

# 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

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## 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)

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### 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   |

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 cashiers 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](http://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



# PERSONNEL INFORMATION FORM

*(Please Print Clearly)*

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
**(Please Use Name As Shown On Social Security Card)**

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

PHONE NUMBER: \_\_\_\_\_  
(Include Area Code)

CELL NUMBER: \_\_\_\_\_  
(Include Area Code)

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ MALE / FEMALE: \_\_\_\_\_ RACE: \_\_\_\_\_

POSITION: \_\_\_\_\_

.....

- Have you ever worked for the Escambia County Board of Education? \_\_\_\_\_

- If yes, in what position: \_\_\_\_\_



**ALABAMA STATE DEPARTMENT OF EDUCATION  
EDUCATOR CERTIFICATION SECTION**  
Telephone: (334) 694-4557

This section must be completed by the employing Alabama school system or nonpublic/private school.  
School System Code: \_\_\_\_\_  
Nonpublic/Private School Code: \_\_\_\_\_

**APPLICATION FOR A SUBSTITUTE LICENSE**

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

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

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

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

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

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

School System/Nonpublic/Private School \_\_\_\_\_

Date \_\_\_\_\_

Signature of Superintendent/Nonpublic/Private School Administrator \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

**Application Fee REQUIRED**

A \$30.00 NONREFUNDABLE application fee is required. The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at [www.alabamainteractive.org/education](http://www.alabamainteractive.org/education) (a \$4.00 transaction fee will be applied). Personal checks or cash will not be accepted. The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany this application.

**Background Check REQUIRED**

Applicants for initial certification, additional certification, and certificate renewal who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section of the Alabama State Department of Education (ALSDE) are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Gemalto Cogent may be obtained at [https://www.aps.gemalto.com/al/index\\_adeNew.htm](https://www.aps.gemalto.com/al/index_adeNew.htm) or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background checks have been completed and whether they are suitable and fit to teach under state law at <https://tcert.alsde.edu/Portal>.

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

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

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

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Street/Apt./P.O. Box/Route and Box		City		State	ZIP Code
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)	<b>FOR STATISTICAL PURPOSES ONLY</b>			
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>				
Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander		Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	

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:

1. I hereby declare that I am a citizen of the United States. (check one)  Yes  No  
I am providing proof of United States citizenship by submitting a legible photocopy (front and back) of one of the following documents. Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i>
		<b>Acceptable Documentation List</b>
	A	An <b>Alabama</b> 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**

2. I hereby declare that I am an alien lawfully present in the United States. (check one)  Yes  No  
I am providing proof of lawful presence by submitting a legible photocopy (front and back) of one of the following documents. Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.</i>
		<b>Acceptable Documentation List</b>
	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.*



5215 Gordon Persons Building  
Post Office Box 302101  
Montgomery, AL 36130-2101



Telephone: (334) 694-4557  
[www.alsde.edu/EdCert](http://www.alsde.edu/EdCert)

## SUPPLEMENT CIT

### DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF APPLICANT FOR EDUCATOR CERTIFICATION

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

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

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

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
MM      DD      YYYY

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      E-mail: \_\_\_\_\_

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

Choose one as appropriate:

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

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

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

OR

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

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

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

Choose one as appropriate:

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

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

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

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

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

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

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

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

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

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



# 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**

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

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

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

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.)	<b>Date</b>	

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



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

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

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

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



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

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

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

**Single or Married Filing Separately**

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

**Head of Household**

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



# Employee's Withholding Tax Exemption Certificate

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

## Part I – To be completed by the employee

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

### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

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

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

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

## Part II – To be completed by the employer

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

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

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

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

THIS FORM MAY BE REPRODUCED



**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 (See instructions)	
<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. (See instructions)	
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.	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	OR 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



*Employer Completes Next Page*





**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 15<sup>th</sup> 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 _____
<b>Main Bank Account</b> Bank Name: _____	Routing # _____ (Circle One) Checking / Savings Account # _____
**** The remainder of your check, after subtracting the 2 <sup>nd</sup> and 3 <sup>rd</sup> account amount will be deposited into your main account.	Must Circle Checking or Savings For each account.
<b>2<sup>nd</sup> Bank Account (Optional)</b> Bank Name: _____ Amount to deposit (2 <sup>nd</sup> ): _____	Routing # _____ (Circle One) Checking / Savings Account # _____
<b>3<sup>rd</sup> Bank Account (Optional)</b> Bank Name: _____ Amount to deposit (3 <sup>rd</sup> ): _____	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	75.00	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

