

Substitute Teacher Checklist

Name _____

First Time Substitute Applicants must submit the following completed documents:

- Letter of Recommendation (**Signed by School Principal**)
- Personnel Information Form
- Application for Substitute Teacher's License
- Money Order (\$38.00 – Made Payable to: **ALSDE**)
- Federal W-4 Form
- State of Alabama Form A-4
- Employment Eligibility Verification (Form I-9)
- Direct Deposit Form completed with Voided Check
- Proof of Fingerprint Completed (Copy of State Issued Background Check Clearance Letter)
- Copy of Social Security Card
- Copy of Valid Driver's License or ID card (Front and Back)
- Copy of High School Diploma or Higher Education
- Copy of ECBOE Issued Substitute Training Certificate

For persons already holding a Valid Teaching Certificate or Substitute Certificate, please submit the following completed documents:

All documents listed above with the exception of:

- Application for Substitute Teacher License
- Money Order (\$38.00 – Made Payable to: **ALSDE**)
- A copy of your Teaching Certificate or Substitute Certificate
- A copy of your Human Resources Online Training Certificate
- Copy of Valid Driver's License or ID card (Front and Back)

For Office Use Only

Reviewed & Accepted by: _____ Date _____

The completed packet sent to the Payroll Office by: _____ Date _____

Escambia County Board of Education

Superintendent of Education

P.O. Box 307 | 301 Belleville Ave.
Brewton, AL 36427 - 0307
Personnel Office (251) 867 - 6251
www.escambia.k12.net



SUBSTITUTE RECOMMENDATION LETTER

TO: Escambia County Schools Payroll/Insurance Department

FROM: _____

REF: Substitute Recommendation Letter

DATE: _____

Please add _____ to the substitute list for the checked categories

- | | |
|--|--|
| <input type="checkbox"/> Substitute Teacher (see the requirements below) | <input type="checkbox"/> Substitute Bus Driver |
| <input type="checkbox"/> Substitute Aide | <input type="checkbox"/> Substitute Bus Shop Worker |
| <input type="checkbox"/> Substitute Custodian | <input type="checkbox"/> Substitute Maintenance Worker |
| <input type="checkbox"/> Substitute Secretary | <input type="checkbox"/> Substitute Lunchroom Worker |
| <input type="checkbox"/> Other Substitute: _____ | |

Substitutes: YOU MUST POSSESS AT MINIMUM A HIGH SCHOOL DIPLOMA OR EQUIVALENT

Please bring all documentation to the Brewton Central Office (301 Belleville Ave., Brewton, AL)

- A completed substitute recommendation letter*
- Proof of graduation from high school or G.E.D. equivalent
- Proof of Bachelor's Degree or Nursing Certificate if applicable
- A valid and current driver's license
- Social Security Card (cannot be laminated or metal)
- Voided check to comply with mandated direct deposit
- \$30.00 money order or cashier's check for processing Substitute Certificate **

* Substitute recommendation letter must be completed by an Escambia County Principal

** Must have either a money order from the U.S. Post Office or a cashier's check from your bank, made payable to the Alabama State Department of Education (AL SDE). For information pertaining to Fingerprint processing go to www.cogentid.com/AL

Schools/WorkLocations: YOU MUST CONFIRM THE SUBSTITUTE TEACHER YOU ARE RECOMMENDING POSSESSES AT MINIMUM A HIGH SCHOOL DIPLOMA OR EQUIVALENT

NOTE: You cannot use the substitute until they have been placed on the substitute list. If the substitute is used before being placed on the substitute list you will be billed for the amount paid to them.

Name _____

Social Security Number _____

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

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>
		Acceptable Documentation List
	A	An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	B	A birth certificate indicating birth in the United States or one of its territories
	C	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport
	D	United States naturalization documents or the number of the certificate of naturalization
	E	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	F	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	G	A consular report of birth abroad of a citizen of the United States of America
	H	A certification of citizenship issued by the United States Citizenship and Immigration Services
	I	A certification of report of birth issued by the United States Department of State
	J	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	K	Final adoption decree showing the person's name and United States birthplace
	L	An official United States Military record of service showing the applicant's place of birth in the United States
	M	An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
	N	AL-verify
	O	A valid Uniformed Services Privileges and Identification Card
	P	Any form of ID authorized by the Alabama Department of Revenue

OR

- 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>
		Acceptable Documentation List
	A	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	B	Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance
	C	A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States
	D	A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States

Name: _____

Social Security Number: _____

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 to the individual's file.***

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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

Single or Married Filing Separately

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

Head of Household

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



Employee's Withholding Tax Exemption Certificate

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

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-1 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 FEDERAL IDENTIFICATION NUMBER _____

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).



