

SOUTHWEST GEORGIA STEM CHARTER SCHOOL

Governing Board Office

135 Pecan Street

P. O. Box 300

Shellman, Georgia 39886

Phone (229) 262-3071 Fax (229) 679-2075

Board Office:

Ginger Almon, School Leader

Lori Wilson, CFO

Kadie Phillips, Federal Programs Director & Administrative Assistant

Welcome to Southwest Georgia S.T.E.M. Charter School!

We are excited that you will be joining our team. As a part of this process, you will be required to complete the New Hire Employment Packet.

The following are minimal requirements:

- Employee Application
- Consent for Criminal Background Check
- Criminal Background Check
- Form I-9
- Copy of Driver's License and Social Security Card
- Form W-4
- Form G-4
- Direct Deposit Form
- Clearance Certificate Application (where applicable)
- Post Offer of Employment Medical Inquiry
- Worker's Compensation Policy
- Receipt of Child Abuse Reporting
- Alcohol and Drug Release Policy Form
- Media Disclosure Agreement

Certified employees, who have formerly worked in a public school system, must contact their previous employers and request verification for submission to the Payroll Department. All certified experience forms should be mailed to the attention of Bill Cooling in the Board Office. **It is the employee's responsibility to provide experience verification to Southwest Georgia S.T.E.M. Charter School.**

Please make sure that you complete the paperwork to request transfer of your leave hours if you are a department transferring employee.

If you have any questions, please contact Lori Wilson at 229-262-3071 Ext. 108.



APPLICATION FOR EMPLOYMENT
SOUTHWEST GEORGIA S.T.E.M. CHARTER SCHOOL
BOARD OF EDUCATION

P.O. Box 300
Shellman, Georgia 38996

Name: _____

(As it appears on Social Security Card)

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Eligibility for a valid Georgia teaching certificate is a prerequisite for employment. Contact Georgia Professional Standards Commission, www.gapsc.com

CERTIFIED TEACHER/PERSONNEL:

Early Childhood (PK-2)

Elementary (3-5)

Middle Grades (6-8)

Area(s) of Concentration: _____

Secondary (9-12)

Area (s) of Concentration: _____

Counselor

ADMINISTRATION:

School Administrator

_____ Director or Specialist

Central Office Administrator

CLASSIFIED PERSONNEL:

Clerical

Custodial

Lunchroom

Paraprofessional

Bus Driver

Other _____

TEACHING EXPERIENCE/WORK HISTORY

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

TEACHING EXPERIENCE/WORK HISTORY continued

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			
Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

EDUCATION

Name of School Attended	Date of Attendance	Area of Study	Degree Earned/ Date

CERTIFICATE INFORMATION

Certified Only must answer:

Do you hold a Georgia teacher's certificate? _____ If yes, type: _____ Certificate No _____

Fields or grades certified to teach _____

Undergraduate Major _____ Graduate Major _____

Years of Teaching Experience: _____ Years of Georgia Teaching Experience: _____

EMPLOYMENT INFORMATION (All applicants must answer)

May we contact your present employer? _____ Can you come for an interview? _____

When can you begin work? _____ Have you had practice teaching? _____

This space is provided for more information in regard to your interest, abilities, extracurricular activities, experiences, etc. which have a bearing upon your interest in and qualifications for teaching. -

The following items become a part of your application for employment as a certified employee with Southwest Georgia STEM Charter School, pursuant to O.C.G.A. 20-2-211.

1. Have you ever been arrested, pleaded guilty or no contest to or been convicted of a criminal offense other than a minor traffic offense? Yes _____ No _____

2. If you answered yes to Question 1, please give detailed information below as to each offense, including the specific offense for which you were charged, the disposition of the offense and the date, court, state, and county where you were charged.

Notice: The furnishing of false misleading information or the intentional withholding of material facts, including facts concerning one's criminal record, will constitute ground for immediate termination of employment.

3. I understand and agree to a criminal record check as provided by O.C.G.A 20-2-211, the policies and rules of the State Board of Education and of this board of education. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms for which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center. I understand that I will be issued only a temporary contract of employment pending the outcome of a criminal record check.

