

# Southwest Georgia STEM Charter School

## Governing Board Office

135 Pecan Street  
P.O. Box 300  
Shellman, GA 39886  
Phone (229) 262-3071 Fax (229) 679-2075

### **Board Office:**

Ginger Almon, School Leader  
Lori Wilson, CFO  
Heather Page, Data Coordinator  
Kadie Phillips, Federal Programs Director & Administrative Assistant

### **Welcome to Southwest Georgia STEM Charter School!**

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

The following are minimal requirements:

- Employee Application
- Consent for Criminal Background Check
- Criminal Background Check (Non-Reimbursable)
- Form 1-9
- Copy of Driver's License and Social Security Card
- Form W-4
- Form G-4
- Direct Deposit Form
- Certificate (Please provide GAPSC Teaching or Paraprofessional Certificate if Applicable.)
- Post Offer of Employment Medical Inquiry
- Worker's Compensation Policy
- Receipt of Child Abuse Reporting
- Alcohol and Drug Release Policy Form
- Media Disclosure Agreement

Certified employees, who have formerly worked in a public school system, must contact their previous employers and request verification for submission to the Payroll Department. All certified experience forms should be mailed to the attention of Lori Wilson in the Board Office. **It is the employee's responsibility to provide experience verification to Southwest Georgia Stem Charter School.**

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

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



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

P.O. Box 300  
Shellman, Georgia 38996

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

(As it appears on Social Security Card)

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Eligibility for a valid Georgia teaching certificate is a prerequisite for employment. Contact Georgia Professional Standards Commission, [www.gapsc.com](http://www.gapsc.com)

**CERTIFIED TEACHER/PERSONNEL:**

Early Childhood (PK-2)

Elementary (3-5)

Middle Grades (6-8)

Area(s) of Concentration: \_\_\_\_\_

Secondary (9-12)

Area (s) of Concentration: \_\_\_\_\_

Counselor

**ADMINISTRATION:**

School Administrator

Director or Specialist

Central Office Administrator

**CLASSIFIED PERSONNEL:**

Clerical

Custodial

Lunchroom

Paraprofessional

Bus Driver

Other

## TEACHING EXPERIENCE/WORK HISTORY

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

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

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

**TEACHING EXPERIENCE/WORK HISTORY continued**

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

**EDUCATION**

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

**CERTIFICATE INFORMATION**

**Certified Only must answer:**

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

Fields or grades certified to teach \_\_\_\_\_

Undergraduate Major \_\_\_\_\_ Graduate Major \_\_\_\_\_

Years of Teaching Experience: \_\_\_\_\_ Years of Georgia Teaching Experience: \_\_\_\_\_

**EMPLOYMENT INFORMATION** (All applicants must answer)

May we contact your present employer? \_\_\_ \_

Can you come for an interview? \_\_\_ \_

When can you begin work?

Have you had practice teaching?

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

The following items become a part of your application for employment as a certified employee with the Randolph County School System, pursuant to O.C.G.A. 20-2-211.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

### REFERENCES

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Southwest Georgia STEM Charter School complies with all federal, state, and local laws, and provides an equal opportunity for all students and employees. The school prohibits discrimination based on race, creed, color, national origin, religion, ancestry, age, marital status, sexual orientation (known or perceived), gender identity expression (known or perceived), sex, disability, genetic information, nationality and/or citizenship in admission, grading, hiring, employment decisions, or any other activity. The school complies with all requirements of Title VII, Title IX, EPA, ADEA, ADA, Sections 501 and 505 of the Rehabilitation Act of 1973, Civil Rights Act of 1991.

All decisions of the School Board and Administration will be administered without regard to any of the categories listed above or any other discriminatory criteria.

**DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_

Acknowledge: \_\_\_\_\_

References Checked: \_\_\_\_\_

Interviewed:



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

**Consent Form**

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

Full Name (print)

\_\_\_\_\_

Address

\_\_\_\_\_

Sex

Race

Date of Birth

Social Security Number

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

\_\_\_\_\_

Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose code 'M')

Employment with elder care (Purpose code 'N')

Employment with children (Purpose code 'W')

**Select the number of days for authorization:**

This authorization is valid for

90

180

XX days from date of signature

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





\* Please Do Not complete these instructions until directed to do so. The fee is not reimbursable.

## Instructions:

Please only visit the locations listed on <https://fieldprintgeorgia.com/individuals> to register and schedule your fingerprint appointment.

Step 1. Go to <https://fieldprintgeorgia.com/individuals> to create an account. After creating your account, you will receive an email containing an 8-digit code. The email will be sent to the email address that was provided while registering. After providing the 8-digit code, you will enter more required information. You will choose "Education Agencies" & "Public School." You will come to a drop down selection where you will need to choose "Southwest Georgia STEM Charter School." You will see a purple button to select "send request." This will send a request to the School Leader to approve.