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)
-----------------------	---------------------------

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

DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM
ESCAMBIA COUNTY BOARD OF EDUCATION

The Escambia County Board of Education **MANDATES** direct deposit of payroll checks for **ALL NEW** employees. Please attach a voided check for deposit into your checking account. We have an "EMPLOYEE PORTAL" for providing you with your payroll information. Please go to our Web Site and click on the picture that has the caption "Employees", to access the portal. You may change this service by completing this same form and marking "Change Direct Deposit". All changes must be in the payroll office by the 15th of each month for a "Pre-Note" to be sent to your bank to confirm the information provided is acceptable.

We also offer multi location for direct deposit. If you have another bank or credit union you have a deduction to, we can do this on the same deposit. We have been instructed to inform you, if you have payments made automatically from these accounts, you must speak with a representative from your bank to discuss procedures for continuing the auto payment feature.

Employee Name: _____	SSN# _____
Work Location (School): _____	Email _____
Main Bank Account Bank Name: _____	Routing # _____ (Circle One) Checking / Savings Account # _____
**** The remainder of your check, after subtracting the 2 nd and 3 rd account amount will be deposited into your main account.	Must Circle Checking or Savings For each account.
2 nd Bank Account (Optional) Bank Name: _____ Amount to deposit (2 nd): _____	Routing # _____ (Circle One) Checking / Savings Account # _____
3 rd Bank Account (Optional) Bank Name: _____ Amount to deposit (3 rd): _____	Routing # _____ (Circle One) Checking / Savings Account # _____

NEW – Authorization for Direct Deposit

_____ I hereby make request of the Escambia County Board of Education (Board) to deposit my paycheck directly into my checking/savings account. I am providing the necessary and required bank account information as well as a voided check. I understand that this direct deposit will continue until I request in writing that it be discontinued or all payments due me have been received.

CHANGE – Authorization for Direct Deposit

_____ I hereby make request of the Escambia County Board of Education to change the information above on the direct depositing of my paycheck to my checking/saving account.

***** By signing this authorization I also understand the Board, in the event of my death, will continue to deposit all amounts due me to the account identified on this form until all amounts due me have been deposited.**

Employee Signature

Date

Send Original document to Payroll Department. No copies or facsimiles will be accepted.

SALARY SCHEDULE (EFFECTIVE JULY 1, 2021 - JUNE 30, 2022)
(Amended: March 17, 2022 Board Meeting)

SUBSTITUTES (Regular School Term)

TEACHERS:			
DEGREEED TEACHER (Minimum 4 year (Bachelor) Degree)	110.00	PER DAY	
NON-DEGREEED	80.00	PER DAY	
NURSES			
REGISTERED NURSE	70.00	PER DAY	
LPN AIDE	50.75	PER DAY	
SUPPORT PERSONNEL	7.25	PER HOUR	
BUS DRIVERS (ROUTES):			
BUS DRIVERS - REGULAR	73.00	PER DAY	
BUS DRIVERS - SPECIAL NEEDS	75.00	PER DAY	
BUS DRIVERS (EXTRA RUNS):			
SPECIAL NEEDS (DRIVE A.M. & P.M. RUNS)	25.00	PER DAY	
CAREER TECH (DRIVE A.M. & P.M. RUNS)	25.00	PER DAY	
CAREER TECH (MID-DAY/3RD RUN ONLY)	12.50	PER DAY	
ALTERNATIVE SCHOOL (DRIVE A.M. & P.M. RUNS)	25.00	PER DAY	
BAND/ATHLETIC RUNS / SCHOOL-TO-SCHOOL / 1-WAY ONLY)	10.00	PER DAY	

