



# HR-ED

## Employee Data

(Please print)

Date \_\_\_\_\_

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

Sex:  Male  Female      Email address \_\_\_\_\_

**Racial /Ethnic Category: (Please check the appropriate one)**

1. Are you Hispanic or Latino?

**No, not Hispanic or Latino**

**Yes, Hispanic or Latino**--A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race.

2. What is your race? (Please mark all that apply, however mark at least one)

**American Indian or Alaskan Native:** A Person having origins in any of the original people of North America (including Central America) and who maintain tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to the "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

**White:** A person having origins in any of original people of Europe, the Middle East or North Africa.

**Country of Citizenship:** \_\_\_\_\_

**Handicap Status:** (Please Check All That Apply)

(P) Physically Handicapped       (V) Visually Impaired       (S) Speech Impaired

(H) Hearing Impaired       (Z) Not Applicable

(O) Other Health impairment: \_\_\_\_\_

**Veteran Status:** (Please check one)

(V) Veteran if so, how many years of military service: \_\_\_\_\_       (Z) Not applicable

**Exemption from Public Records Disclosure:**

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*\* OR SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07, F.S.?  Yes  No

\*\*OTHER EMPLOYEES include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collections and enforcement of child support enforcement, human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local contract negotiating duties or other personnel related duties, and certain investigations in the Department of Children and Families {see 119.07,F.S.}.

**Felon Convictions**

Have you ever been charge or convicted forfeited bond, or plead guilty or no contest to, or had adjudication withheld on a criminal offense?  Yes  No

**Retirement Status**

Please complete **Part I** or **Part II** as applicable: (Please Check One)

- I.  I am not retired from any Florida State-Administered Retirement Plan.
- II.  I am retired from \_\_\_\_\_ Retirement System. The effective date of my retirement was \_\_\_\_\_. I understand that if I retired under a State of Florida administered retirement system and (1) I am employed in any type of position (temporary, part-time or regular established) during the first month of retirement, my retirement is void and all benefits received must be repaid. I must re-apply for retirement benefits before retirement will be effective; (2) If employed during the 2<sup>nd</sup> thru 12<sup>th</sup> months, my monthly retirement benefits must be suspended during these months of my retirement, unless I am eligible for a 780 hour exemption to the limitation as provided by law. If eligible for the exemption, my benefits must be suspended after my employment reaches 780 hours during the limitation period.

**Signature**

All statements in this application are true and accurate. I agree that any purposeful omission of false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered, I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**GADSDEN COUNTY SCHOOL DISTRICT**  
**HUMAN RESOURCES DEPARTMENT**

**Statement on the Collection, Use or Release of Social Security Numbers of  
Employees and others\*\*\***

Read this information below, sign and return this document to the person who provided you the form.

The Gadsden County School District is authorized to collect, use or release social security numbers (SSN) of employees and other individuals\*\*\* for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is wither specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. §119.07(5) (a) 2 & 3].

- Completing and processing the Federal I-9, including for W-4's [Required by federal statue and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and [Fla. Stat. §119.071(5) (a) 6].
- Completing, processing and distributing Federal W2, 1042 and 1099. [Required by federal statue and regulation 26 U.S.C. 3402 and 26 C.F.R. 31.6051-1, 26 C.F.R. 31.3406-0 and 301.6109-1, and [Fla. Stat. §119.07(5) (a) 6].
- Completing and processing Social Security contributions. [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 2 & 6].
- Completing and processing quarterly Unemployment Reports. [Required by Fla. Statue Ch. 443, including 443.1116, and Fla. Stat. §119.07(5) (a) 6]
- Completing and processing Florida Retirement Contribution reports. [Authorized by Fla. Stat. § 238.01 et seq., including 238.07, and Required by Fla. Admin Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Statue §119.071(5) (a) 2 & 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. §119.071(5) (a) 2 & 6]
- Reporting work-related injuries. [Required by Fla. Stat. § 440.185 and Fla Admin. Code 69L-3.003 et seq. and 60Q-6.103 Fla. Stat. § 119.071(5) (a) 6]
- Completing and processing Direct Deposit files if applicable. {Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. §119.071(5) (a) 6]
- Completing and processing group health, life and dental coverage enrollment, various supplemental insurance deduction reports, if applicable.[Required by Fla. Stat. §119.071(5) (a) 6]
- Completing and processing immigration related documents, if applicable. [Authorized by 8 U.S.C. 1324 a (b) and 8 C.F.R. 274a.2]
- Criminal history, Level 1 and level 2 background checks/identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
- Registration information regarding sexual predators and sexual offenders [Authorized by Fla. Stat. §943.04351 and required by Fla. Stat. § 119.071(5) (a) 2 & 6]
- Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay [Required by Fla. Stat. §§ 1012.56, and 119.071(5) (a) 6, and/or authorized by Fla. Stat. §§ 1012.21 and 119.071(5) (a) 6]