Step 2. Notify Lori Wilson that you have registered. Once your registration is approved, you will log back into the website and make an appointment at the location you choose.

Step 3. Complete your fingerprints and contact Lori Wilson once they have been completed.

Lori Wilson: (229) 262-3071 Ext. 108/(229) 942-9679



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 07/31 2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
	<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 (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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

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

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <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 individual's status or parole 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> <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>	OR	<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> <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> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <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>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <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> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security  
U.S. Citizenship and Immigration Services**

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026**

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024**

<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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(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

**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: 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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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

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

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

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 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 2024 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: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230





STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

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

3. MARITAL STATUS

Enter letter below on Line 7.

- A. Single
B. Married Filing Separate or Married Filing Joint, both spouses working
C. Married Filing Joint, one spouse working
D. Head of Household

4. DEPENDENT ALLOWANCES [ ]

5. GEORGIA ADJUSTMENTS ALLOWANCE [ ]

(See instructions for details. Worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ \_\_\_\_\_

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed for step 5)

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ \_\_\_\_\_
B. Georgia Standard Deduction (enter one): \$ \_\_\_\_\_
Single/Head of Household .....\$12,000
Married Filing Joint .....\$24,000
Married Filing Separate .....\$12,000
C. Subtract Line B from Line A (If zero or less, enter zero) .....\$ \_\_\_\_\_
D. Allowable Georgia Adjustments to Federal Adjusted Gross Income .....\$ \_\_\_\_\_
E. Add the Amounts on Lines C and D .....\$ \_\_\_\_\_
F. Estimate of Taxable Income not Subject to Withholding .....\$ \_\_\_\_\_
G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above ..... \_\_\_\_\_
(This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C or D) \_\_\_\_\_ TOTAL ALLOWANCES (Total of Lines 4 - 5) \_\_\_\_\_
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 4 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here [ ]
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is \_\_\_\_\_. My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. Check here [ ]

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

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

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

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN: \_\_\_\_\_
EMPLOYER'S WH#: \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.

**INSTRUCTIONS FOR COMPLETING FORM G-4**

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

Line 3: Write the letter on Line 7 according to your marital status.

- A. Single
- B. Married Filing Separate or Married Filing Joint, both spouses working
- C. Married Filing Joint, one spouse working
- D. Head of Household

Line 4: Enter the number of dependent allowances you are entitled to claim. The term "dependent" shall have the same meaning as in the Internal Revenue Code of 1986; provided, however, that any unborn child with a detectable human heartbeat, as such terms are defined in Code Section 1-2-1, shall qualify as a dependent minor.

Line 5: Complete the worksheet on Form G-4 if you claim Georgia adjustments Allowances. Enter the number from Line H here.  
**Failure to complete and submit the worksheet will result in automatic denial on your claim.**

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

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 4-5.

Line 8:

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

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

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

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

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

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

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

**Do not complete Lines 4-7 if claiming exempt.**

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

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



## POST-OFFER-OF-EMPLOYMENT MEDICAL INQUIRY

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

Name. \_\_\_\_\_ Department. \_\_\_\_\_ Position. \_\_\_\_\_

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

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

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

Remarks \_\_\_\_\_

Employee Signature. \_\_\_\_\_ Date. \_\_\_\_\_

Employer Signature. \_\_\_\_\_ Date. \_\_\_\_\_

## ACKNOWLEDGMENT OF WORKERS' COMPENSATION

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

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

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

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

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HR Representative/Other Authorized Official

\_\_\_\_\_  
Date

# STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

---

NAME Please Print:

---

Employee Signature

Date

---

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

## PERSONS WHO ARE REQUIRED TO REPORT ABUSE

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

### WHEN REPORTING ABUSE IS REQUIRED

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

## ACKNOWLEDGMENT OF RESPONSIBILITY

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

**Release & Consent Form  
For Substance Abuse Screening**

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

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

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)

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

## Media Disclosure Agreement

### Rules of System Usage Acknowledgement Form

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

\_\_\_\_\_ Employee Name Printed

\_\_\_\_\_ Employee Signature

..... Date





4. What date will your benefit coverage end? \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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

**SOUTHWEST GEORGIA STEM CHARTER SCHOOL**  
**Employment Verification**

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

Lori Wilson- CFO  
 Southwest Georgia STEM Charter School  
 P.O. Box 300  
 Shellman, GA 39886  
  
 229-262-3071 ext. 108  
 229-679-2075 (Fax)  
 lwilson@sowegastemcharter.org

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

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

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

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

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

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

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

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

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

Signature of Authorized Official

Printed Name of Authorized Official

Email Address of Authorized Official

Title

Phone Number

Date