EXTRA-CURRICULAR PROGRAMS: PERSONNEL / SUBSTITUTES

EXTRA-CURRICULAR / SUMMER PROGRAMS: TEACHERS (CERTIFIED)	22.50	PER HOUR
EXTRA-CURRICULAR / SUMMER PROGRAMS: AIDES	11.25	PER HOUR
EXTRA-CURRICULAR / SUMMER PROGRAMS: NURSE (RN)	18.50	PER HOUR
EXTRA-CURRICULAR / SUMMER PROGRAMS: NURSE (LPN)	15.00	PER HOUR
EXTRA-CURRICULAR / SUMMER PROGRAMS: BUS DRIVERS	32.00	PER ROUND TRIP
SUMMER MAINTENANCE	9.50	PER HOUR
SUMMER FOOD SERVICE PROGRAM MANAGER	20.00	PER HOUR
SUMMER FOOD SERVICE PROGRAM WORKER	12.00	PER HOUR
SATURDAY SCHOOL TEACHERS	25.00	PER HOUR
SATURDAY SCHOOL AIDES	15.00	PER HOUR
LEAD TEACHERS/SITE COORDINATORS	25.00	PER HOUR
COMMUNITY EDUCATORS	15.00	PER HOUR
EXTRA-CURRICULAR PROGRAMS: DATA PROCESSING/CLERICAL	15.00	PER HOUR
COLLEGE WORKERS/TUTORS (earned at least 48 semester hours)	10.00	PER HOUR
STUDENT WORKERS/TUTORS	7.25	PER HOUR

STIPENDS
(OFF-CONTRACT STIPEND RATES)

ALL CERTIFIED EMPLOYEES	100.00	PER DAY
ALL CERTIFIED EMPLOYEES	50.00	PER 1/2 DAY
ALL NON-CERTIFIED EMPLOYEES	50.00	PER DAY
ALL NON-CERTIFIED EMPLOYEES	25.00	PER 1/2 DAY



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

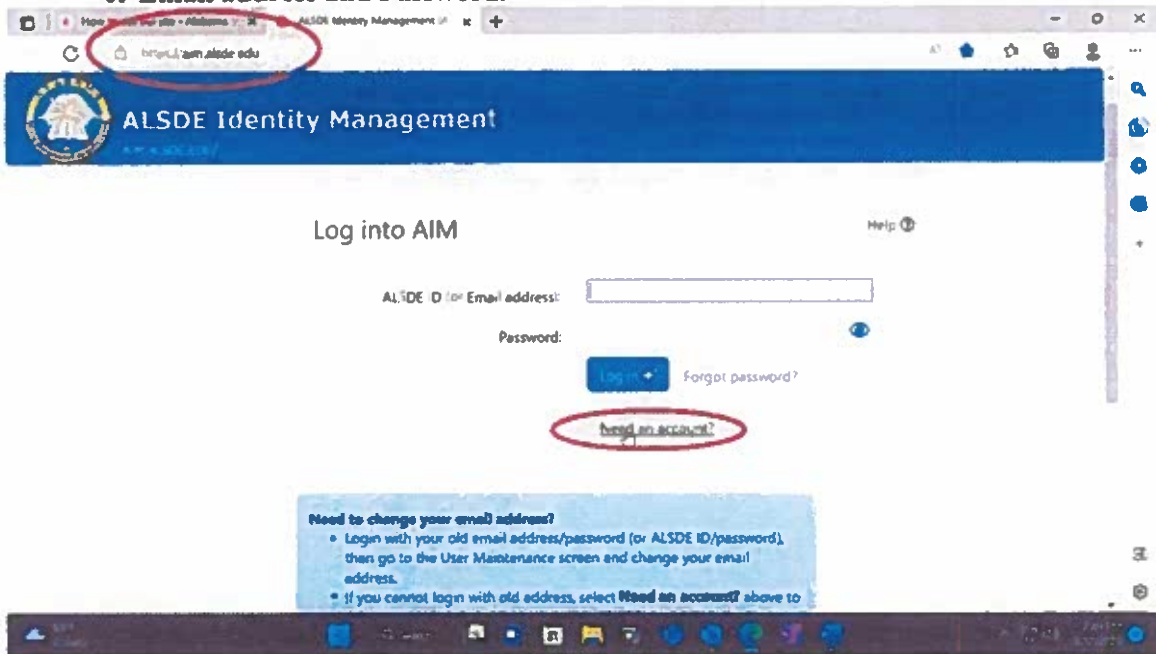
Step 2: Complete Background Check Registration in AIM

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 Educator 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

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.