**Providing your Social Security number to GCSD is a required condition of employment.**

*I understand the above information and have been given a copy of this document.*

Print Name

Signature

Date

*Revised 5/5/2023*

HR-HQ

**Health Questionnaire**  
(Please print)



**Gadsden County School District**

Elijah Key- Superintendent of Schools  
"Educating Every Student Today, Making Gadsden Stronger Tomorrow"

<b>NAME:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>	
<b>CITY:</b>	<b>STATE:</b>
<b>PHONE #:</b>	<b>ZIP:</b>
<b>PHONE #:</b>	<b>SECONDARY #:</b>

**Personal Information**

Sex  Male  Female    Height \_\_\_\_\_    Weight \_\_\_\_\_    Blood Type \_\_\_\_\_

**Questionnaire**

Please check any that apply. Include any additional information in the section provided below.

Do you or have you ever had:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Amputation(s)      | <input type="checkbox"/> Cardiac Disease (Heart Condition) |
| <input type="checkbox"/> Loss of Sight                      | <input type="checkbox"/> Poliomyelitis     | <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Multiple Sclerosis                |
| <input type="checkbox"/> Parkinson's Disease                | <input type="checkbox"/> Vascular Disorder | <input type="checkbox"/> Hemophilia         | <input type="checkbox"/> Psychoneurotic Disorder           |
| <input type="checkbox"/> Ankylosis (Stiffness of the joint) | <input type="checkbox"/> Hypoglycemia      | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Chronic Osteomyelitis             |
| <input type="checkbox"/> Muscular Dystrophy                 | <input type="checkbox"/> Total Deafness    | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Surgically removed vertebral disc |
| <input type="checkbox"/> Thrombophlebitis                   | <input type="checkbox"/> Allergies         | <input type="checkbox"/> Hay Fever          | <input type="checkbox"/> Mental Retardation                |
| <input type="checkbox"/> Skin Disorder                      | <input type="checkbox"/> Tuberculosis      | <input type="checkbox"/> Rheumatic Fever    | <input type="checkbox"/> Kidney/Bladder Disorder           |
| <input type="checkbox"/> Ulcer(s)                           | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Varicose Veins/Leg Ulcer          |
| <input type="checkbox"/> Physical Impairment                | <input type="checkbox"/> Chest Pain        | <input type="checkbox"/> Knee Injury        | <input type="checkbox"/> High Blood Pressure               |
| <input type="checkbox"/> Neck/Back Injury                   | <input type="checkbox"/> Head Injury       | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Vertigo                           |
| <input type="checkbox"/> Other _____                        |  |   |  |

Are you unable to perform certain body motions or assume certain body positions?  Yes  No

Do you wear  Glasses  Contact Lenses

Have you ever had to state claim for industrial injury?  Yes  No

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Date of last examination? (Include physician name)

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**Signature**

All statements in this application are true and accurate. I agree that any purposeful omission or false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered. I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



# FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

**1 Enter Your Info** PLEASE PRINT

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT AGENCY NAME \_\_\_\_\_ PREVIOUS AGENCY NAME \_\_\_\_\_

**2 Confirm Prior Membership**

**Have you ever been a member of a State of Florida-administered retirement plan?**

**No, I have never been a member of a State of Florida-administered retirement plan.**  
If No, skip to section 4.

**Yes, I have been a member of a State of Florida-administered retirement plan.**  
If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.

FRS Pension Plan (including DROP)       FRS Investment Plan

Senior Management Service Optional Annuity Program (SMSOAP)       State Community College System Optional Retirement Program (SCCSORP)

State University System Optional Retirement Program (SUSORP)       Other \_\_\_\_\_

**3 Confirm Retiree Status**

**Are you retired from a State of Florida-administered plan? You are considered retired if:**

- You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP.
- You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers.

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**No, I am not retired from a State of Florida-administered plan.** I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.

**Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment.**  
If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.

DATE \_\_\_\_\_

**4 Sign Here**

By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

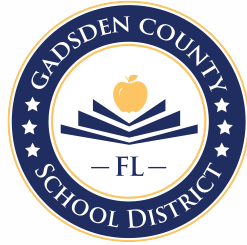
Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

## Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
  - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
  - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are prohibited.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee’s personnel file. Do not send this form to the FRS, unless requested.