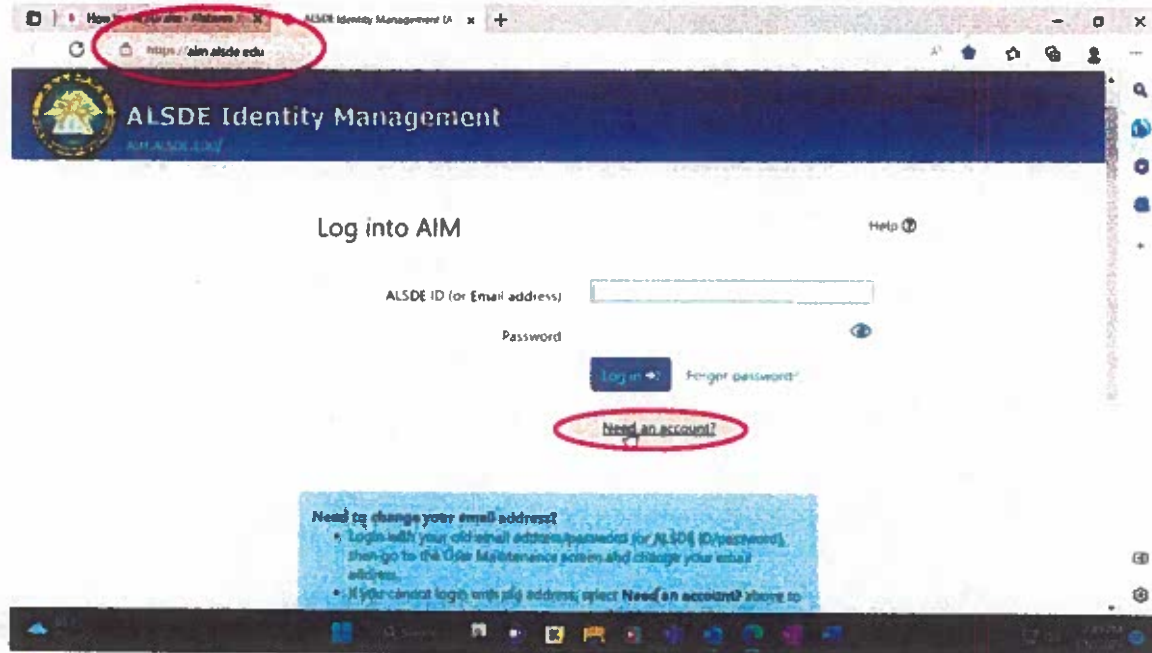
Step 2: Complete Background Check Registration in AIM

Step 3: Create Fieldprint Account

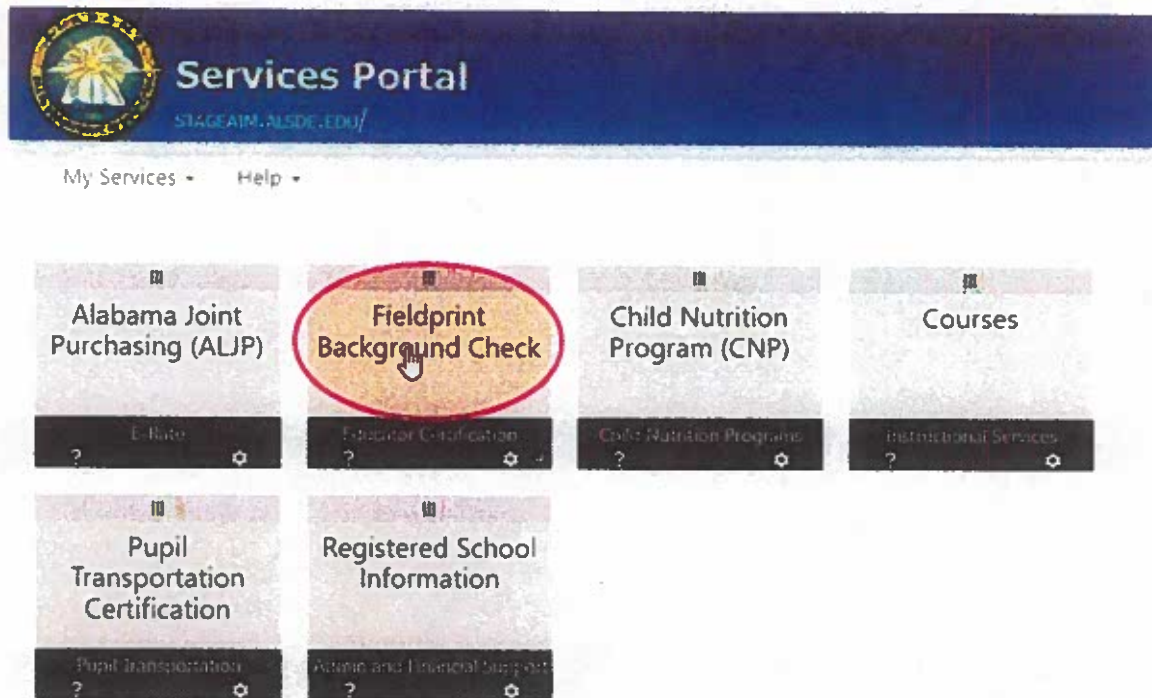
Step 4: Complete authorization forms, schedule appointment, and fee payment

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 Education Directory, to properly update teaching certificates and bonds, and for background checks.

