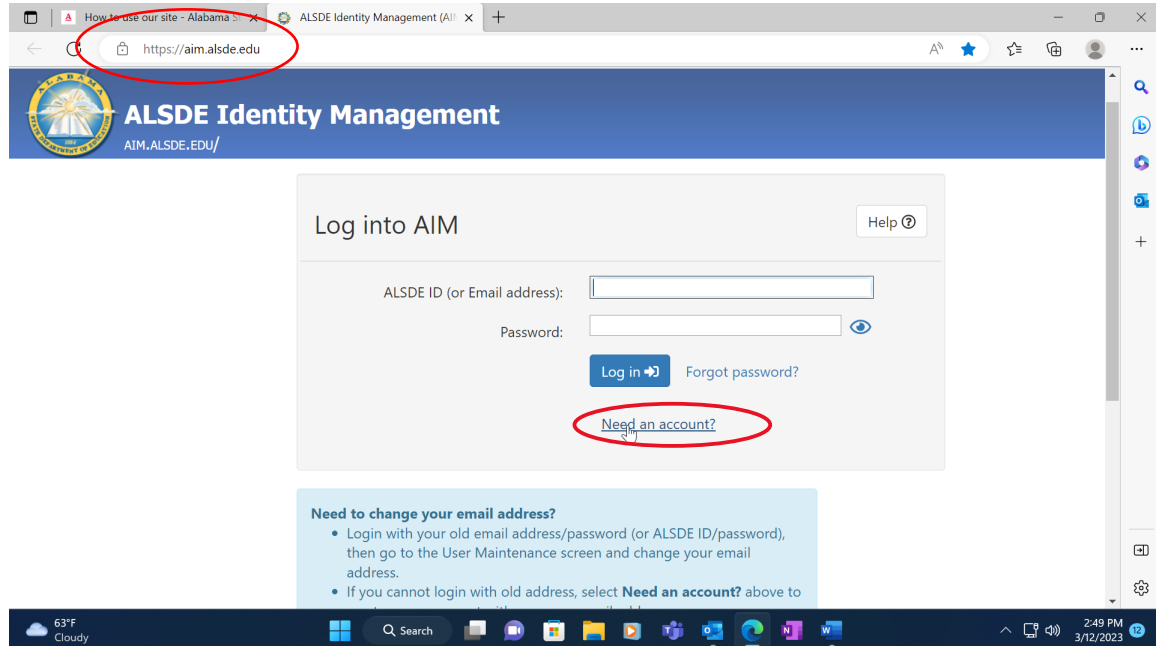
Step 3: Create Fieldprint Account

Step 4: Complete authorization forms, schedule appointment, and fee payment

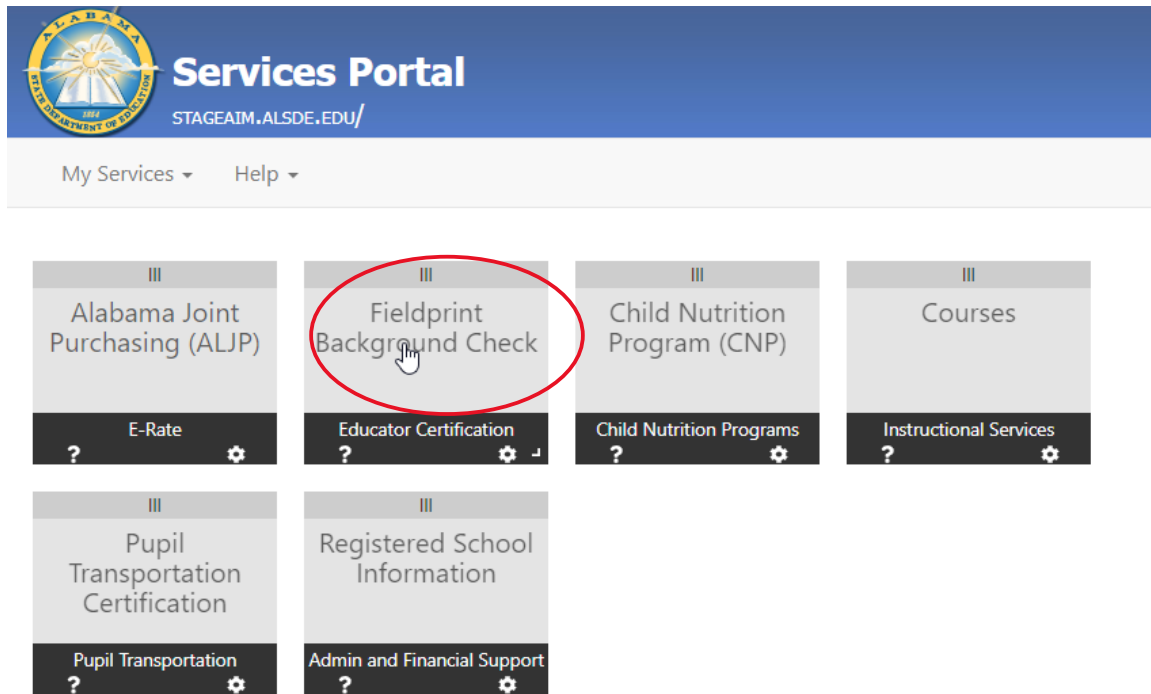
Step 5: Report for fingerprint appointment

1. Start by visiting our ALSDE Identity Management website at <https://aim.alsde.edu> and select “Need an account?.” Follow the prompts to complete your AIM account.