# Gadsden County School District

Elijah Key- Superintendent of Schools  
"Educating Every Student Today, Making Gadsden Stronger Tomorrow"

# HR-00L

## Oath of Loyalty

(Please print)

NAME:		DATE OF BIRTH:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE #:		SECONDARY #:	

### Oath of Loyalty

I, \_\_\_\_\_, a citizen of the State of Florida and the United States of America, and being employed by an officer of the Gadsden County School District and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States of American and the State of Florida.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public, State of Florida at large \_\_\_\_\_

Notary Seal or Stamp:





# 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
<p><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></p>		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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
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		First Day of Employment (mm/dd/yyyy):
Sierra, Nancy, HR Specialist				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Gadsden County School District		35 Martin Luther King Jr. Blvd, Quincy, FL 32351		

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="https://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



# Supplement B, Reverification and Rehire (formerly Section 3)

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

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

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---



Date\_\_\_\_\_

### Direct Deposit Authorization

Name\_\_\_\_\_

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

Address\_\_\_\_\_

Phone Number\_\_\_\_\_ Secondary Phone Number\_\_\_\_\_

\_\_\_\_\_ **NEW APPLICATION**      \_\_\_\_\_ **CHANGE REQUEST**

I hereby authorize the School Board of Gadsden County, Florida to deposit my salary, after deductions, directly into my checking or savings account indicated below, and agree that such credit to this account constitutes payment and receipt by me. I understand that School Board reserves the right to recall funds when sent in error and to interrupt or discontinue the Direct Deposit Program for any and all employees.

### Account Information

You may select only one type of account (checking or savings), and only one financial institution (bank, credit union).

Financial Institution Name:
Financial Institution Address:
Account Number: [ <input type="checkbox"/> ] Checking: _____ Routing # _____
[ <input type="checkbox"/> ] Savings: _____

This authority will remain in full force and effect until the School Board receives thirty (30) days prior written notification from me of change or termination. Such notice will be sent to the Payroll Department. Prior to the initiation of the first deposit, I will allow the Payroll Department sufficient notification time to transmit new account information to the financial institution. I will provide a Voided Check or a Direct Deposit Authorization Form from my Financial Institution as verification of my account. (This will take at least (1) payroll period)

_____	_____	_____
<b>Employee Signature *</b>	<b>Date</b>	<b>Phone Number</b>

\* As it appears on the Financial Institution account

The School Board of Gadsden County  
**MR. ELIJAH KEY**  
SUPERINTENDENT OF SCHOOLS

35 Martin Luther King Jr. Blvd  
Quincy, Florida 32351  
Office: (850) 627-9651  
Fax: (850) 627-2760  
Website: gadsdenschools.org

**Adult User: Terms and Conditions for Technology and Internet Use in the Gadsden School Public School District**

Internet access is now available to all employees in the Gadsden County Public School. **Adult users are not to use this technology for personal reasons or business.** We believe that the Internet offers vast, diverse and unique resources to our employees. We believe that providing this access to the Internet will help employees develop Information Skills that they will need in the workplace to be more productive. With access, comes the availability of materials that may not be considered acceptable in the work environment. We, the Gadsden School District, believe that the valuable information far outweighs the possibility that users may find materials that are not consistent with our educational purposes. End users of the Internet must adhere to strict guidelines and thereby, the Gadsden School Public District establishes the following guidelines for all Internet users within our organization:

**Acceptable Use** – The Internet will be used for communication, research, and collaborative work supporting the Educational objectives of the school district.

**Transmission of the following is prohibited:**

- Unauthorized Copyrighted material
- Threatening or obscene material
- Material protected by trade secret
- Commercial activities
- Political lobbying or advertisement

**Privileges** - The use of the Technology and Internet is a privilege, NOT a right. Inappropriate use will cancel all privileges.

**Training** - It is the responsibility of each school/department to ensure that faculty and staff are trained in effective use of Technology and Internet Use.

**Permission** – Employees must sign and return an **Acceptable Use Form** to have access to the Internet.

**Netiquette** - All users are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:

- Be polite. Do not use abusive language when communicating over the Internet.
- Use appropriate language. No swearing or vulgarities
- Never reveal personal information (address, telephone, etc.)
- Remember that e-mail is not private.
- Please check your grammar before sending an e-mail.

**Security** - Security on any network is a high priority. The Superintendent’s office must be notified if any security breach is detected.

**Every user must sign on to the network before accessing the Internet. He/she must use his/her assigned username and password. The use of another’s username/password is strictly prohibited.**

**Vandalism** – Vandalism will result in permanent cancellation of privileges! Vandalism will include:

- Malicious attempt to harm, destroy, or change data, hardware, or software
- Creating and/or uploading computer viruses
- Altering desktop configuration to bypass the use of usernames/passwords
- Attempts to “hack” into unauthorized areas of a network or computer/laptop
- Attempts to bypass the web filtering service or other methods to obtain Internet access.

**All terms and conditions as stated in this document are applicable to the Gadsden School District. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Florida and the existing policies of this school board.**

\_\_\_Yes, I accept the terms and conditions as set forth in the Gadsden County District Internet Use policy.