You must select an account type.

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

**Account Type**

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

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

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

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

**Race and Ethnicity**

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

**Race** Black or African Ameri... \*

**Ethnicity** Not Hispanic/Latino \*



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

The screenshot shows the 'Citizenship' section of a registration form. On the left is a navigation menu with items: Account Type, Ethnicity/Race, Citizenship (selected), Phone Numbers, Home Address, Characteristics, Birth Details, Background Check, State Identification, and PSA ID. A green 'Continue' button is at the bottom of the menu. The main content area is titled 'Citizenship' and contains a blue informational banner: 'These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.' Below this is a question: 'Are you a legal United States citizen?' with a 'Yes' radio button selected and a 'No' radio button. A 'Save' button is circled in red. To the right, a green button labeled 'Continue to Phone Numbers' is also circled in red.

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

The screenshot shows the 'Phone Numbers' section of the registration form. The left navigation menu is the same as in the previous screenshot, but 'Phone Numbers' is now selected. The main content area is titled 'Phone Numbers' and features the same blue informational banner. Below the banner, there is a table of phone numbers:

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

At the bottom right of the form, a green button labeled 'Continue to Home Address' is circled in red.

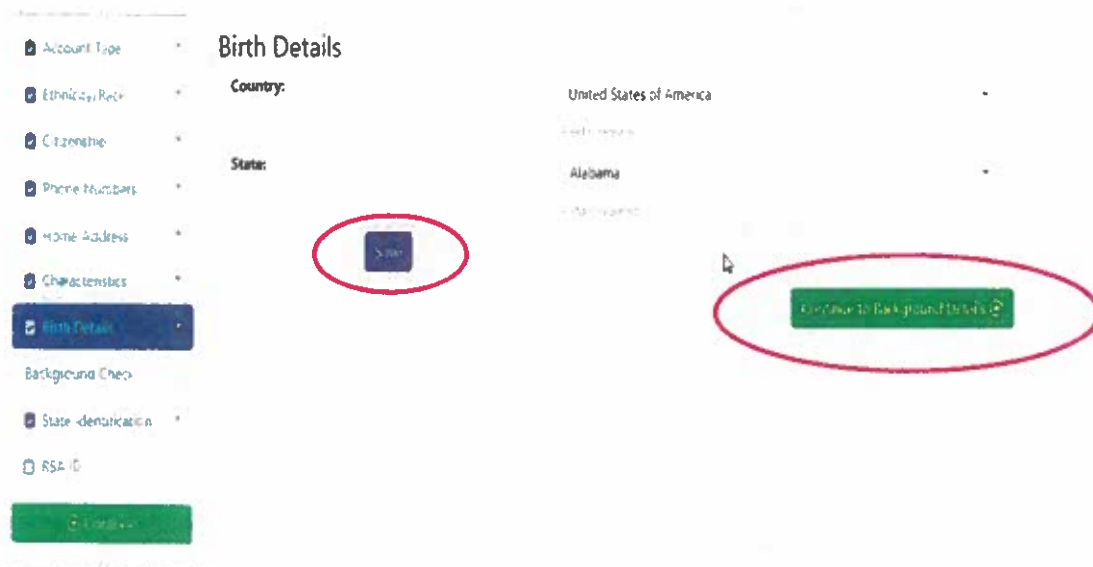
### 2.5 Enter/Edit Home Address details and select 'Continue to Characteristics.'

The screenshot shows a web form titled "Home Address". On the left is a sidebar menu with options: Account Type, Ethnicity/Race, Citizenship, Phone Numbers, Home Address (highlighted), Characteristics, Birth Details, Background Check, State Identification, and RSA ID. The main content area displays the following information: "123 West Street", "Montgomery, AL 36116", and "US: United States of America". Below this information is a blue "Edit" button. At the bottom right of the form is a green button labeled "Continue to Characteristics" with a right-pointing arrow, which is circled in red. A blue informational banner at the top of the form reads: "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."