**Note: Existing AIM users should simply log into AIM by entering their ALSDE ID# or Email address and Password.**



2. After AIM account is created, log in to AIM and select the ‘Fieldprint Background Check’ tile as shown below.



## 2.1 Press 'Set' button under Educator certification and Criminal history Background checks

### AIM Demographics

The following information is required for accessing various ALSDE applications, for assignment in the Education Directory, to properly update teaching certificates and bonds, and for background checks.

You must select an account type.

Please provide accurate and complete information. Required sections are indicated by an asterisk (\*) to the right of the section name.

//

Account Type \*

Ethnicity/Race \*

Citizenship \*

Phone Numbers \*

Home Address \*

Characteristics \*

Birth Details \*

Background Details \*

State Identification \*

RSA ID

//

### Account Type

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Educator Certification and Criminal History Background Checks	Researcher	Public
Select this option if you: <ul style="list-style-type: none"><li>are applying for an Alabama certificate, license, or permit,</li><li>are attempting to complete a criminal history background check, or</li><li>are updating personal information with Educator Certification.</li></ul>	Select this option if you: <ul style="list-style-type: none"><li>need access to public data applications, or</li><li>are accessing data through a memorandum of understanding (MOU) with ALSDE.</li></ul>	Select this option if you: <ul style="list-style-type: none"><li>need access to public data applications.</li></ul>
<input type="button" value="Set"/>	<input type="button" value="Set"/>	<input type="button" value="Set"/>

**Note:** It is the applicant's responsibility to provide accurate information. Failing to do so may result in a significant delays of the background check review. The user will need to keep up with the ALSDE ID# assigned in AIM. That number will be referenced when attempting to schedule an appointment with Fieldprint.

## 2.2 Enter Race and Ethnicity details and select 'Save' and then 'Continue to Citizenship.'

Account Type \*  
Ethnicity/Race \*  
Citizenship \*  
Phone Numbers \*  
Home Address \*  
Characteristics \*  
Birth Details \*  
Background Check  
State Identification \*  
RSA ID

### Race and Ethnicity

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Race Black or African Ameri...  
Field is required.

Ethnicity Not Hispanic/Latino  
Field is required.

Save

Continue to Citizenship

Continue

Time to process page

### 2.3 Enter Citizenship details and select 'Save' and then 'Continue to Phone Numbers.'

Account Type \*  
Ethnicity/Race \*  
Citizenship \*  
Phone Numbers \*  
Home Address \*  
Characteristics \*  
Birth Details \*  
Background Check  
State Identification \*  
RSA ID

### Citizenship

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Are you a legal United States citizen? Yes  
Field is required.

Save

Continue to Phone Numbers

Continue

Time

### 2.4 Enter Phone Number details and select 'Continue to Home Address.' **Note:** At least one phone number is required for registration.

//

- Account Type \*
- Ethnicity/Race \*
- Citizenship \*
- Phone Numbers \***
- Home Address \*
- Characteristics \*
- Birth Details \*
- Background Check
- State Identification \*
- RSA ID

### Phone Numbers

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Home		<a href="#">Add</a>	
Work	334.123.4567	<a href="#">Edit</a>	<a href="#">Delete</a>
Cell	334.312.1669	<a href="#">Edit</a>	<a href="#">Delete</a>

[Continue to Home Address ↗](#)

## 2.5 Enter/Edit Home Address details and select 'Continue to Characteristics.'

//

- Account Type \*
- Ethnicity/Race \*
- Citizenship \*
- Phone Numbers \*
- Home Address \***
- Characteristics \*
- Birth Details \*
- Background Check
- State Identification \*
- RSA ID

### Home Address

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.  
**Home address is required.**

123 West Street  
Montgomery, AL 36116  
US: United States of America

[Edit](#)

[Continue to Characteristics ↗](#)

## 2.6 Enter Characteristics and select 'Save' and then 'Continue to Birth Details'

**Characteristics**

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

**Eye Color**  Field is required.

**Hair Color**  Field is required.

**Height (Feet)**  Field is required.

**Height (Inches)**  Field is required.

**Weight (Pounds)**  Field is required.

[Save](#) [Continue to Birth Details](#)

## 2.7 Enter Birth Details and select 'Save' and then 'Continue to Background Details.'

**Birth Details**

**Country:**  Field is required.

**State:**  Field is required.

[Save](#) [Continue to Background Details](#)

2.8.a Applicant selects the position type he or she is seeking.