Adult User’s Printed Name: \_\_\_\_\_ School/Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Adult User’s Signature: \_\_\_\_\_ Date \_\_\_\_\_

**BOARD MEETS FOURTH TUESDAY OF  
EACH MONTH EQUAL OPPORTUNITY  
EMPLOYER**

CATHY S. JOHNSON  
DISTRICT NO. 1  
HAVANA, FL 32333

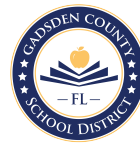
STEVE SCOTT  
DISTRICT NO. 2  
QUINCY, FL 32351

LEROY McMILLAN  
DISTRICT NO. 3  
CHATTahoochee, FL 32324  
GREENSBORO, FL 32330

CHARLIE D. FROST  
DISTRICT NO. 4  
GRETNA, FL 32332  
QUINCY, FL 32352

STACEY HANNIGON  
DISTRICT NO. 5  
QUINCY, FL 32353

# New Employee Checklist



# HR-NEW

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

Please read and follow directions for completion of each of the enclosed documents. This information must be completed within (5) days of your effective date of employment.

1. **Employee Data Form:** Please supply the information requested for data into your county and state personnel tacking systems. \_\_\_\_ (initials)
2. **W-4 Form:** Complete this form and return the bottom portion only. \_\_\_\_ (initials)
3. **Fingerprint Information Sheet:** required for Florida Statute 231.02
  - Once you have filled out all pertinent portions of the information sheet and paid the fee of \$37.25 (using cash, check, or money order), your fingerprints will be scanned for submission to FDLE and FBI for clearance. \_\_\_\_ (initials)
4. **Pre-Existing Medical Questionnaire:** requested by the worker’s compensation insurance carrier. \_\_\_\_ (initials)
5. **Form I-9:** required by the U.S. Department of Justice
  - Complete the top section, through employee signature and date. Please supply us with a copy of your driver’s license and social security card as proof of your citizenship. *(This can be copied by the district office personnel when you return your packet, at no charge to you).* \_\_\_\_ (initials)
6. **Oath of Loyalty:**
  - Print your name in the first blank, read and sign *(Notaries are available at the district office for your convenience at no charge to you)* \_\_\_\_ (initials)
7. **Insurance Forms:**
  - Insurance paperwork will be provided by American Fidelity. \_\_\_\_ (initials)
8. **Verification of Previous Experience:** *(Instructional Personnel Only)*
  - If you previously taught in a public school, in the United States of America or in a school operated by the government of the United States of America for citizens of the United States of America, please submit a request for verification form to previous employer for verification of such experience. These forms may be obtained from the Human Resources Dept. Failure to request verification of previous teaching experience will affect your salary, so please make sure that all verifications are submitted promptly.
  - It is the teacher’s responsibility to mail these forms to the appropriate school district(s) for verification before your salary is adjusted. \_\_\_\_ (initials)
9. **Statement of Drug Free Workplace Policy:**
  - My initials indicate that I have been given a memorandum entitled Statement of Drug Free Workplace \_\_\_\_ (initials)
10. **Direct Deposit** is available through all area banks. If you are interested in this service, please ask when you return packet and we will supply you with the correct forms. \_\_\_\_ (initials)

**I UNDERSTAND THAT I CANNOT BE PAID BY GADSDEN COUNTY SCHOOL DISTRICT UNTIL ALL THE NECESSARY DOCUMENTS (Official College Transcripts, i.e.) AND ALL OF THE ABOVE HAVE BEEN COMPLETED AND SUBMITTED TO THE HUMAN RESOURCES DEPARTMENT.**

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

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

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



**E-VERIFY IS A SERVICE OF DHS AND SSA**

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.



# Privacy Notice



The privacy of your personal information is important to us. To help you understand how we protect the information we receive about you, this notice describes our current privacy policy and practices.

We want you to know that:

- We do not sell or rent the information we have about you to anyone;
- We do not share your information with outside companies for the purpose of selling their products or services to you; and
- We do not offer a right to opt out since we only share information about you with others as permitted or required by law.

## Information We May Collect and From Whom

We collect your personal information to offer you insurance and financial products and services. The type of information we collect and the extent to which it is used depends on the products and services we provide to you. For example, we may obtain information such as:

- Your name, mailing and e-mail address(es), date of birth, telephone number, Social Security number, employment, education, occupation, assets and income from applications and other forms from you, your employer and others;
- Your policy coverage, claims, premiums and payment history from your dealings with us;
- Your financial and medical history from other insurance companies, insurance support organizations or consumer reporting agencies, if you apply for insurance or benefits;
- Your medical history and records from medical providers or facilities, with your authorization, if you apply for insurance or benefits; and
- Your use of the services offered on our Web sites from online information collection devices.

We may request an insurance support organization to collect information that we

need about you. If we do, they will submit a report to us. They may keep a copy of the report and share its contents with others. They will do this only as permitted or required by law.