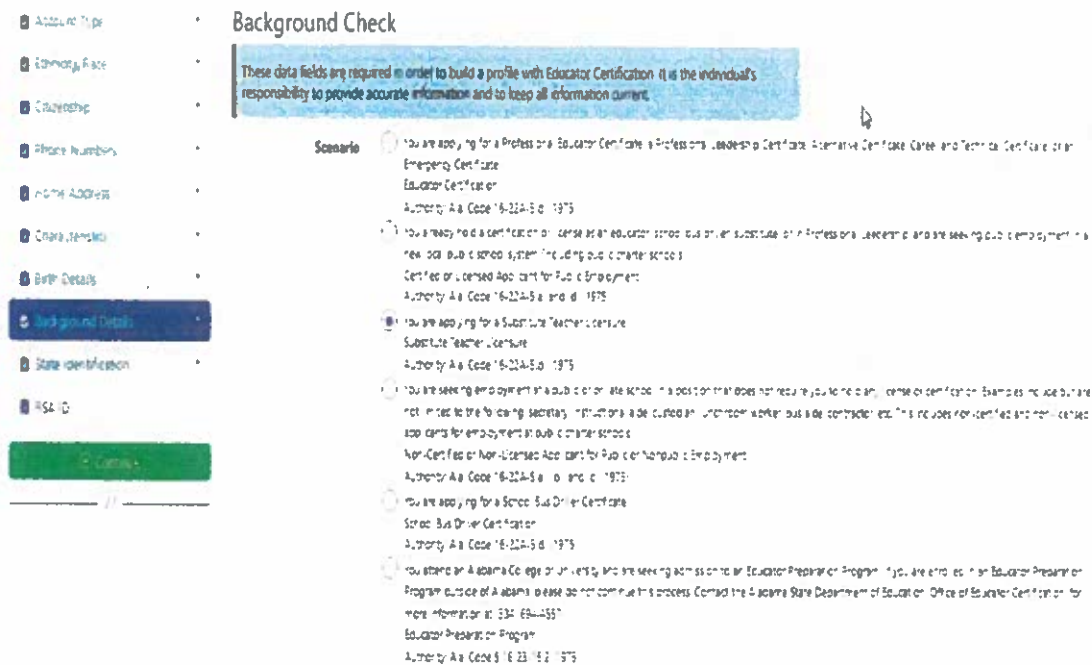
### 2.6 Enter Characteristics and select 'Save' and then 'Continue to Birth Details'

The screenshot shows a web form titled "Characteristics". The sidebar menu on the left is identical to the previous form, but "Characteristics" is now highlighted. The main content area features a blue informational banner at the top: "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 the banner are five rows of data, each with a label, a value, and a "Field is required" note: "Eye Color" with value "Brown", "Hair Color" with value "Black", "Height (Feet)" with value "6", "Height (Inches)" with value "71", and "Weight (Pounds)" with value "187". At the bottom left of the form is a blue "Save" button, circled in red. At the bottom right is a green button labeled "Continue to Birth Details" with a right-pointing arrow, also circled in red.

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

- Adams State University, Athens, AL
- Atmore Christian School, Atmore, AL
- Atmore Work Release Home School, Atmore, AL
- Atta City, Atta, 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, AL
- Auburn University at Montgomery, Montgomery, AL
- Autauga Academy, Prattville, AL
- Autauga County, Prattville, AL
- AWAKE Community School, Birmingham, AL
- Acacia City Christian, Semmes, AL
- Baldwin County, Bay Minnere, 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 your ALSDE ID# along with any information you send.

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

ALSDE Certification Office Mail address:

PO Box 302101

Montgomery, AL 36130-2101

BGR@alsde.edu

Field is required

Save

Continue to State Identification ↕

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

State Identification / Driver License

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

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

Save

Continue to RSA ID

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.

RSA ID

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.

Do you have a RSA ID?

Yes No

Continue

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

fieldprint

Welcome to Fieldprint

Sign Up

For new users, please click Sign Up below to create a new account.

Log In Pending Approval

Returning User Login

For existing users, please click Log In below to check your account status, view and update your profile information, and manage your application.

Log In



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

State Identification / Driver License

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

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

Save

Continue to RSA ID

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.