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

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 Amer...
Field is required

Ethnicity Not Hispanic/Latino
Field is required

Save

Continue to Citizenship

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

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 No

Field is required

Save

Continue to Phone Numbers

Continue

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

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.

Type	Number	Actions
Home		Add
Work	334.123.4567	Edit Delete
Cell	334.312.1669	Edit Delete

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

Save

Continue to Characteristics

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

Account Type

Ethnicity/Race

Citizenship

Phone Numbers

Home Address

Characteristics

Birth Details

Background Check

State Identification

RSA ID

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	Brown	Field is required
Hair Color	Black	Field is required
Height (Feet)	5	Field is required
Height (Inches)	11	Field is required
Weight (Pounds)	187	Field is required

Save

Continue to Birth Details

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

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

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.**

Site

- Athens State University (Athens, AL)
- Altmore Christian School (Altmore, AL)
- Altmore Work Release (None Subod. AL)
- Attala City (Attala, 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)
- AVAKE Community School (Birmingham, AL)
- Azalea City Christian Semines (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's required

Save

Continue to State Identification

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

The screenshot shows a web form titled "State Identification / Driver License". On the left is a sidebar menu with options: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, Home Address, Characteristics, Birth Details, Background Check, and RSA ID. The main form area 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 are four fields: "Type" (Driver License), "State" (Alabama), "Number" (123456), and "Expiration Date" (3/31/2023). A "Save" button is circled in red. At the bottom right, a "Continue to RSA ID" button is also circled in red.

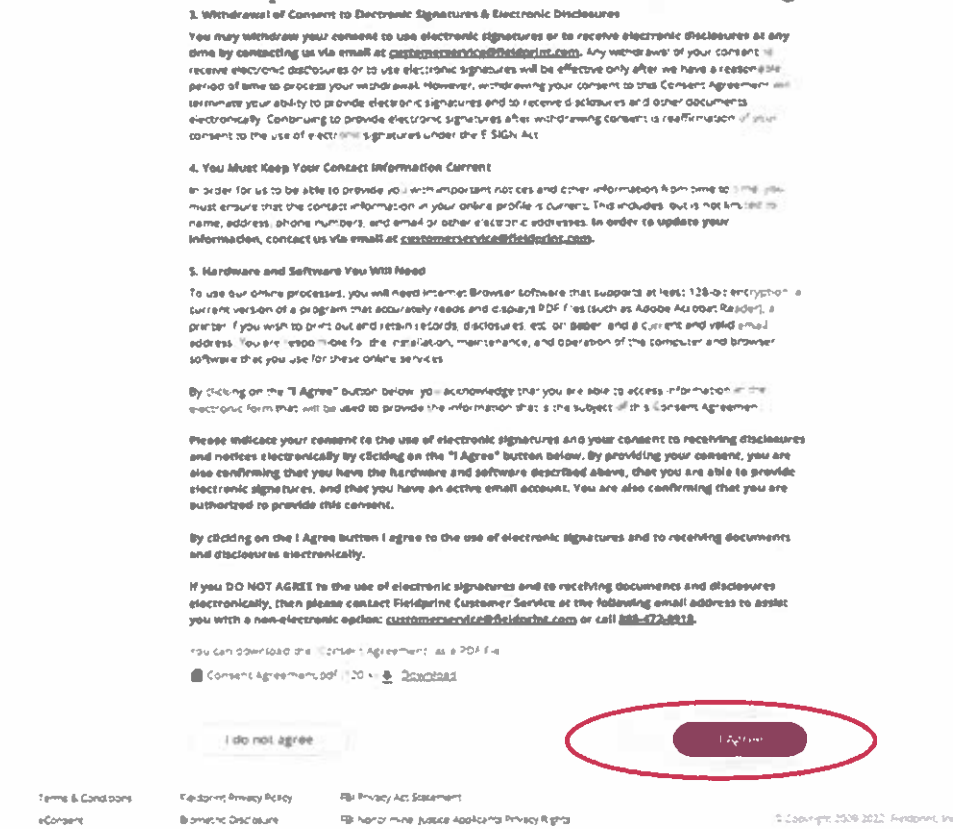
2.10 Enter RSA ID details and select continue. Note: RSA ID number is optional. If you do not have, or do not know your RSA ID number simply select 'No' and 'Continue' to complete your AIM registration. Note: The user will be immediately transferred to the Fieldprint Welcome screen.