## Information We May Disclose

We may share the types of information described above with others. These disclosures are only made as authorized by you or as permitted or required by law. For example, disclosures such as:

- To others that perform business services or functions on our behalf or to serve you;
- To employers and their representatives, to reinsurers, to other insurance companies, and to insurance support organizations for purposes related to insurance you may have or apply for;
- To others that may have a joint marketing agreement with us, unless state law restricts such use;
- To insurance departments or other federal, state or local legal authorities in connection with the regulation of our business or to comply with laws and regulations;
- To law enforcement agencies to help prevent fraud or illegal activities;
- To authorized persons to respond to a subpoena, warrant or other court order;
- To others for purposes of complying with auditing and reporting requirements; and
- To our affiliates who may provide insurance or financial products and services to you.

When information about you is disclosed to others, we expect them to protect your information. We expect them to use the information only for the limited purpose for which it was shared.

## Your Rights

We want to make sure that we have accurate information about you. In general, you have the right to review your personal information that we have. If you believe that any of the information about you is not accurate, you may inform us in writing of

any changes you believe should be made. We will review your request and respond to it accordingly.

## Confidentiality and Security

We restrict access to information about you to those employees who need to know that information to provide products or services to you. We safeguard your information through written privacy policies and physical, electronic and procedural protections.

## Further Information

We may change our privacy policy at any time. We will provide you with a new notice if we make material changes to our privacy practices. To view the privacy notice online visit [www.stancorpfinc.com](http://www.stancorpfinc.com). If your relationship with us ends, we will continue to limit disclosures of your information in accordance with our stated privacy policy.

## The notice applies to:

[StanCorp Financial Group, Inc.](#)  
[Standard Insurance Company](#)  
[StanCorp Investment Advisers, Inc.](#)  
[Standard Retirement Services, Inc.](#)  
[The Standard Life Insurance Company of New York](#)  
[StanCorp Mortgage Investors, LLC](#)  
[StanCorp Real Estate, LLC](#)  
[Standard Management, Inc.](#)  
[StanCorp Equities, Inc.](#)

## Please direct inquiries to:

Privacy Notice (P12B)  
PO Box 711  
Portland, OR 97207-0711

To get more information about StanCorp Financial Group, Inc. and its subsidiaries visit [www.stancorpfinc.com](http://www.stancorpfinc.com).



of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial, investigatory or adjudicatory. In addition, shall self-report any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion program, or entering of a plea of guilty or Nolo Contendere for any criminal offense other than a minor traffic violation within 48 hours after the final judgement. When handling sealed and expunged records disclosed under this rule, school districts shall comply with the confidentiality provisions of Sections 943.0585(4)(c) and 943.059(4)(c), Florida Statutes.

- (n) Shall report to appropriate authorities any known allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 1012.795(1), Florida Statutes.
- (o) Shall seek no reprisal against any individual who has reported any allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 1012.795(1), Florida Statutes.
- (p) Shall comply with the conditions of an order of the Education Practices Commission.
- (q) Shall, as the supervising administrator, cooperate with the Education Practices Commission in monitoring the probation of a subordinate.

State Board of Education Rule 6B-1.001, FAC

## The Code of Ethics of The Education Profession in Florida

- (1) The educator values the worth and dignity of every person, the pursuit of truth, devotion to excellence, acquisition of knowledge, and the nurture of democratic citizenship. Essential to the achievement of these standards are the freedom to learn and to teach and the guarantee of equal opportunity for all.
- (2) The educator's primary professional concern will always be for the student and for the development of the student's potential. The educator will therefore strive for professional growth and will seek to exercise the best professional judgement and integrity.
- (3) Aware of the importance of maintaining the respect and confidence of one's colleagues, of students, of parents, and of other members of the community, the educator strives to achieve and sustain the highest degree of ethical conduct.

Adams v. State of Florida Professional  
Practices Council, 406 So 2nd 1170 Fla.  
1st DCA 1981

*“By virtue of their leadership  
capacity, teachers are  
traditionally held to a high  
moral standard in  
a community.”*

---

For further information call or write:  
**Bureau of Educator Recruitment,  
Development and Retention**  
325 West Gaines Street, Suite 124  
Tallahassee, FL 32399  
(850)245-0441, SUNCOM 205-0441

## The Code of Ethics and The Principles of Professional Conduct of The Education Profession in Florida

*Professionalism Through Integrity*



Florida Department of Education  
[www.fldoe.org](http://www.fldoe.org)

