

## **Substitute Teacher Employment Process**

1. Complete application online at:  
<https://coffeecounty.tedk12.com/hire/index.aspx>
2. Complete the availability form. **MUST INCLUDE PROOF OF HIGHEST DEGREE RECEIVED.**
3. Complete payroll forms: I-9 (copy of driver license and Social security card or birth certificate or passport) must be attached and returned to the Central Office. Complete W-4, direct deposit paperwork and return to Central Office. **My Benefits: You will not be able to log in until you have received your first paycheck. If you have any questions, call bookkeeping at 931-723-5150.**
4. Physical: Coffee County Schools Medical Certification Form signed by Physician or Nurse Practitioner
5. Background waiver, Privacy Rights and Fingerprint Instructions
6. Drug Test Consent Form and Drug Test Instructions
7. Confidentiality agreement (FERPA)
8. Handbook Agreement: Substitute and Coffee County Schools
9. New Hire Training-This will be completed once hired and through **My Benefits.**

A candidate is not eligible to substitute until all requirements listed have been completed and returned to the Central Office. Your name will not be added to the substitute list until all requirements have been met by the Central office. Coffee County Schools reserves the right to deny employment to any applicant. Substitutes can be terminated from service at any time.

The Central Office will not keep incomplete employment information past two months. All materials will be shredded due to identity information precaution.

## Substitute Procedures for Payment 2022-2023

Payroll is calculated from the first day of the month to the last day of the month. Payment is issued on the fifteenth (15th) of the following month. For example, a teacher working during the month of September would receive payment on October 15. All payroll is Direct Deposit only. Substitutes are paid according to the following salary scale:

### **Current Rate for Sub Pay:**

Certified (with Teacher License) \$85.00

Non-Certified \$70.00

### **Effective 12/01/2022, Sub Pay will increase:**

Certified (with Teacher License) \$95.00

Non-Certified \$80.00

Click here to apply: [Substitute Application for CCSS](#)

## Substitute Teacher Availability Form

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

Email Address: \_\_\_\_\_

**Please check the days you are available to work:**

Days:	Check if available:	Comments:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Please check the schools that you wish to substitute at:**

Schools:	Check:	Comments:
Coffee County Central High School		
Red Raider Academy		
Coffee County Middle School		
Koss Center		
Deerfield Elementary		
East Coffee Elementary		
New Union Elementary		
Hillsboro Elementary		
North Coffee Elementary		
Hickerson Elementary		

**Please circle the highest level of education and you MUST provide proof:**

-High School Diploma/GED or Associate Degree or Degree Non Certified

-Degree Certified (Teaching Degree with Active License)

**Please circle if you are interested in being:**

-Food Service Substitute

-Excellence Program (after school)



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> )	
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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page



## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

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

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

Refer to the instructions for more information about acceptable receipts.

**Must attach copy of the following for the I-9 form:**

**-Driver License & Social Security Card or Birth Certificate  
or Passport**

**Copies cannot be made at the Central Office. Please  
have copies made prior to dropping off packet.**

**Thank you,**

## **Coffee County Schools**

### **New Employee Payroll Information**

Forms attached to be completed and returned to Payroll Department:

- From W-4
- Authorization Agreement for Direct Deposit

Additional Information attached:

- My Benefits Channel Information – You will be able to log in once you receive your first pay check.

Additional Important Information:

- You will receive pay checks once a month on the 15<sup>th</sup> of the month. If the 15<sup>th</sup> is on a weekend, you will be paid the Friday prior to the 15<sup>th</sup>.
- All full-time employees – pay will be spread over a 12-month period.
- Individual appointments will be scheduled *for full-time employees*, with the Payroll Department and you will receive the following information:
  - Work Calendar
  - Salary Information
  - Retirement Information

**If you have questions, you may contact:**

Janet Morgan 931-222-1061/morganj@k12coffee.net

Melissa Todd 931-222-1200/toddm@k12coffee.net

**Employee's Withholding Certificate**

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****Step 1:****Enter  
Personal  
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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](http://www.ssa.gov).(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying surviving spouse☐ 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  
employmentEmployer identification  
number (EIN)



**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)**

Company Name: Coffee County Schools

I (we) hereby authorize *Coffee County Schools*, hereinafter called COMPANY, to initiate credit entries to my checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

Depository Name (Bank): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Please indicate type of Account: \_\_\_\_\_ Checking Account  
\_\_\_\_\_ Savings Account

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_ SS# \_\_\_\_\_  
(Please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