RSA ID

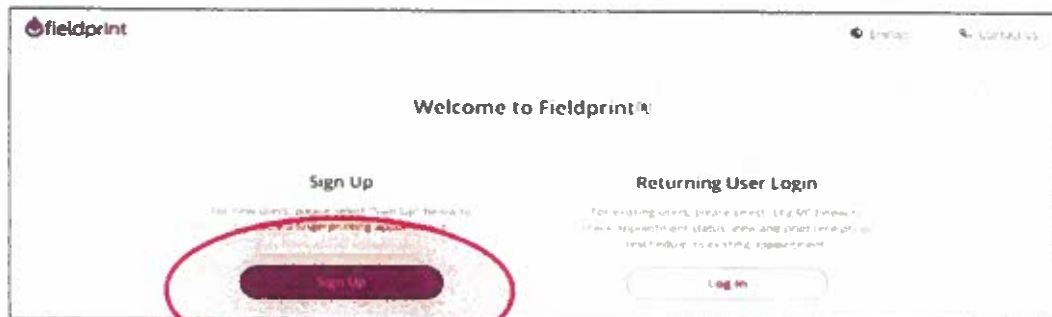
These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Do you have a RSA ID?

Yes No

Continue

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



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

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

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

**5. Hardware and Software You Will Need**  
To use our online processes, you will need the following browser software that supports at least 128-bit encryption: current versions of a program that accurately reads all standard PDF files, such as Adobe Acrobat Reader; a printer. You will want to print out and retain records, disclosures, etc. on paper and a current and valid email address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.

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

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

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

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

Fieldprint Authorized Electronic Consent Agreement 1 July 2022 4:16

Consent Agreement.pdf (2022) 250KB

[Terms & Conditions Agreement](#) [Fieldprint Privacy Policy](#) [Privacy Policy Statement](#) [Fieldprint Privacy Policy Statement](#)

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

**Create Account**  
Please fill in the following fields to create an account:

**Required Fields**

First Name

Last Name

Username

Password

Confirm Password

First Name

Last Name

Mobile Phone Number

**Security Questions**  
Please select three security questions and provide answers in the boxes below. Your answers will be encrypted. Your username, password, email address or security question.

Security Question #1

Answer #1

Security Question #2

Answer #2

Security Question #3

Answer #3

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.

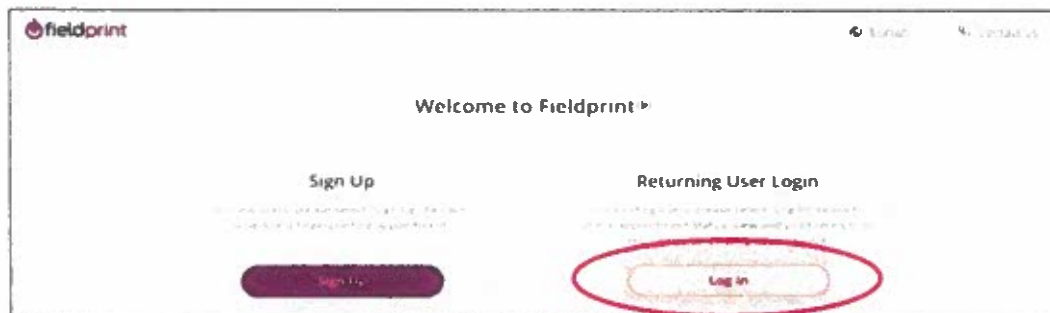
★ Required Fields

Verification Code \*

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'

Alabama DOE Demographics

ALSDE ID#

Last Name

DOB

Continue

### 3.7 Enter contact information and select 'Continue.'

Contact Information

Email

Phone

Text

Continue

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

**AL DOE Release**  
AFFIDAVIT FOR RELEASE OF INFORMATION

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

I agree

Today's date: \_\_\_\_\_

Back Continue

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

**Biometric Disclosure**  
State Required Biometric Information Disclosure and Authorization

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

I agree

Today's date: \_\_\_\_\_

Back Continue



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



#### FBI Noncriminal Justice Applicant's Privacy Rights

##### DECLARACION DE JUSTIFICACION DE LOS DERECHOS DE PRIVACIDAD

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose such as an application for employment or a license, an investigation or investigation-related activity, interview, or assignment, you are a certain right which are described below. All access must be provided to you in writing. These obligations are provided in the Privacy Act of 1974, Title 5, United States Code (5 U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 16.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must contain the authority for collecting your fingerprints and associated information and explain your fingerprint and associated information will be provided, stored, or retained. It must also be subject to the procedures for obtaining a stamp, correction, or update of your FBI criminal history record as set forth in 28 CFR 16.12.
- You may be provided the opportunity to inspect or duplicate the accuracy of the information in your FBI criminal history record and to request a correction. If you have a criminal history record, you should be afforded a reasonable amount of time to inspect or duplicate the record for copies to do so before the release of the information to the employer, licensee, or other benefit based on information in the FBI criminal history record.
- If access policy restricts the ability you receive you with a copy of your FBI criminal history record for review and possible challenge, it must allow you to request in writing for a copy of the record, you may obtain a copy of the record in electronic format and a list of the FBI information regarding the access you request.
- If you desire to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that forwarded the information in the FBI database. However, you may send your challenge directly to the FBI by submitting a request through <https://www.fbi.gov/privacy>. The FBI will then forward your challenge to the agency that forwarded the information and you may request for copies or updates to the criminal history record. Your review of an information that you request, or request for copies or updates to the criminal history record, will not be subject to the procedures and the rights of access that apply to the FBI. Your request for copies or updates to the criminal history record will not be subject to the procedures and the rights of access that apply to the FBI. Your request for copies or updates to the criminal history record will not be subject to the procedures and the rights of access that apply to the FBI.

