

**AVOUELLES PARISH SCHOOL BOARD
Payroll Enrollment Form**

SCHOOL _____
POSITION _____

The information contained within this form is needed by the payroll department to issue a paycheck to all new employees. It is the responsibility of the payroll clerk to have this form completed by all new employees, to enter this information into the computer, and to place this form in the employee's payroll file.

**SECTION I - TO BE COMPLETED BY THE EMPLOYEE
Please print in ink or type all entries except the signature line.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Social Security Number

Last Name *as printed on Social Security Card*

_____ First Name	_____ Middle Initial
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Mailing Address: Street / Post Office Box

City, State, & Zip Code

<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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<input type="checkbox"/>	BLACK	<input type="checkbox"/>	HISPANIC
<input type="checkbox"/>	WHITE	<input type="checkbox"/>	OTHER _____

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year			

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Phone Number

Email Address

Did you retire from a Louisiana Public Retirement System?
 - YES - NO

If Yes, name the retirement system below.

By my signature below, I certify that the information contained on this form is accurate. I also acknowledge and agree that upon severance, whether voluntary or involuntary, I will return all property owned by the Avoyelles Parish School to the work site to which I am assigned. To insure compliance with this obligation, I hereby authorize the Board to hold my final paycheck pending my return of such property.

_____	_____
Signature	Date

**SECTION II - TO BE COMPLETED BY THE EMPLOYER
This information agrees with the data to be entered in the computer system.**

School or Department	_____					
Rate Information						
Pay Frequency	M	M				
Hourly/Salary	H	S				
Full Time/Part Time	F	P				
Hours per week	21	37.5	40			
Pay Cycle		1				
Salary						
PIP	Y/06	N				
Taxes						
FICA	Y	N				
Deductions						
Retirement	1	2	3	4	5	26

Sick days						
New Days	_____					
Transfer Days	_____					
Extended Medical						
Start to End Dates	_____					
Days Remaining	_____					
Personal						
Degree	B	M	M+30	SpE	EdD	PhD NA
Certificate Number	_____				NA	
First Check	731	831	930			
Years Experience	_____ Parish		_____ Other			
Days Per Year	_____ Worked		_____ Contracted			
Retiree Rehired Code	1	2	9	NA		



Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Basic Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

Note to Employer: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

Personal Allowances Worksheet

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

A.

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

B.

— — Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. — —

Form **L-4**

Louisiana
Department of
Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial _____ Last name _____

2. Social Security Number _____ 3. No exemptions or dependents claimed Single Married

4. Home address (number and street or rural route) _____

5. City, State, ZIP _____

6. Total number of exemptions you are claiming (from Block A above) _____ 6. _____

7. Total number of dependents you are claiming (from Block B above) _____ 7. _____

8. Additional amount, if any, you want withheld each pay period _____ 8. _____

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature _____

Date _____

The following is to be completed by employer.

9. Employer's name and address
Aravelles Parish School Board, 221 Tunica Dr W, MKS.

10. Employer's state withholding account number _____