The screenshot shows a sidebar on the left with navigation links: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, Home Address, Characteristics, Birth Details, Background Details (highlighted), State Identification, and RSA ID. A green 'Continue' button is at the bottom of the sidebar. The main content area is titled 'Background Check' and contains a blue informational box: 'These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.' Below this is a 'Scenario' section with seven radio button options:

- You are applying for a Professional Educator Certificate, a Professional Leadership Certificate, Alternative Certificate, Career and Technical Certificate, or an Emergency Certificate.  
Educator Certification  
Authority: Ala. Code 16-22A-5(d) (1975)
- You already hold a certification or license as an educator, school bus driver, substitute, or in Professional Leadership, and are seeking public employment in a new local public school system (including public charter schools).  
Certified or Licensed Applicant for Public Employment  
Authority: Ala. Code 16-22A-5(a) and (d) (1975)
- You are applying for a Substitute Teacher Licensure.  
Substitute Teacher Licensure  
Authority: Ala. Code 16-22A-5(d) (1975)
- You are seeking employment at a public or private school in a position that does not require you to hold any license or certification. Examples include but are not limited to the following: secretary, instructional aide, custodian, lunchroom worker, bus aide, contractor, etc. This includes non-certified and non-licensed applicants for employment at public charter schools.  
Non-Certified or Non-Licensed Applicant for Public or Nonpublic Employment  
Authority: Ala. Code 16-22A-5(a), (b), and (d) (1975)
- You are applying for a School Bus Driver Certificate.  
School Bus Driver Certification  
Authority: Ala. Code 16-22A-5(d) (1975)
- You attend an Alabama College or University and are seeking admission to an Educator Preparation Program. If you are enrolled in an Educator Preparation Program outside of Alabama, please do not continue this process. Contact the Alabama State Department of Education, Office of Educator Certification, for more information at (334) 694-4557.  
Educator Preparation Program  
Authority: Ala. Code § 16-23-16.2 (1975)

2.8.b Applicant selects School System/IHE/Nonpublic school with which they are affiliated.  
**Note:** Type the name of the LEA/Institution/Nonpublic school or engage the drop down arrow to see an alphabetical listing.

The screenshot shows a dropdown menu for 'Site'. The menu is open, displaying a list of schools and institutions in Alabama. The list includes:

- Atlanta State University (Athens, AL)
- Atmore Christian School (Atmore, AL)
- Atmore Work Release (None Supplied, AL)
- Attalla City (Attalla, AL)
- Auburn City (Auburn, AL)
- Auburn Classical Academy, Inc. (Auburn, AL)
- Auburn Classical Academy, Inc. (Opelika, AL)
- Auburn Montessori School - The Children's House (Auburn, AL)
- Auburn University (Auburn Univ, AL)
- Auburn University At Montgomery (Montgomery, AL)
- Autauga Academy (Prattville, AL)
- Autauga County (Prattville, AL)
- AWAKE Community School (Birmingham, AL)
- Azalea City Christian (Semmes, AL)
- Baldwin County (Bay Minette, AL)



2.8.c Applicant answers questions regarding convictions and then selects 'Save' and 'Continue to State Identification.' **Note:** If the applicants selects 'Yes' a pop-up message will be displayed informing the applicant to send additional information to the ALSDE. A 'Yes' response **does not** prevent the applicant from completing registration.

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?

Yes  No

Before your suitability status can be determined, the Certification Office will need additional information. Please mail **OR** email the following information to the ALSDE Certification Office. Be sure to include you ALSDE ID# along with any information you send.

1. A copy of the case action summaries showing the judgements, convictions, and sentencing or other outcome of your cases.
2. A notarized personal explanation regarding the circumstances surrounding your cases. You should include the dates involved, the places of conviction, final outcome, and any other factors that should be considered.

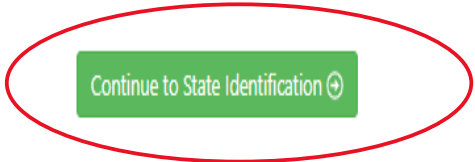
ALSDE Certification Office Mail address:

PO Box 302101

Montgomery, AL 36130-2101

BGR@alsde.edu

Field is required.



2.9 Enter State Identification details and select 'Save' and 'Continue to RSA ID.'

State Identification / Driver License

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Type	Driver License
State	AL: Alabama
Number	123456
Expiration Date	3/31/2023

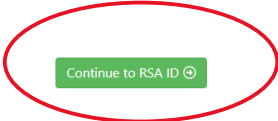
Field is required.

Field is required.

Field is required.

Field is required.

Field is required.



2.10 Enter RSA ID details and select continue. Note: RSA ID number is optional. If you do not have, or do not know your RSA ID number simply select 'No' and 'Continue' to complete your

AIM registration. Note: The user will be immediately transferred to the Fieldprint Welcome screen.

The screenshot shows a registration form with a sidebar on the left containing a list of fields: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, Home Address, Characteristics, Birth Details, Background Details, State Identification, and RSA ID. The RSA ID field is highlighted in blue. A blue box contains the text: "These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current." Below this is a question: "Do you have a RSA ID?" with radio buttons for "Yes" and "No". A green button labeled "Continue" is at the bottom left. A green button labeled "Finished. Go to Services Portal." is circled in red on the right side.