DECLARACION DE PRIVACIDAD DE SOLICITANTES - JUSTICIA NO CRIMINAL

Como solicitante sujeto a una investigación nacional de antecedentes criminales basada en huellas dactilares, pero no propiamente un candidato del caso que sea reclutado para empleo o una licencia, un propósito de investigación o investigación relacionada, entrevista o asignación, usted es un sujeto de ciertos derechos que se describen a continuación. Todos los accesos deben ser proporcionados por escrito. Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (5 U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 16.12, among other authorities.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (date from 2013) a sus recursos, por escrito cuando presente sus huellas dactilares e información relacionada. La Declaración de la Ley de Privacidad debe explicar la autoridad para recopilar sus huellas dactilares e información relacionada y cómo se recopilarán, almacenarán, o actualizarán sus huellas dactilares e información relacionada.
- Se le debe permitir la oportunidad de inspeccionar o duplicar la exactitud de la información en su historial criminal del FBI y solicitar una corrección. Si usted tiene un historial criminal, usted debe ser proporcionado un tiempo razonable para inspeccionar o duplicar el historial o para solicitar copias de su historial criminal del FBI.
- Si usted desea desafiar la exactitud o integridad de su historial criminal del FBI, usted debe enviar su desafío directamente a la agencia que envió la información en el sistema de bases de datos del FBI. Sin embargo, usted puede enviar su desafío directamente al FBI a través de <https://www.fbi.gov/privacy>. El FBI luego reenviará su desafío a la agencia que envió la información en el sistema de bases de datos del FBI. Sin embargo, usted puede enviar su desafío directamente al FBI a través de <https://www.fbi.gov/privacy>. El FBI luego reenviará su desafío a la agencia que envió la información en el sistema de bases de datos del FBI.
- Si usted desea solicitar una copia de su historial criminal del FBI, usted puede solicitar una copia de su historial criminal del FBI a través de <https://www.fbi.gov/privacy>. El FBI luego reenviará su desafío a la agencia que envió la información en el sistema de bases de datos del FBI. Sin embargo, usted puede enviar su desafío directamente al FBI a través de <https://www.fbi.gov/privacy>. El FBI luego reenviará su desafío a la agencia que envió la información en el sistema de bases de datos del FBI.

DECLARACION DE PRIVACIDAD DE SOLICITANTES - JUSTICIA NO CRIMINAL

I acknowledge that I have read and understand the FBI Privacy Act Statement and I agree to the terms and conditions of the Privacy Act of 1974, Title 5, United States Code (5 U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 16.12, among other authorities.

Back

Continue

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

**FBI Privacy Statement and Privacy Notice**

#### Privacy Act Statement

*This privacy act statement is located on the back of the FD-203 fingerprint card.*

Statement: The FBI is committed to protecting your privacy and to providing you with information about the collection, use, and disclosure of your personal information. This privacy act statement is located on the back of the FD-203 fingerprint card. It contains information about the collection, use, and disclosure of your personal information. It also contains information about your rights and how to exercise them. This privacy act statement is located on the back of the FD-203 fingerprint card. It contains information about the collection, use, and disclosure of your personal information. It also contains information about your rights and how to exercise them.

**Declaración de la Ley de Privacidad**

*Esta declaración de la ley de privacidad se encuentra al dorso del FD-203 tarjeta de huellas dactilares.*