The screenshot shows a web form titled "RSA ID". It features 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 the question "Do you have a RSA ID?" with "Yes" and "No" radio buttons. A "Continue" button is circled in red. At the bottom right, a "Finished - Get Service Here" button is also circled in red.

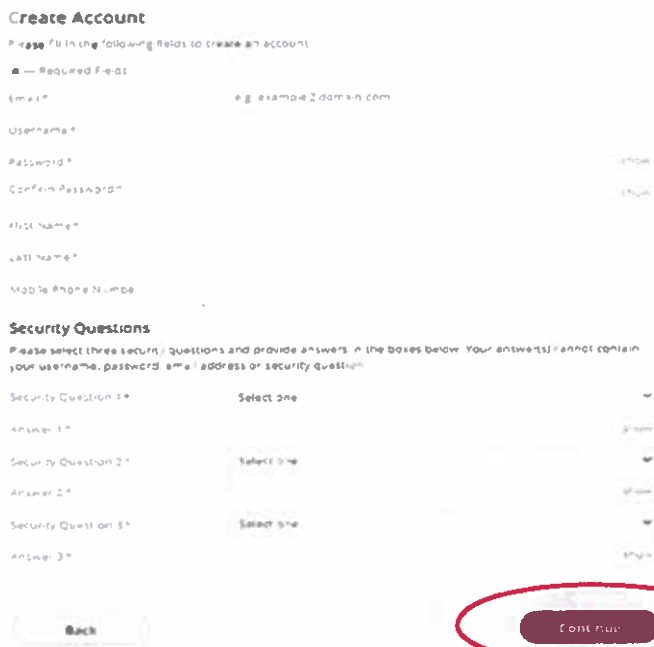
3. Select 'Sign Up' to begin. Note: The applicant has been transitioned to Fieldprint.

The screenshot shows the Fieldprint "Welcome" page. At the top left is the Fieldprint logo, and at the top right are "Logout" and "Contact Us" links. The main heading is "Welcome to Fieldprint". Below this are two columns: "Sign Up" (for new users) and "Returning User Login" (for existing users). The "Sign Up" button is circled in red.

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



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.



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'

Data Collection

Alabama DOE Demographics
Please provide your information below.

Alabama DOE Demographics

Contact Information

No DOE Access

Business Disclosure

FERPA/Commercial/Other Applicant's Privacy Rights

FERPA Privacy Statement and Privacy Notice

ALSDE ID#

Last Name

Date of Birth

3.7 Enter contact information and select 'Continue.'

Data Collection

Alabama DOE Demographics

Contact Information

No DOE Access

Business Disclosure

FERPA/Commercial/Other Applicant's Privacy Rights

FERPA Privacy Statement and Privacy Notice

Contact Information

Required Fields

Phone*

Alternate Phone

Email* e.g. example@domain.com

Preferred Contact Method* Email Phone

Appointment Reminder* Email No

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

Data Collection

- Allow my data to be used as follows
- To send information

Authorization

- I authorize
- I authorize
- I authorize
- I do not authorize

FBI Privacy Statement and Privacy Notice

Privacy Act Statement

This privacy statement is located on the back of the ED-318 Authorization card.

Under the Privacy Act, you have the right to know what information is gathered about you, to see that information, to correct it, and to request that it be deleted. You also have the right to know how that information is being used, to whom it is being shared, and to request that it not be shared. You also have the right to know how that information is being used, to whom it is being shared, and to request that it not be shared. You also have the right to know how that information is being used, to whom it is being shared, and to request that it not be shared.