3. Select 'Sign Up' to begin. Note: The applicant has been transitioned to Fieldprint.

The screenshot shows the Fieldprint Welcome screen. The header includes the Fieldprint logo, "English", and "Contact Us". The main heading is "Welcome to Fieldprint®". There are two columns: "Sign Up" and "Returning User Login". The "Sign Up" column has the text: "For new users, please select 'Sign Up' below to schedule a fingerprinting appointment." and a purple "Sign Up" button circled in red. The "Returning User Login" column has the text: "For existing users, please select 'Log In' below to check appointment status, view and print receipts or reschedule an existing appointment." and a purple "Log In" button.

3.1 User will review Fieldprint Authorization form and select 'I Agree.'

### 3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures

You may withdraw your consent to use electronic signatures or to receive electronic disclosures at any time by contacting us via email at [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com). Any withdrawal of your consent to receive electronic disclosures or to use electronic signatures will be effective only after we have a reasonable period of time to process your withdrawal. However, withdrawing your consent to this Consent Agreement will terminate your ability to provide electronic signatures and to receive disclosures and other documents electronically. Continuing to provide electronic signatures after withdrawing consent is reaffirmation of your consent to the use of electronic signatures under the E-SIGN Act.

### 4. You Must Keep Your Contact Information Current

In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and email or other electronic addresses. In order to update your information, contact us via email at [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).

### 5. Hardware and Software You Will Need

To use our online processes, you will need Internet Browser software that supports at least 128-bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader), a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid email address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.

By clicking on the "I Agree" button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the "I Agree" button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

By clicking on the I Agree button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you DO NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com) or call 888-472-8918.

You can download the "Consent Agreement" as a PDF file.

 [Consent Agreement.pdf \(120 K\)](#)  [Download](#)

I do not agree

I Agree

[Terms & Conditions](#)

[Fieldprint Privacy Policy](#)

[FBI Privacy Act Statement](#)

[eConsent](#)

[Biometric Disclosure](#)

[FBI Noncriminal Justice Applicants Privacy Rights](#)

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## 3.2 User enters information to create including Username, Password, and Security Questions and selects 'Continue.' **Note: Please record your password and security questions and answers securely. Answers to security questions cannot be duplicated.**

### Create Account

Please fill in the following fields to create an account.

\* — Required Fields

Email *	<input type="text" value="e.g. example@domain.com"/>
Username *	<input type="text"/>
Password *	<input type="password"/> <a href="#">show</a>
Confirm Password *	<input type="password"/> <a href="#">show</a>
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Mobile Phone Number	<input type="text"/>

### Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 *	<input type="text" value="Select one"/>
Answer 1 *	<input type="text"/> <a href="#">show</a>
Security Question 2 *	<input type="text" value="Select one"/>
Answer 2 *	<input type="text"/> <a href="#">show</a>
Security Question 3 *	<input type="text" value="Select one"/>
Answer 3 *	<input type="text"/> <a href="#">show</a>

Back

Continue

3.3 Following the completion of screen 3.2 the user will be taken to the 'Verify Account' screen. Note: An 8-digit code will be sent to the email account entered on the previous screen. Enter the 8-digit code and select 'Complete Registration.'

### Verify Account

An email has been sent to your provided email address. The subject of the email will be "Fieldprint Scheduling Account Verification" and will arrive from email sender auth@fieldprint.com.

Please follow the directions in the email to continue creating your account. You may need to check your Junk or Spam folder.

**ⓘ Please do not close your browser.**  
If your browsing session closes, please log back in using your username and password and enter the 8-digit **Verification Code** emailed to you at the email address provided during account creation. This **Verification Code** will expire after 30 minutes.