Date: _____ **Signature:** _____

REFERENCES

List the name of three persons not related to you who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Federal law prohibits discrimination on the basis of race, color, or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and the Carl D. Perkins Vocational and Applied Technology Education Act of 1990); or disability (Section 504 of the Rehabilitation Act of 1973 and The American with Disabilities Act of 1990) in education programs or activities receiving federal financial assistance.

Employees, students, and the general public are hereby notified that Southwest Georgia STEM Charter School does not discriminate in any educational programs or activities or in employment policies.

DO NOT WRITE IN THIS SPACE

Date Received: _____

Acknowledge: _____

References Checked: _____

Interviewed: _____



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

____ Employment with mentally disabled (Purpose code 'M')

____ Employment with elder care (Purpose code 'N')

____ x Employment with children (Purpose code 'W')

Select the number of days for authorization:

This authorization is valid for

____ 90

____ 180

__XX__ days from date of signature

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Cogent Fingerprint Region 4 LOCATIONS

Company	City	State	County
<u>Early County Sheriff's Office</u>	Blakely	GA	Early
<u>WindCorp Management Services</u>	Marshallville	GA	Macon
<u>STAT Medical Services INC</u>	Columbus	GA	Muscogee
<u>Fellowship Home at Cotton Hill</u>	Cuthbert	GA	Randolph
<u>Tax Solution Consultants</u>	Albany	GA	Dougherty
<u>Easter Seals Southern Georgia</u>	Albany	GA	Dougherty
<u>City of Tifton</u>	Tifton	GA	Tift
<u>Miller County Sheriff Office</u>	Colquitt	GA	Miller
<u>SOWEGA Court Appointed Special Advocates</u>	Americus	GA	Sumter

Process The fingerprint-based background check is a multiple-step process, as follows:

Register - The applicant must register prior to going to the fingerprint site or sending hardcopy fingerprint cards. You can register online at <https://www.aps.gemalto.com/ga/index.htm>. During the registration process, all demographic data for the applicant is collected (name, address, DOB etc.) along with notices about identification requirements and other important information. When registering on-line, an applicant must use the appropriate agency specific Agency ID -to ensure they are processed for the correct agency. Using the correct Agency ID ensures the background check is submitted for the correct purpose.

Payment - Payment may be made online. Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using agency pay.

Registration ID - All applicants will receive a Registration ID. Print and take your registration ID to fingerprint location or write this number on the back of the card if sending a hardcopy.

Fingerprint Locations - After registration, the applicant proceeds to the fingerprint site of their choice for fingerprinting. The location of the fingerprint sites and days and hours of operation for each site are posted on our website at <https://www.aps.gemalto.com/ga/index.htm>

Fingerprinting - At the fingerprint site the Live Scan operator manages the fingerprint collection process.

Applicants that are out-of-state, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to Gemalto Cogent. Follow instructions on how to submit hardcopy Fingerprint card on our website <https://www.aps.gemalto.com/ga/index.htm>. Just click on **Information** and choose **How to Submit Ink Cards** from the menu.

Report Access - If an applicant needs to confirm or view the report, the applicant may visit the GAPS website <https://www.aps.gemalto.com/ga/index.htm> and simply check status of their file by providing alternate personal information. Applicants will enter their personal information after clicking in the Applicant and View Registration Status on the dropdown option to obtain their report information.

*******ORI/OAC: GA931478Z*******



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

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

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

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

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

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2023

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

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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) Reserved for future use.

(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

TIP: If you have self-employment income, see page 2.

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

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

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

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

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

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

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

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

Specific Instructions

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

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

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



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

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

Step 4 (optional).