See Page 2 for longer version

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al reverso del ED-318 autorización de trabajo de campo.

Under the Privacy Act, you have the right to know what information is gathered about you, to see that information, to correct it, and to request that it be deleted. You also have the right to know how that information is being used, to whom it is being shared, and to request that it not be shared. You also have the right to know how that information is being used, to whom it is being shared, and to request that it not be shared. You also have the right to know how that information is being used, to whom it is being shared, and to request that it not be shared.

See Page 2 for longer version

I acknowledge that I have read and understand the Privacy Act Statement and the longer version of the Privacy Act Statement, and I agree to the terms and conditions of the Privacy Act Statement and the longer version of the Privacy Act Statement.

I acknowledge that I have read and understand the Privacy Act Statement and the longer version of the Privacy Act Statement, and I agree to the terms and conditions of the Privacy Act Statement and the longer version of the Privacy Act Statement.

I do not acknowledge that I have read and understand the Privacy Act Statement and the longer version of the Privacy Act Statement, and I do not agree to the terms and conditions of the Privacy Act Statement and the longer version of the Privacy Act Statement.

I do not acknowledge that I have read and understand the Privacy Act Statement and the longer version of the Privacy Act Statement, and I do not agree to the terms and conditions of the Privacy Act Statement and the longer version of the Privacy Act Statement.