\* — Required Fields

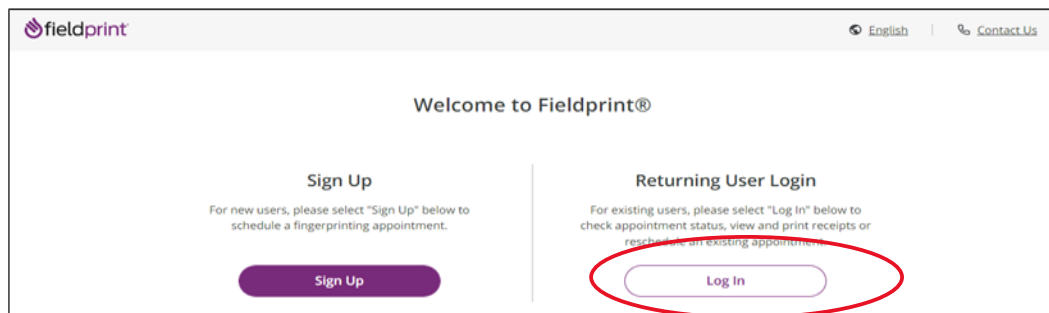
Verification Code \*

Your 8-digit code

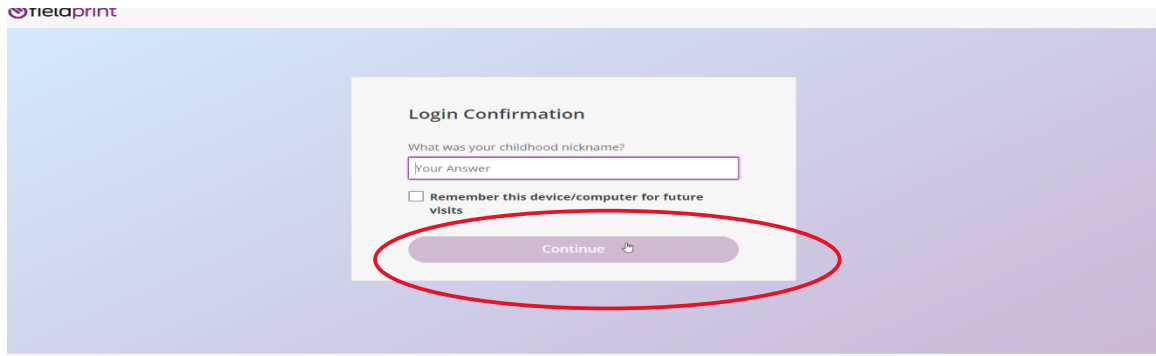
Didn't receive an email? Click [here](#) to resend email.

Complete Registration

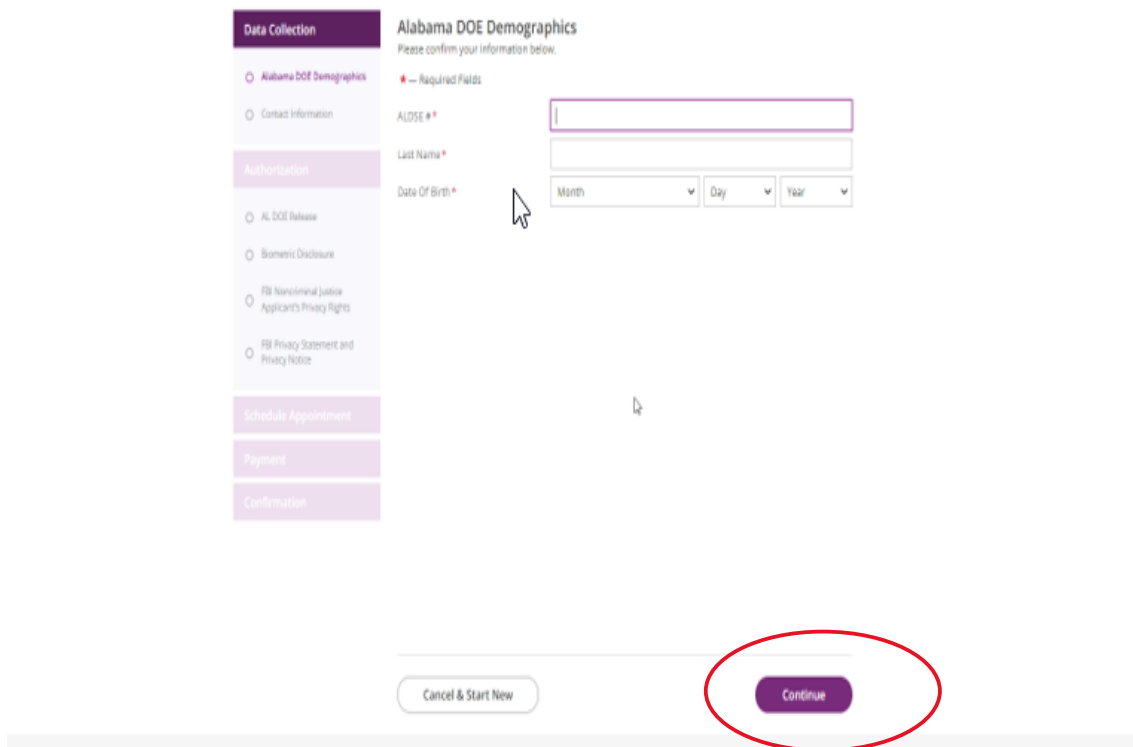
3.4 User is returned to the Login screen. Select 'Log In' to continue with registration.



3.5 Provide answer to security question and select 'Continue.' Note: This Question and Answer was created during account creation with Fieldprint.



3.6 Enter ALSDE ID#, Last Name, and DOB and select 'Continue'



3.7 Enter contact information and select 'Continue.'

**Data Collection**

- Alabama DOE Demographics
- Contact Information

**Authorization**

- AL DOE Release
- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

**Schedule Appointment**

**Payment**

**Confirmation**

**Contact Information**

\* -- Required Fields

Phone\*

Alternate Phone

Email\*

Preferred Contact Method\*  Email  Phone

Appointment Reminder\*  Email  No

### 3.8 Review AL DOE Release form and select 'I agree' then 'Continue.'

**Data Collection**

- Alabama DOE Demographics
- Contact Information

**Authorization**

- AL DOE Release**
- Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

**Schedule Appointment**

**Payment**

**Confirmation**

**AL DOE Release**

**AFFIDAVIT FOR RELEASE OF INFORMATION**

I hereby authorize the Alabama Law Enforcement Agency to conduct a criminal history background check and to release my criminal history information to the State Superintendent of Education. I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Law Enforcement Agency and its officers and agents from any and all claims, actions, or causes of action which may arise as a consequence of the release of the criminal history information as authorized herein.