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

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

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

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



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

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

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

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

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

Head of Household

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



2211004013

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[]

B. Married Filing Joint, both spouses working:
Enter 0 or 1[]

C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2[]

D. Married Filing Separate:
Enter 0 or 1[]

E. Head of Household:
Enter 0 or 1[]

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over Blind

Spouse: Age 65 or over Blind Number of boxes checked _____ x 1300.....\$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600
Each Spouse \$3,000 \$ _____

C. Subtract Line B from Line A (If zero or less, enter zero).....\$ _____

D. Allowable Deductions to Federal Adjusted Gross Income\$ _____

E. Add the Amounts on Lines 1, 2C, and 2D\$ _____

F. Estimate of Taxable Income not Subject to Withholding\$ _____

G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above\$ _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. **LETTER USED** (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here**

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here**

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105499, Atlanta, GA 30359

9. **EMPLOYER'S NAME AND ADDRESS:** _____ **EMPLOYER'S FEIN:** _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single – enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working – enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working – enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate – enter 1 if you claim yourself
- E. Head of Household – enter 1 if you claim yourself

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 1. The servicemember is present in Georgia in compliance with military orders;
 2. The spouse is in Georgia solely to be with the servicemember;
 3. The servicemember maintains domicile in another state; and
 4. The domicile of the spouse is the same as the domicile of the servicemember or the spouse of the servicemember has elected to use the same residence for purposes of taxation as the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1. On the W-2 the employer should not report any of the wages as Georgia wages.
2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue. Employers should honor the properly completed form as submitted unless otherwise notified by the Department. Such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

PAYROLL DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

*****PLEASE WRITE LEGIBLY*****

Employer Name: _____ Employer Client #: _____

Employee Name: _____

Employee E-mail address for voucher: _____ @ _____

****We MUST have a copy of a voided check or a bank provided ACH form in order to process your request. PLEASE ATTACH VOIDED CHECK HERE:**

Account Type (mark one): **Checking** **Savings**

Deposit Amount (mark one): **Entire** **Percentage of Net** **Flat Amount per Check**
 Check _____% \$_____

I authorize my employer and the financial institution named above to remit my paycheck via ACH. This also includes my authorization for my employer to reverse any entries that were made in error. This authorization will remain in effect until the company receives written notice from me.

X Employee Signature: _____ Effective Date: _____

POST-OFFER-OF-EMPLOYMENT MEDICAL INQUIRY

Completion of this report is requested to assist your employer with the claims management process.

Name _____ Department _____ Position _____

To the best of your knowledge do you have or have had any of the following medical problems?

Answer YES or NO

Answer YES or NO

YES or NO	Epilepsy	YES or NO	Muscular Dystrophy
YES or NO	Diabetes	YES or NO	Total Occupational loss of hearing
YES or NO	Arthritis	YES or NO	Compressed air sequelae
YES or NO	Amputated foot, leg, arm, or hand	YES or NO	Ruptured intervertebral disc
YES or NO	Loss of sight, in one or both eyes	YES or NO	Hip Replacement Surgery
YES or NO	Residual disability from Poliomyelitis	YES or NO	Permanent Condition 20% ↑ impaired
YES or NO	Cerebral Palsy	YES or NO	Cardiovascular Disorders
YES or NO	Multiple Sclerosis	YES or NO	Tuberculosis
YES or NO	Parkinson's Disease	YES or NO	Intellectual Disability
YES or NO	Psychoneurotic disability	YES or NO	Hemophilia
YES or NO	Sickle cell anemia	YES or NO	Chronic osteomyelitis
YES or NO	Ankylosis	YES or NO	Hyperinsulinism
YES or NO	Back conditions: _____-Back Surgery _____-degenerative disc disease _____-multiple back strains _____-chronic neck pains _____-Other (explain)	YES or NO	Neck conditions: _____-neck surgery _____-degenerative disc disease _____-multiple back strains _____-chronic neck pains _____-Other (explain)
YES or NO	Knee Condition: _____-Left knee surgery _____-Right knee surgery _____-double knee surgery _____-Other (explain)	YES or NO	Any other pre-existing diseases or other chronic medical conditions (please explain below)

For "yes" responses indicate the nature of injury or illness and name of physician in Remarks.