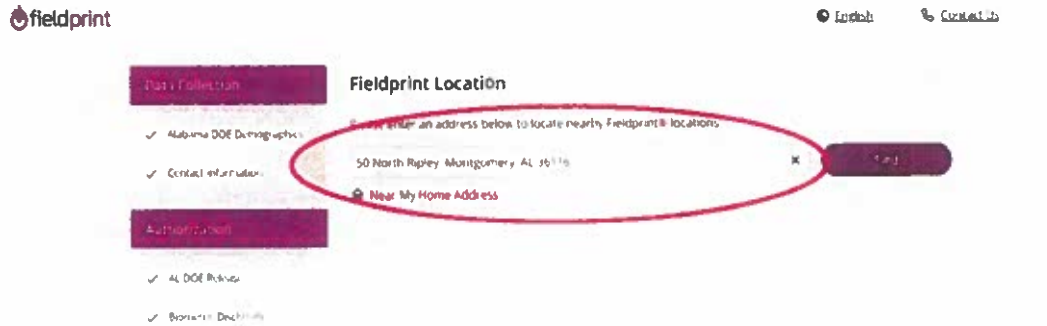
Statement: The FBI is committed to protecting your privacy and to providing you with information about the collection, use, and disclosure of your personal information. This privacy act statement is located on the back of the FD-203 fingerprint card. It contains information about the collection, use, and disclosure of your personal information. It also contains information about your rights and how to exercise them. This privacy act statement is located on the back of the FD-203 fingerprint card. It contains information about the collection, use, and disclosure of your personal information. It also contains information about your rights and how to exercise them.

I acknowledge...