If I am an applicant for certification or licensure, or if I am a certified or licensed applicant for employment in a public school, or an applicant for employment at a nonpublic school, or an applicant for a teacher education program, then I understand that the State Superintendent of Education shall provide a suitability determination based on the State Bureau of Investigation and Federal Bureau of Investigation criminal history background information reports.

If I am applying for employment in a non-certified or non-licensed position in a public school then I understand that my potential employer will be notified of my confirmed convictions and pending charges.

I understand that I may be denied employment, unsupervised access to children, the opportunity to serve, or certification or licensure based upon the information contained in the criminal history background information check.

I understand that a refusal to consent to a criminal history background check will result in me not being hired or, if applicable, me not being certified or licensed.

I am aware that I have the right to obtain a copy of the background check report and to challenge its accuracy and completeness. The procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R. § 16.34. I also have a right to obtain a prompt determination as to the validity of such challenge before a decision to retain or hire is made by an employer. Officials making such a determination should not make a decision regarding my license or employment based upon information in the record until I have been afforded a reasonable time to correct or complete the record, or have declined to do so.

I understand that I am entitled to due process in accordance with applicable statutes prior to any possible adverse action taken as a result of information reported from a criminal history background check.

Payment of fingerprint fees and submission of fingerprints shall be deemed further positive affirmation of my intent to have a fingerprint based criminal history background check performed as authorized above.

**TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.**

I agree\*

Your Full Name James Smith

Today's date

### 3.9 Review Fieldprint Biometric Disclosure form and select 'I agree' then 'Continue.'

**Data Collection**

- ✓ Alabama DOE Demographics
- ✓ Contact Information

**Authorization**

- ✓ AL DOE Release
- Biometric Disclosure**
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

**Schedule Appointment**

**Payment**

**Confirmation**

**Biometric Disclosure**

**State Required Biometric Information Disclosure and Authorization**

Please be advised that your fingerprints will be collected, stored, and used in connection with your contract and/or employment with organization requesting your fingerprints ("ORGANIZATION"). Such collection, storage, and use of your fingerprints may occur at any time after the company receives your written authorization, including during the hiring process, as well as during the course of your contract and/or employment with ORGANIZATION or for volunteering/licensing, as the case may be, where permitted by law ("Stated Purposes").

Your fingerprints are being collected and used in order to obtain Criminal History Record Information (CHRI) from state governments and/or agencies in connection with your contract and/or employment or volunteering with ORGANIZATION, or for licensing, as the case may be.

Your fingerprints and any information obtained using your fingerprints will be retained and stored by Fieldprint, Inc., and will be permanently destroyed minimally after three (3) years of your last interaction with Fieldprint, Inc. In some instances, we may retain your fingerprints for less than three (3) years or indefinitely, based on the requirements of our clients, which may be regulatory or otherwise. For the exact retention period for your particular purpose, please contact us at (888) 472-8818. You may view Fieldprint, Inc.'s Privacy Policy, on the retention and destruction of biometric information <https://www.fieldprint.com/privacy-policy/>.

**Authorization to Obtain and Disclose Biometric Information**

By signing below, I hereby authorize Fieldprint, Inc. to collect, store, and use my fingerprints, and further authorize Fieldprint, Inc. to disclose and use my fingerprints to obtain criminal background information in connection with my Stated Purposes.

By signing below, I further authorize Fieldprint, Inc. to share my fingerprint information, criminal results, and any other information obtained using my fingerprints with ORGANIZATION for the Stated Purposes.

By signing below, I acknowledge and agree that this authorization to obtain and disclose/share my biometric information, criminal results, and any other information obtained using my fingerprints, is valid now as well throughout the course of my contract, employment, volunteering, and/or licensing, as may be applicable, with ORGANIZATION, where permitted by law.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

I agree \*

Your Full Name: James Smith

Today's date

### 3.10 Review the FBI Noncriminal Justice Applicant Privacy Rights Statement and select 'I acknowledge...' then 'Continue.'

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ All DOE Release
- ✓ Biometric Disclosure
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

### FBI Noncriminal Justice Applicant's Privacy Rights

#### NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>(1)</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 58.12, among other authorities.

- \*You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>(2)</sup>
- \*You must be advised in writing of the procedure for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.24.
- \*You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record if you have such a record.
- \*If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the official uses the employment, license, or other benefit based on information in the FBI criminal history record.
- \*If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjle/identity-history-summary-checks> and <https://www.ado.cjle.gov>.
- \*If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.ado.cjle.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes to your record in accordance with the information supplied by that agency. (See 28 CFR 16.20 through 16.24.)
- \*You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>(3)</sup>

<sup>(1)</sup>Written notification includes electronic notification, but excludes oral notification.