## The Principles of Professional Conduct of The Education Profession in Florida

- (1) The following disciplinary rule shall constitute the Principles of Professional Conduct of the Education Profession in Florida.
- (2) Violation of any of these principles shall subject the individual to revocation or suspension of the individual educator's certificate, or the other penalties as provided by law.
- (3) **Obligation to the student requires that the individual:**
  - (a) Shall make reasonable effort to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.
  - (b) Shall not unreasonably restrain a student from independent action in pursuit of learning.
  - (c) Shall not unreasonably deny a student access to diverse points of view.
  - (d) Shall not intentionally suppress or distort subject matter relevant to a student's academic program.
  - (e) Shall not intentionally expose a student to unnecessary embarrassment or disparagement.
  - (f) Shall not intentionally violate or deny a student's legal rights.
  - (g) Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to assure that each student is protected from harassment or discrimination.
  - (h) Shall not exploit a relationship with a student for personal gain or advantage.
  - (i) Shall keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
- (4) **Obligation to the public requires that the individual:**
  - (a) Shall take reasonable precautions to distinguish between personal views and those of any educational institution or organization with which the individual is affiliated.
  - (b) Shall not intentionally distort or misrepresent facts concerning an educational matter in direct or indirect public expression.
  - (c) Shall not use institutional privileges for personal gain or advantage.
  - (d) Shall accept no gratuity, gift, or favor that might influence professional judgement.
  - (e) Shall offer no gratuity, gift, or favor to obtain special advantages.
- (5) **Obligation to the profession of education requires that the individual:**
  - (a) Shall maintain honesty in all professional dealings.
  - (b) Shall not on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, or social and family background deny to a colleague professional benefits or advantages or participation in any professional organization.
  - (c) Shall not interfere with a colleague's exercise of political or civil rights and responsibilities.
  - (d) Shall not engage in harassment or discriminatory conduct which unreasonably interferes with an individual's performance of professional or work responsibilities or with the orderly processes of education or which creates a hostile, intimidating, abusive, offensive, or oppressive environment; and further, shall make reasonable effort to assure that each individual is protected from such harassment or discrimination.
- (e) Shall not make malicious or intentionally false statements about a colleague.
- (f) Shall not use coercive means or promise special treatment to influence professional judgement of colleagues.
- (g) Shall not misrepresent one's own professional qualifications.
- (h) Shall not submit fraudulent information on any document in connection with professional activities.
- (i) Shall not make any fraudulent statement or fail to disclose a material fact in one's own or another's application for a professional position.
- (j) Shall not withhold information regarding a position from an applicant or misrepresent an assignment or conditions of employment.
- (k) Shall provide upon the request of the certificated individual, a written statement of specific reason for recommendations that lead to the denial of increments, significant changes in employment, or termination of employment.
- (l) Shall not assist entry into or continuance in the profession of any person known to be unqualified in accordance with these Principles of Professional Conduct of the Education Profession in Florida and other applicable Florida Statutes and State Board of Education Rules.
- (m) Shall self-report within 48 hours to appropriate authorities (as determined by district) any arrests/charges involving the abuse of a child or the sale and/or possession of a controlled substance. Such notice shall not be considered an admission

# EMPLOYEE ASSISTANCE PROGRAM

## District Contacts

Dr. Sonya Jackson, Director of Human Resources  
jacksonsonya@gcpsmail.com 850-627-9651 ext. 1565

Kesandra Brown, Director of Mental Health Services  
brownk@gcpsmail.com 850-627-9651 ext. 1240

*District Office*  
35 Martin Luther King Jr. Blvd  
Quincy, FL 32351

**HELP IS AVAILABLE 24 hours a day!**

**If you are in crisis, experiencing difficulty, or suicidal thoughts, here are some things that you can do.**

- Talk to a family member; or
- Talk to a school guidance counselor or school administrator; or
- Dial 2-1-1 or (850) 617-6333; or 211 Big Bend Resource Directory
- Call Apalachee Mobile Response Team (MRT): (800) 342-0774; or
- Call the National Suicide Hotline at 9-8-8; or
- Text NAMI to 741-741 to be connected to a free, trained crisis counselor on the Crisis Text Line.
- If you or someone you know is in a crisis or emergency, call 911 immediately.



### OUTPATIENT SERVICES

Apalachee Center for Human Services, Inc. Quincy  
- 875-2422 or 875-8230  
Tallahassee (EAP)--487-3253 or 487-0211  
Crawfordville - 1-850-926-5900

Quincy Psychological Services  
385 East Jefferson Street Quincy, FL 32351  
850-627-6713

### INPATIENT HOSPITAL SERVICES

Tallahassee Community Hospital Addiction  
Recovery Center  
2807 Capital Medical 'Boulevard  
Tallahassee, FL 32308  
850-656-5112

Natural Bridge Recovery Center  
3333 West Pensacola Street, Suite100  
Tallahassee, FL 32304  
850-488-6520

Greenleaf Center, Inc.  
A Regional Psychiatric & Chemical Dependency  
Hospital  
2209 Pineview Drive  
Valdosta, GA 31602  
1-800-247-2747, hotline  
1-800-445-8022, business

# The Gadsden County School District



**ELIJAH KEY**  
SUPERINTENDENT OF SCHOOLS

35 MARTIN LUTHER KING, JR. BLVD  
QUINCY, FLORIDA 32351  
TEL: (850) 627-9651  
FAX: (850) 627-2760  
<http://www.gadsdenschools.org>

*"Educating Every Student Today, Making Gadsden Stronger Tomorrow"*

## MEMORANDUM

TO: All Employees  
FROM: Elijah Key, Superintendent  
SUBJECT: Drug Free Workplace

## NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED THAT it is a violation of the policy of the Gadsden County School Board for any employee to unlawfully manufacture, distribute, dispense, possess or use on or in the workplace alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance. Furthermore, it is also a violation for any Gadsden County School Board employee to use any illegal drug at any time.