**Continue**

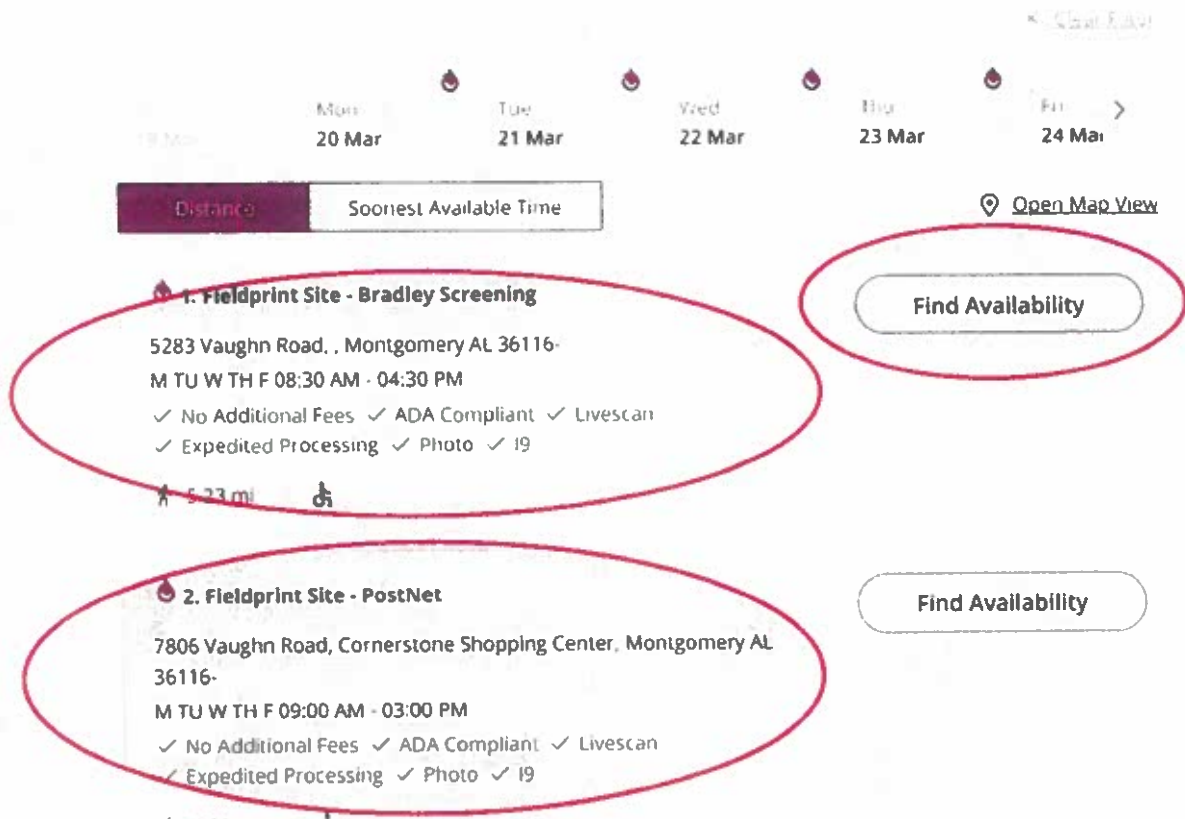
### Schedule Appointment and Payment

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.**

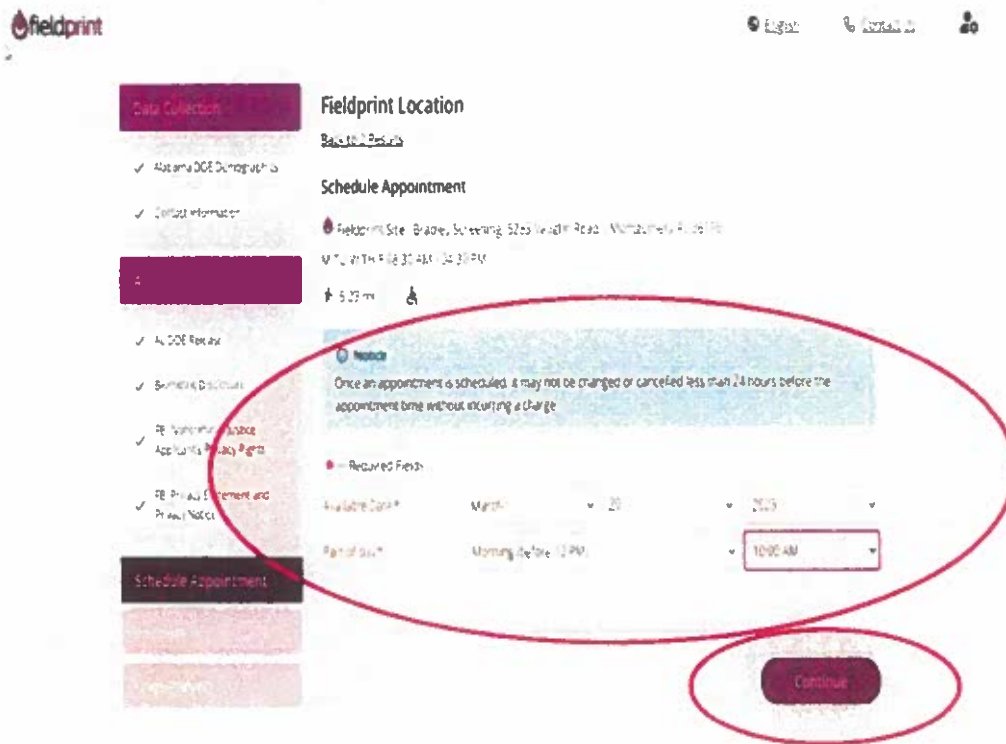


#### 2 Results for 50 North Ripley, Montgomery, AL 36116

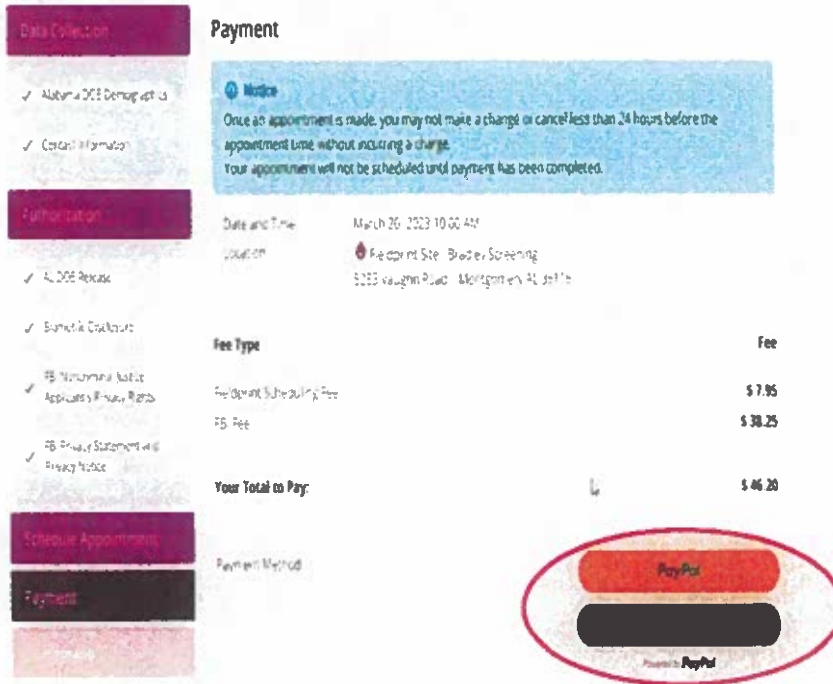
Please use the options below to proceed with scheduling.



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



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









**Payment**

Payment Date	Transaction ID	Amount	Fee Type
March 19, 2023 9:02 AM	9U391469RF928533G	\$ 46.20	Fingerprint 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 Veteran Affairs Card
- Draft Record
- Transportation Worker ID Credential (TWC Card)
- Certificate of Citizenship
- Certificate of Naturalization
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- DOD Common Access Card
- Work Visa w/ photo

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

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

If you decide to reschedule your appointment in the future, please return to [alabamaacceptance.feldprint.com](http://alabamaacceptance.feldprint.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