<sup>(2)</sup><https://www.fbi.gov/services/cjle/identity-history-summary-checks/privacy-act-statement>

<sup>(3)</sup>See 5 U.S.C. 552a(h); 28 U.S.C. 534(h); 34 U.S.C. § 40116 (formerly cited as 42 U.S.C. § 14636), Article IV(c);

28 CFR 20.27(c), 20.37(d) and 98b.2(d).

#### DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basada en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se establecen a continuación. Toda notificación se le debe proveer por escrito.<sup>(1)</sup> Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 58.12, entre otras autorizaciones.

- \*Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigar, compartir, o retendrán sus huellas digitales e información relacionada.<sup>(2)</sup>
- \*Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.24.
- \*Se le debe proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- \*Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- \*Si le permite la política de la agencia, el funcionario le podrá otorgar una copia de su historial criminal del FBI para revisar y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjle/identity-history-summary-checks> y <https://www.ado.cjle.gov>.
- \*Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petition por medio de <https://www.ado.cjle.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.20 al 16.24.)
- \*Usted tiene el derecho de esperar que los funcionarios que reciben los resultados de la investigación de su historial criminal lo usaran para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u ordenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.<sup>(3)</sup>

<sup>(1)</sup>La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

<sup>(2)</sup><https://www.fbi.gov/services/cjle/identity-history-summary-checks/privacy-act-statement>

<sup>(3)</sup>Ver 5 U.S.C. 552a(h); 28 U.S.C. 534(h); 34 U.S.C. § 40116 (anteriormente citado como 42 U.S.C. § 14636), Artículo IV(c); 28 CFR 20.27(c), 20.37(d) y 98b.2(d).

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPOINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

I acknowledge that I have read, understand, and agree to the above Statement.\*

Back

Continue

3.11 Review the Privacy Act Statement and select 'I acknowledge...' then 'Continue.'



**Data Collection**

- ✓ Alabama DOE Demographics
- ✓ Contact Information

**Authorization**

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

### FBI Privacy Statement and Privacy Notice

#### Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 Fingerprint card](#).*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

1

#### Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 reverso de huellas dactilares](#).*

**Autoridad:** La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

**Propósito Principal:** Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basadas en huellas digitales. Se le podría proveer sus huellas digitales e información relevante/biometrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biometrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas o mantenidas por el NGI.

**Usos Rutinarios:** Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biometrica permanecen en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales; autoridades responsables por empleo, contratar, licencias, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

2

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY. FROM FINGERPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

I acknowledge that I have read, understand, and agree to the above Statement.\*

Back

Continue

## Schedule Appointment and Payment

4.1 Enter full address, city, state or zip code and select 'Find' to determine find the Fieldprint locations nearest you and select an appointment date. Next select an 'Find Availability' to schedule an appointment time. **Note: The business name, address, and other information will be displayed.**

fieldprint English Contact Us

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ AL DOE Release
- ✓ Biometric Disclosure

Fieldprint Location

Please enter an address below to locate nearby Fieldprint® locations.

50 North Ripley, Montgomery, AL 36116 X Find

Near My Home Address

## 2 Results for 50 North Ripley, Montgomery, AL 36116

Please use the options below to proceed with scheduling.

Clear Filter

Sun 19 Mar Mon 20 Mar Tue 21 Mar Wed 22 Mar Thu 23 Mar Fri 24 Mar

Distance Soonest Available Time Open Map View

1. Fieldprint Site - Bradley Screening

5283 Vaughn Road, , Montgomery AL 36116-  
M TU W TH F 08:30 AM - 04:30 PM

- ✓ No Additional Fees
- ✓ ADA Compliant
- ✓ Livescan
- ✓ Expedited Processing
- ✓ Photo
- ✓ I9

5.23 mi

Find Availability

2. Fieldprint Site - PostNet

7806 Vaughn Road, Cornerstone Shopping Center, Montgomery AL 36116-  
M TU W TH F 09:00 AM - 03:00 PM

- ✓ No Additional Fees
- ✓ ADA Compliant
- ✓ Livescan
- ✓ Expedited Processing
- ✓ Photo
- ✓ I9

Find Availability

4.2 Select 'Part of day' and time of requested appointment.

**fieldprint** English Contact Us

**Data Collection**

- ✓ Alabama DOE Demographics
- ✓ Contact Information

**Authorization**

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

**Schedule Appointment**

**Payment**

**Confirmation**

**Fieldprint Location**

[Back to 2 Results](#)

**Schedule Appointment**

Fieldprint Site - Bradley Screening, 5283 Vaughn Road., Montgomery AL 36116-  
M T U W T H F 08:30 AM - 04:30 PM  
5.23 mi

**Notice**

Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

\* — Required Fields

Available Date\*

Part of day\*

**Continue**

4.3 Select 'Debit or Credit Card' or 'PayPal' as your payment option.

**Data Collection**

- ✓ Alabama DOE Demographics
- ✓ Contact Information

**Authorization**

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

**Schedule Appointment**

**Payment**

**Confirmation**

**Payment**

**Notice**

Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.  
Your appointment will not be scheduled until payment has been completed.