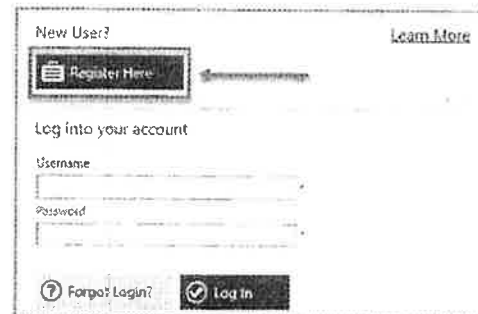
**NOTE: ALL WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**ATTACH VOIDED CHECK HERE**

## Accessing Your MyBenefitsChannel Account

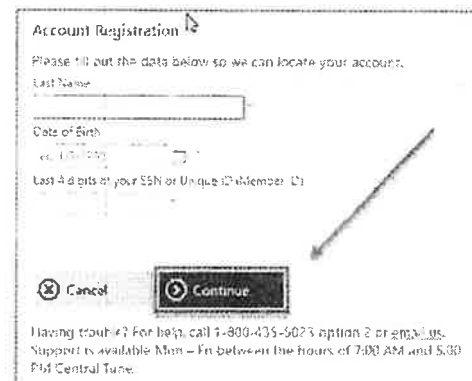
### Step 1: Go to MyBenefitsChannel.com

- From any computer, visit [www.mybenefitschannel.com](http://www.mybenefitschannel.com)
- To register and create your username and password, click **Register Here**.
- Your username and password are secure and are not shared with anyone, even your employer.




### Step 2: Register & Create your Account

- Enter your Last Name, Date of Birth, and Last 4 digits of your SSN or Unique ID (Member ID).
- Click **Continue**.
- On the next screen, you will need to review the Terms & Conditions: check the box indicating your agreement, and click **Submit Agreement**.



### Step 3: Create your username and password

- Be sure to enter the email address you use most frequently. When you have secure messages or employer-sponsored activities to do you will receive a notification to the email address you enter on this page. Your email address is **secure and will not be shared** or sold, and will only be used for employer-related business.
- Your username and password must be at least 8 characters and cannot contain special characters like <, >, ', ", and &. Using your email address as your username is recommended.
- Password must be at least 8 characters with at least 1 upper case letter (A-Z), at least one lower case letter (a-z), and at least 1 digit (0-9).
- Cannot contain special characters, your first name, last name or username. Cannot contain certain common passwords or any of your previous 3 passwords.
- Choose a security question and answer to use if you need to recover your username and password.
- You will use the same username and password to log-in to MyBenefitsChannel and the My Wellness Station biometric data upload application (if applicable).
- Click **Save**.



Congratulations, you've logged in! Please explore all that MyBenefitsChannel has to offer!

Need help or have questions? Contact MyBenefitsChannel at 800.435.5023. We will be glad to help!



## COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

### MEDICAL CERTIFICATION

NAME \_\_\_\_\_  
Please Print Name

DATE \_\_\_\_\_

Tennessee Code Annotated 49-5-404 states in part: "No person shall teach in any school that has contagious or communicable diseases in such form as might endanger the health of school children and any teacher must submit to a physical examination by competent physicians, when so required by the local board of education."

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the employee in good health?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the employee at low risk for tuberculosis?

YES \_\_\_\_\_ NO \_\_\_\_\_

The employee has no communicable disease which would impact the health and safety of students.

If any answer is "NO", the employee will be required to submit a full physical examination including tuberculin skin test or x-ray.

Physician or Nurse Practitioner Name \_\_\_\_\_  
Please Print Name

Signature of Physician or Nurse Practitioner

Date



## COFFEE COUNTY BOARD OF EDUCATION

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### Waiver Agreement and Statement for Criminal History Checks

This form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity.

I hereby authorize COFFEE COUNTY SCHOOLS to submit a set of fingerprints through the TBI vendor to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to entity locations. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor or subcontractor.

A national criminal history background check on me is being requested by:

Coffee County Schools

1343 McArthur St

Manchester, TN 37355

I have ☐ or have not been ☐ convicted of a crime. If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):

Employee ☐

Volunteer ☐

Contractor Vendor ☐

YES ☐ I have or NO ☐ I have not a received a copy of the Applicant's Privacy Rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Public Chapter 1006:

In addition to the mandatory TBI/FBI criminal history record checks conducted at the time of initial employment for teachers or any other positions that requires proximity to children, the new law adds the requirement that LEAs conduct criminal history checks for required employees every 5 years.

## **NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an Immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b).