"Workplace" is defined as the site for the performance of work done for Gadsden County Schools. This includes any place where work for the school district is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.

YOU ARE FURTHER NOTIFIED THAT it is a condition of your continued employment with Gadsden County Schools that you will comply with the policy of the school district and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace. Such notification shall be no later than five (5) days after such conviction. There are many agencies in Gadsden and Leon Counties that offer fast access to drug or alcohol counseling and, if needed, referral to a drug rehabilitation program. If you or your family are in need of assistance, you may contact the Director of Human Resources, at (850) 627-9651.

CATHY S. JOHNSON  
DISTRICT NO. 1  
HAVANA, FL 32333

STEVE SCOTT  
DISTRICT NO. 2  
QUINCY, FL 32351

LEROY McMILLAN  
DISTRICT NO. 3  
CHATTAHOOCHEE, FL  
32324 GREENSBORO, FL  
32330

CHARLIE D. FROST  
DISTRICT NO. 4  
GRETNA, FL 32332  
QUINCY, FL 32352

STACEY HANNIGON  
DISTRICT NO. 5  
QUINCY, FL 32353

**OUTPATIENT**

Apalachee Center for Human Services, Inc.  
Quincy - 875-2422 or 875-8230  
Tallahassee (EAP) – 487-3253 or 487-0211  
Crawfordville – 1-850-926-5900

Quincy Psychological Services  
385 East Jefferson Street  
Quincy, FL 32351 . 627-6713

**INPATIENT (HOSPITAL SERVICES)**

Tallahassee Community Hospital  
Addiction Recovery Center  
2807 Capital Medical Boulevard  
Tallahassee, FL 32308 656-5112

Natural Bridge Recovery Center  
3333 West Pensacola Street, Suite 100  
Tallahassee, FL 32304 488-6520

Greenleaf Center, Inc.  
A Regional Psychiatric and Chemical Dependency Hospital  
2209 Pineview Drive 1-800-247-2747, hotline  
Valdosta, GA 31602 1-800-445-8022, business

Twelve Oaks An Alcohol and Drug Recovery Center  
2068 Health Care Avenue 1-800-622-1255, hotline  
Navarre, Fl 32566 1-800-939-1200, business

**OTHER SERVICES**

Drug Abuse, Alcoholism and Cocaine Hotline	1-800-333-4444
Drug Abuse Information	487-2930
Tallahassee/Leon County Human Services Center	488-6520
Telephone Counseling and Referral Services	224-6333
Detox: Apalachee Center for Human Services	487-0300
Alcoholics Anonymous	385-1551
Al-Anon	222-2294
Narc-Anon	599-4849
Narcotics Anonymous	681-8120
The Crack Cocaine Self-Help Group	561-1372
Parent/Family Support Group	574-6695

Through these programs you can get easy, fast access to drug counseling and, if needed, referral to a drug rehabilitation program. Contacts seeking assistance are completely confidential.

Any employee who violates the terms of the School Board's Drug Free Workplace Policy may, at the discretion of the Board, be non-renewed or employment may be suspended or terminated pursuant to Sections 230.23(5) (f) and 231.36(1) (a), Florida Statutes, and appropriate negotiated master contracts.

Alternatively, at the discretion of the Board, any employee who violates the terms of the School Board's Drug Free Workplace Policy may be required to satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program approved by the Board. If the employee fails to satisfactorily participate in such program, the employee shall be non-renewed or his or her employment shall be suspended or terminated.

The enclosed information is designed to inform you of the dangers associated with drug abuse. Please don't wait until it's too late. If you need assistance with a drug or alcohol related problem, call today.

## USE OR ABUSE?

### Diagnosing Dependency

Dependence on alcohol or other drugs is a widespread problem. Many times, people don't recognize it. Chemical dependency is simply the inability to control the use of some physical substance – not being able to limit how much is used. If you have a dependency problem, recognizing it can help you to move towards a happier and healthier life.

### Myths

You might think of a chemically dependent person as someone who can't live without their drink or drugs, who is often drunk or stoned, who uses every day, or is irresponsible, immoral, weak-willed or even evil. The fact is, a person can be chemically dependent without showing such obvious signs, and dependency can cause serious problems in a person's life. We are gradually beginning to realize that a person's genetic makeup may affect his or her chances of becoming dependent and that dependency is often a physical condition that cannot be cured by willpower alone.