Date and Time: March 20, 2023 10:00 AM  
Location: Fieldprint Site - Bradley Screening  
5283 Vaughn Road., Montgomery AL 36116-

Fee Type	Fee
Fieldprint Scheduling Fee	\$ 7.95
FBI Fee	\$ 38.25
<b>Your Total to Pay:</b>	<b>\$ 46.20</b>

Payment Method

**PayPal**

Debit or Credit Card

Powered by **PayPal**

4.4 Insert Payment Account Information

- ✓ Biometric Disclosure
  - ✓ FBI Noncriminal Justice Applicant's Privacy Rights
  - ✓ FBI Privacy Statement and Privacy Notice
- Schedule Appointment**
- Payment**
- Confirmation

Fee Type	Fee
Fieldprint Scheduling Fee	\$ 7.95
FBI Fee	\$ 38.25
<b>Your Total to Pay:</b>	<b>\$ 46.20</b>

Payment Method

Debit or Credit Card

×

Card number ▲

Expires ▲ CSC ▲

Billing address 🇺🇸 ▼

First name ▲ Last name ▲

Street address ▲

Apt., ste., bldg.

City ▲

State **Alabama** ▼

ZIP code **60620**

Mobile **+1 (312) 694-4557**

Email **Test@user.com**

Ship to billing address

By continuing, you confirm you're 18 years or older.

**Continue**

- 4.5 Review appointment details and log out. **Note: Email confirmation of the appointment will be sent. The email will include a list of approved forms of identification that must be presented during your fingerprint appointment. Be sure to review procedures for canceling an appointment, if needed.**

The screenshot displays the Fieldprint website interface. At the top left is the 'fieldprint' logo. At the top right are links for 'English' and 'Contact Us'. The left sidebar contains several menu items: 'Data Collection' (with sub-items 'Alabama DOE Demographics' and 'Contact Information'), 'Authorization' (with sub-items 'AL DOE Release', 'Biometric Disclosure', 'FBI Noncriminal Justice Applicant's Privacy Rights', and 'FBI Privacy Statement and Privacy Notice'), 'Schedule Appointment', 'Payment', and 'Confirmation'. The main content area is titled 'Confirmation Details: August Thirty (Appointment #6202095)'. Below the title are three links: 'Print Confirmation', 'Get Directions', and 'Download Printable Documents'. The appointment details are listed as follows: Date and Time: Monday, March 20, 2023 10:00 AM; Location: Fieldprint Site - Bradley Screening, 5283 Vaughn Road, Montgomery AL 36116. A QR code is displayed on the left, and a 'QR Code Notice' box explains that Fieldprint uses a camera to scan the QR code to locate the user's unique appointment information, and that the camera does not save data or records. Below the QR code is a Google Map showing the location of the Bradley Screening site on Vaughn Rd in Montgomery, AL. The map includes labels for 'ALS Staffing', 'Office Park Cir', 'South University, Montgomery', and 'Vaughn Rd'. The bottom of the map shows 'Keyboard shortcuts', 'Map data ©2023 Google', 'Terms of Use', and 'Report a map error'.

**Payment**

Payment Date	Transaction ID	Amount	Fee Type
March 19, 2023 9:02 AM	9U391469RF928533G	\$ 46.20	Fieldprint Scheduling Fee - \$ 7.95 FBI Fee - \$ 38.25

**What to Bring to Your Appointment?**

① Notice

Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government-issued photo ID.

If you do not bring two valid, unexpired, acceptable forms of ID, your appointment cannot be completed. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly.

**Identification required to complete your appointment**

**Primary ID for Fingerprinting**

- State-issued driver's license
- State-issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- DOD Common Access Card
- Work Visa w/ photo
- Global Entry Card
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- I-766 Employment Authorization Card
- Foreign Passport
- Foreign Driver's License

**Secondary ID for Fingerprinting**

- State-issued driver's license
- State-issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- Bank Statement/Paycheck Stub
- Utility Bill / Insurance Card
- Credit Card/Debit Card
- Marriage Certificate
- Birth Certificate
- US Dept of Veteran Affairs Card
- Draft Record
- Transportation Worker ID Credential (TWIC Card)
- Certificate of Citizenship
- Certificate of Naturalization
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- DOD Common Access Card
- Work Visa w/ photo

**Reschedule or Cancel Minnie Brown Appointment (#6202099)**

Please note that once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge. If you need to reschedule your appointment or cancel, please click the corresponded button below or call [877-614-4364](tel:877-614-4364).

If you decide to reschedule your appointment in the future, please return to [alabamaacceptance.fieldprint.com](http://alabamaacceptance.fieldprint.com), log in as an existing user, and click on the Reschedule button to make a new appointment.

Cancel Appointment

Reschedule

Back to Home

Log Out