Remarks _____

Employee Signature _____ Date _____

Employer Signature _____ Date _____

ACKNOWLEDGMENT OF WORKERS' COMPENSATION

My signature below indicates that I have been advised that as an employee of the Southwest Georgia S.T.E.M. Charter School. I am covered by the Georgia Workers' Compensation Law. I have been informed that I am to immediately report all on-the-job injuries *regardless of the extent of the injuries* to my supervisor, HR/Personnel Representative or other authorized official. I realize that a delay in notification can result in denial of payment for any medical services rendered.

I understand that if I am injured while on the job and emergency treatment *is* necessary, I will receive emergency treatment as soon as possible. All follow up care, however, must be provided by a Workers' Compensation physician listed on the **OFFICIAL NOTICE** which is posted in my work area.

I further understand that if emergency treatment is *NOT* necessary, I must receive treatment from a Workers' Compensation physician listed on the **OFFICIAL NOTICE**. If I obtain non-emergency medical treatment from a physician not on the **OFFICIAL NOTICE**, I will be responsible for any medical expenses.

I have been advised that if I am dissatisfied with the physician selected, I may make one change without permission to a second physician on the **OFFICIAL NOTICE**. Any further changes of physicians will require the permission of the Office of Human Resources or the State Board of Workers' Compensation.

If I have questions regarding the above, I should discuss them with my supervisor or other authorized official.

Signature of Employee

Date

Signature of HR Representative/Other Authorized Official

Date

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME Please Print:

Employee Signature:

Date:

Georgia law REQUIRES certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, YOU are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

All Employees of Southwest Georgia S.T.E.M. Charter School, as well as person who attend to a child pursuant to their duties as a volunteer for the school, who have reason or cause to believe that suspected child abuse has occurred shall notify the principal of the school, who shall report such abuse immediately, but in no case later than 24 hours from the time there is reasonable cause to believe the suspected child abuse has occurred, in accordance with Georgia law and the protocol for handling child abuse cases for Southwest Georgia S.T.E.M. Charter School

WHEN REPORTING ABUSE IS REQUIRED

A Under no circumstances shall the principal to whom a report of child abuse has been made exercise any control, restraint, modification to make other changes to information provided by a mandated reporter, although the reporter may provide any additional, relevant, and necessary when making a report.

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility on
_____ to report known or suspected child abuse in compliance with school policy.

Release & Consent Form For Substance Abuse Screening

I, _____, expressly authorize the Southwest Georgia S.T.E.M. Charter School Governing Board or its medical review officer to release any test-related information to the Unemployment Compensation Commission or other governmental agency investigating my employment or termination thereof.

I UNDERSTAND AND ACKNOWLEDGE THAT I MAY REQUIRE A SUBSTANCE ABUSE SCREEN WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH THE SCHOOL'S POLICY AND THIS RELEASE AND CONSENT. I UNDERSTAND MY WORKER'S COMPENSATION BENEFITS MAY BE DENIED IF AN ON THE JOB INJURY OR ACCIDENT IS DUE TO MY USE OF ALCOHOL OR MY UNLAWFUL USE OF ANY CONTROLLED SUBSTANCES.

MY REFUSAL TO SUBMIT TO SUBSTANCE ABUSE SCREENING WILL BE GROUNDS FOR TERMINATION.

I understand that this agreement in no way limits my rights to terminate my employment or be terminated in accordance with state and federal law.

Signed: _____ Date: _____
(Employee)

Signed: _____ Date: _____
(Witness)

Southwest Georgia S.T.E.M. Charter School

Media Disclosure Agreement

Rules of System Usage Acknowledgement Form

I _____ have read Southwest Georgia S.T.E.M. Charter School's policies and procedures regarding the use of information system and I agree to comply with all terms and conditions. I agree that all information system activity conducted while doing Southwest Georgia S.T.E.M. Charter School business and being conducted with Southwest Georgia S.T.E.M. Charter School resources is the property of the State of Georgia. I understand that any information system to which I have access, can only be used for its intended purpose. I also agree to avoid the disclosure of any protected information to which I have access. I understand that Southwest Georgia S.T.E.M. Charter School reserves the right to monitor and log all information system activity including email and Internet use, with or without notice, and therefore I should have no expectations of privacy in the use of these resources.