### Symptoms of Dependency

Here are some signs that might indicate a chemical dependency problem in you or someone you love:

- Trying to cut down or to quit using some substance and failing at it.
- Blackouts, or lapses of memory, after use.
- Using the substance while alone, or hiding the evidence of use.
- Using the substance to forget about problems or worries.
- Doing things while "under the influence" that cause regret afterwards.
- Not being able to enjoy an event without the substance.
- Using much more than other people in a social gathering.
- Neglecting responsibilities in order to use the substance.
- Family, friends, or employer expressing concern about substance use.
- Being willing to do almost anything to get the substance.
- Financial or legal problems from using the substance.

### Problems Caused By Dependency

Chemically dependent people often act unwisely or inappropriately while under the influence of their drug. They may act in ways that will embarrass them later, such as by telling dirty jokes at a party. They may endanger their health and lives of others, by having unsafe sex, or by driving while intoxicated. They may lose their jobs or families as people around them are hurt by their actions.



## What To Do

Recognizing that there is a problem is the first step towards recovering from chemical dependency. If you think you might have a problem of this type, here are some steps you can take:

- ◆ Acknowledge the problem openly.
- ◆ Limit time spent with people who encourage drug use, or who believe that dependency is a problem of weak will.
- ◆ Seek professional help from doctors or the therapists who deal with chemical dependency and recovery. You might benefit from counseling or a recovery program at a hospital or private clinic.
- ◆ Seek out the support of people who are recovering themselves. Many 12-step programs such as Alcoholics Anonymous are available for various types of dependencies. Your personnel department can help you find these and other helpful resources.

## **GADSDEN COUNTY SCHOOL BOARD POLICY**

**DRUG-FREE WORKPLACE** – The Gadsden County School Board hereby affirms its intent to maintain a workplace that is free from alcohol, drugs and other forms of abused substances. In order to implement a drug-free workplace the Superintendent shall:

- (1) Develop, publish, and distribute to each employee a statement notifying employees that the unlawful manufacture, distribution, possession, or use of alcohol or a controlled substance in any facility or on any grounds of the Gadsden County School System is prohibited. The statement shall also advise employees of the action that will be taken for any violation of the prohibition.
  - (a) The statement shall specifically advise each employee that, as a condition of the employment, the employee must abide by the terms of the statement and notify the Superintendent, within five (5) days, of any criminal drug statute conviction resulting from a violation which occurred in the workplace.
- (2) Develop and implement a Drug-free Awareness Program, designed to inform employees about:
  - (a) The dangers of alcohol and drug abuse in the workplace;
  - (b) The School Board's policy of maintaining an alcohol and drug free workplace;
  - (c) The School Board's Drug and Alcohol Testing Program for employees;
  - (d) A listing of all available drug counseling or rehabilitation programs; and

- (e) The penalties that may be imposed for alcohol or drug abuse violations occurring in the workplace.
- (3) Initiate action against any employee who is convicted of a drug violation occurring within the workplace within 30 days of notice of such conviction. Such action shall include:
- (a) Termination of the employee, or
  - (b) In highly unusual cases and when deemed to be in the best interest of both the individual and the School System, requiring the employee to participate in a drug abuse assistance or rehabilitation program.
- (4) Initiate action against any employee who tests positive in the drug and alcohol testing program. Such action may include, but not limited to: counseling, rehabilitation, suspension, and/or termination.
- (5) Conduct a biennial review of each alcohol and drug abuse prevention program operating in the School District in order to:
- (a) Determine program effectiveness and implement appropriate changes; and
  - (b) Ensure that the prohibition against alcohol and drug use herein is being consistently enforced throughout the School System.

**FOR SELF-EVALUATION ONLY – THIS IS NOT TO BE RETURNED**  
**DO YOU HAVE A PROBLEM?**

1. Has there been a significant increase in your drinking over the last 3-5 years?
2. Have you noticed that you have begun to look forward to those occasions or time of the day when you can have that first drink?
3. Has your drinking or drug use begun to create problems at home or with friends?
4. Have you done something in relation to your drinking or drug use that you never thought you'd do?
5. Have you promised yourself or someone else that you would cut down or quit entirely?
6. Have you ever had "amnesia" or forgotten something that has happened when you've been drinking or using drugs?
7. Have you ever drank or used more than you had planned to on any given occasion?
8. Have you ever driven under the influence of drugs or alcohol?
9. Have you ever been arrested for an alcohol or drug related offense?
10. Is drinking or drugs a primary part of most of your social activities or relationships?
11. Do you avoid being around certain people when you are drinking or using?
12. Do you tell yourself or others you can stop on your own when you want to?
13. Have you stopped completely for a period of time and then resumed drinking or using?
14. Do you ever drink or use drugs to improve yourself sexually?
15. Have you ever changed doctors in order to get a particular drug?
16. Have you ever withheld information from a doctor about your drinking or drug use?
17. Have you ever wondered if your drinking or drug use was not normal or out of control?
18. Do you tend to use alcohol or another drug to help you sleep at night?
19. Do you have a history of alcohol or other drug problems in your family?