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



**IdentoGO**

State Schools/Colleges Use Only

Tennessee Applicant Processing Services Form

**Substitute Teachers**

To schedule your ten-minute fingerprint appointment, simply visit  
**<https://tn.ibtfingerprint.com>** and enter the following Service Code

**28TYBF**

When prompted, please enter the following ORI: **TN930800Z**

Service Code and ORI are unique to your hiring/licensing agency

**Do not use these codes for another purpose**

As a primary form of picture identification, one of the following valid and unexpired documents is required to be presented to the enrollment agent when being fingerprinted:

- **Driver's License issued by a State or outlying possession of the U.S.**
- **State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency**
- **Commercial Driver's License issued by a State or outlying possession of the U.S.**
- **U.S. Passport**

However, in the absence of one of these documents, applicants may provide one or more Secondary Documents including:

- State Government Issued Certificate of Birth
- US Active Duty/Retiree/Reservist Military ID Card (000-10-2)
- Passport
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- INS I-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Current Utility Bill (Address)
- Voter Registration Card
- Current Vehicle Registration Card/Title
- Current Paycheck Stub with Name/Address
- Cancelled Check or Current Bank Statement
- Social Security Card



Don't have access to the Internet? You can still schedule an appointment by calling 855.226.2931



**COFFEE COUNTY BOARD OF EDUCATION**  
**1343 McArthur Street**  
**Manchester, TN 37355**  
**Office: 931 -723-5150 Fax: 931 -723-5153**

**New Employee Drug-Test Consent Form**

*Coffee County Schools is a Drug Free Workplace*

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Coffee County Schools in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I agree that *Family Urgent Care* may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis. I further agree to and hereby authorize the release of the results of said tests to Coffee County Schools. I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Coffee County Schools. I further agree to hold harmless the Coffee County Schools and its agents (including the above named physicians or clinics) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Coffee County Schools' consideration of my employment application. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Please Print

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

SSN (last four) \_\_\_\_\_

DOB: \_\_\_\_\_

Effective July 1, 2015

Rev:11/18/2022sl

[www.coffeecountyschools.com](http://www.coffeecountyschools.com)

**Coffee County Board of Education  
1343 McArthur Street  
Manchester, TN 37355  
Phone: 931-222-1060 fax: 931-723-8285**

**Coffee County Schools is a TN Drug Free Workplace**

A drug test must be completed at one of the facilities within ten (10) business days of meeting with Human Resources.

(Coffee County Schools Policy 5.403 and pursuant to T.C.A. section 50-9-100 et.seq.)

**Please choose one of the following places to get your drug screen completed.**

Family Urgent Care 909 Hillsboro Blvd Manchester, TN (931) 723-1705 or (931) 723-3355	Drug Test Cost: \$40.00
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11/18/2022sll





# COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

## Coffee County Schools

### Student Privacy Statement and Confidentiality Agreement

#### Student Privacy and Confidentiality

Students in the Coffee County Schools have the right to expect that information about them will be kept confidential by all staff. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA"). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution which disseminates a student's education records without his or her parent's consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety, or well-being.

- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student's teacher or principal.

- Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of your own family or the student's family.

- Before you speak, always remember that violating a student's confidentiality isn't just impolite, **it's against the law!**

#### Agreement

I, (print name) \_\_\_\_\_, as an employee of Coffee County Schools agree never to disclose information about a student's records to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school department employees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

re:04/18/2018



# COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

## Coffee County Schools Handbook Agreement

By signing below, you agree to read the Coffee County Board of Education Handbook that is on our website [www.coffeecountyschools.com](http://www.coffeecountyschools.com) under Human Resources/Documents & Form, within the first month of employment.

This handbook is not an employment contract. Every situation and/or question cannot be anticipated and may or may not be answered in this handbook.

As law, policies and procedures change, the employer reserves the right to make necessary revisions, changes or eliminate any of the policies and/or benefits described in this handbook. Before relying upon the provisions set out herein, it is the employee's responsibility to check with the employer to see if any changes have occurred.

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Employee Name (print)

Date

---

Employee Signature

**COFFEE COUNTY BOARD OF EDUCATION**

*Dr. Charles Lawson, Director*

1343 McArthur Street

Manchester, Tennessee 37355

Telephone - 931-723-5150 Facsimile - 931-723-8285

e-mail – [lawsonc@k12coffee.net](mailto:lawsonc@k12coffee.net)

# **Substitute Teacher Handbook**

**By signing below, you agree to read the**

**Coffee County Schools Substitute Teacher Handbook.**

**This handbook is not an employment contract. Every situation and/or question cannot be anticipated and may or may not be answered in this handbook.**

**As law, policies and procedures change, the employer reserves the right to make necessary revisions, changes or eliminate any of the policies and/or benefits described in this handbook. Before relying upon provisions set out herein, it is the employee's responsibility to check with the employer to see if any changes have occurred.**

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**Print Name**

**Date**

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**Signature**

**11/18/2022sl**