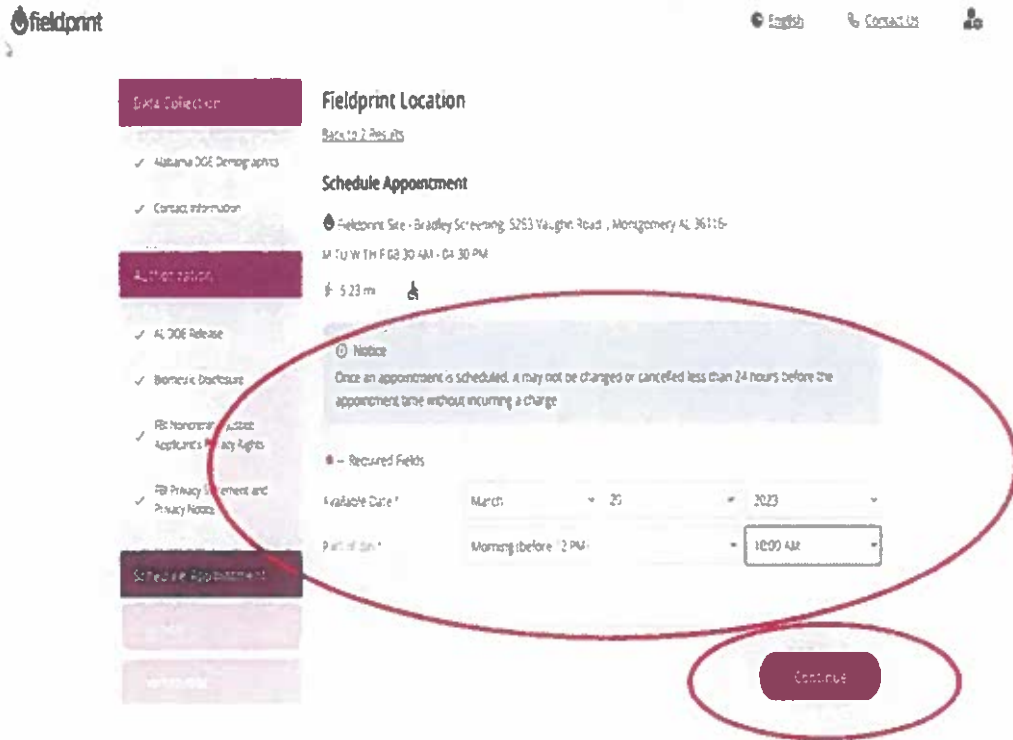
Back **Continue**

Schedule Appointment and Payment

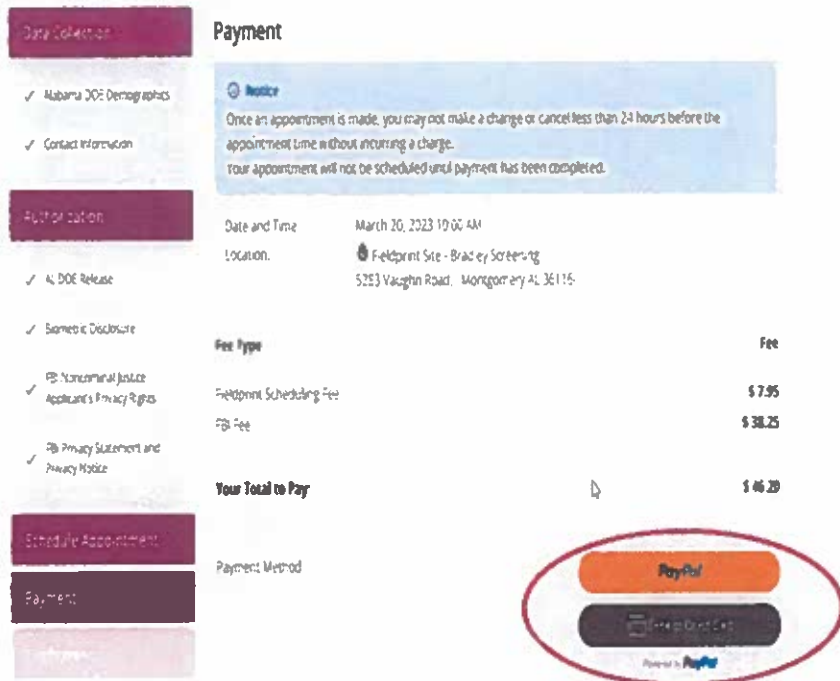
4.1 Enter full address, city, state or zip code and select 'Find' to determine find the Fieldprint locations nearest you and select an appointment date. Next select an 'Find Availability' to schedule an appointment time. **Note: The business name, address, and other information will be displayed.**

The screenshot shows the Fieldprint website interface. At the top left is the Fieldprint logo. On the right, there are links for 'English' and 'Contact Us'. The main content area is divided into two columns: 'Data Collection' and 'Fieldprint Location'. Under 'Data Collection', there are checkboxes for 'Alabama DOE Demographics', 'Contact Information', 'AL DOE Release', and 'Biometric Disclosure', all of which are checked. The 'Fieldprint Location' section has a text input field containing '50 North Ripley, Montgomery, AL 36116' and a 'Find' button. Below this, there is a 'Near My Home Address' option. The search results section is titled '2 Results for 50 North Ripley, Montgomery, AL 36116' and includes a 'Please use the options below to proceed with scheduling.' instruction. A calendar navigation shows dates from Sunday, 19 Mar to Friday, 24 Mar. There are buttons for 'Distance' and 'Soonest Available Time'. A 'Clear Filter' button is also present. Two location results are shown, each with a 'Find Availability' button circled in red. The first result is '1. Fieldprint Site - Bradley Screening' at 5283 Vaughn Road, Montgomery AL 36116, with hours M-TU-W-TH-F 08:30 AM - 04:30 PM. The second result is '2. Fieldprint Site - PostNet' at 7806 Vaughn Road, Cornerstone Shopping Center, Montgomery AL 36116, with hours M-TU-W-TH-F 09:00 AM - 03:00 PM. Both results list features like 'No Additional Fees', 'ADA Compliant', 'Livescan', 'Expedited Processing', 'Photo', and 'I9'.

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



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



4.4 Insert Payment Account Information

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

[Schedule Appointment](#)

[Payment](#)

Fee Type	Fee
Fingerprint Scheduling Fee	\$ 7.95
FBI Fee	\$ 38.25
Your Total to Pay:	\$ 46.20

Payment Method

Card or Credit Card

Card number

Expires CSC

Billing address

First name Last name

Street address

Apn sta (HQ)

City

State Alabama

ZIP code 60620

Phone +1 (312) 604-4557

Email Test@user.com

Ship to billing address

By continuing you confirm you're 18 years or older

Continue

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?

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 Veterans 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 877-614-4354.

If you decide to reschedule your appointment in the future, please return to alabamaprofessionals.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