_____ Employee Name Printed

_____ Employee Signature

_____ Date

**Southwest Georgia STEM Charter School
Request for Verification of Employment**

To:

School System or Institution

Mailing Address

City

State

Zip code

Southwest Georgia STEM Charter School has employed the individual whose name appears below. In order to establish salary placement, it is necessary to verify previous professional employment. The third page provides the form for the information for salary purposes and for other employee benefits. Thank you for this service to your former employee.

To Be Completed By Employee

First Name

Middle Name

Last Name

Name of Employed, if different from above

Social Security Number

Dates of Employment

School or Department

Position

Please check the appropriate option below:

() I was NOT employed by a Georgia Public School System or other Georgia employer under the State Health Benefit plan for 20__ - 20__ school year.

() I was employed by a Georgia Public School System or other employer under the State Health Benefit plan for the 20__ - 20__ school year;.

1. What is the name of the School System or agency you were employed with during the 20__ - ____ school year.

2. When will you receive your last paycheck for the 20__ - ____ School Year?

Please Circle: **End of July** **OR** **End of August**

OTHER: _____

3. Will benefit coverage be deducted from your last paycheck? _____

4. What date will your benefit coverage end? _____

I understand that if my Southwest Georgia STEM Charter School employment should end at the close of the 20____-____ School year and if I am on the September through August pay cycle, my last paycheck will be issued August 31st,_____ and that my benefits will be effective through September 30th,_____. I hereby authorize you to release all information requested on the second page of this form to the Southwest Georgia STEM Charter School.

Signature

Date

The second page of this form is to be completed by the school system or institution and returned to:

Lori Wilson- CFO
Southwest Georgia STEM Charter School
P.O. Box 300
Shellman, GA 39886

229-262-3071 ext. 108
229-679-2075 (Fax)
lwilson@sowegastemcharter.org

SOUTHWEST GEORGIA STEM CHARTER SCHOOL
Employment Verification

Use one line for all consecutive academic years unless change in status. Do not include leave of absence periods or substitute teaching. Please make copies if additional lines are needed and return completed copy to:

Lori Wilson- CFO
 Southwest Georgia STEM Charter School
 P.O. Box 300
 Shellman, GA 39886

229-262-3071 ext. 108
 229-679-2075 (Fax)
 lwilson@sowegastemcharter.org

School District or Institution	Dates of Service From-To	School Accrediting Agency	Days in full Contract Year	Contract Days Employed	Status FT/PT Hrs/Day	Position Grades and Subjects Taught Major portion of time	Tenured Y/N	Professional Certificate Type/Level

Please do not leave blank. This Information is very important for accurate placement on the correct salary step.

For last year employed: State Base Salary _____ Yrs. of Creditable Service Exp. _____ Step _____ Yrs. Of actual Exp. _____
 Month of last paycheck _____

For prior experience from other school systems/organizations the employee was granted _____ years of creditable experience and placed on _____ Step on the Georgia Salary Schedule.

Did employee advance from Step E to Step 1 after their first year of experience? ____yes or ____No If no, please check one of the following:

- Employee had provisional certificate and remained on Step E for 3 years ____ Please explain. _____
- Employee was granted experience from a state agency or out of state ____ Please explain. _____
- Employee had an unsatisfactory evaluation ____ Please explain. _____

As of _____, the employee had _____ days of UNUSED accumulated sick leave. (Georgia School Systems Only)

GA. State Health Benefit Plan enrolled: _____(No Coverage), _____(Single), _____(Family), _____(PPO), _____(Other Specify)

I certify that this verification of professional experience omits leave of absence periods. I further certify that all information listed is complete and correct according to the official records on file in the school system or institution providing this certification of employment.

Signature of Authorized Official	Printed Name of Authorized Official	Email Address of Authorized Official

Title	Phone Number	Date