

NEWBURGH ENLARGED CITY SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESCOURS
124 GRAND STREET, NEWBURGH, NEW YORK 12550
845-563-3460/www.newburghschools.org

SUBSTITUTE TEACHER INFORMATION

ENTIRE APPLICATION MUST BE COMPLETED BEFORE PROCESSING

Dear Applicant:

Below is the procedure to become a Substitute-Teacher for the Newburgh Enlarged City School District. When submitting the application the following items are required:

1. Please bring in two forms of identification. A copy of Social Security Card, Driver's License or a U.S. Passport is acceptable.
2. **OFFICIAL COLLEGE TRANSCRIPT** with 60 college credits. A copy of your NYSED certifications or official letter from the college showing you are in the process of getting certification, Master's, Bachelor's or Associate's Degree.
3. Three (3) current references with complete mailing addresses. We need to verify credentials and/or character, therefore need this information to be completed.
4. If you don't already have a fingerprint application on file with the New York State Education Department, you will need to get fingerprinted before you can substitute teach. Instructions for fingerprinting are attached. If you have already been fingerprinted, you will need to fill out the **OSPRA 102 FORM** enclosed in the packet.

Please return your completed application and all requested documentation to the Board of Education. Your paperwork will be reviewed by the Human Resources department and then you will be contacted. **NO PARTIAL PAPERWORK WILL BE ACCEPTED, ONLY FULLY COMPLETED PACKETS WILL BE ACCEPTED.**

Thank you for your interest in Newburgh Enlarged City School District. Any questions please call (845)563-3460.

CERT: _____

NEWBURGH ENLARGED CITY SCHOOL DISTRICT
124 GRAND STREET * * NEWBURGH, NEW YORK 12550

FP'S: _____

APPLICATION FOR SUBSTITUTE TEACHING

PLEASE RETURN THIS FORM IN PERSON WITH A COPY OF DEGREE OR CERTIFICATION

The Newburgh Enlarged City School District operates all programs in compliance with federal law which prohibits discrimination because of race, color religion, sex, age, national origin, marital status or disability.

(Last Name First) _____

Please provide any additional information regarding change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records

Address _____

Social Security No. _____

Telephone _____

Educational preparation - graduated from: _____

Date of Graduation

Diploma or Degree Earned

High School _____

College or University _____

EDUCATIONAL EXPERIENCE:

School District

Grade or Subject Taught

Dates Employed

Do you have N.Y.S. Certification? _____ (If yes, list below)

CERTIFICATION AREA

TYPE (PERM/PROV/CQ)

CERT #

DATE

REFERENCES: (Preferably those who know of your training and teaching ability) (not relatives)

Name

Title

Address

Telephone #

Do you belong to N.Y.S. Retirement? _____ If so, state number _____

Have you ever been convicted of a crime (misdemeanor or felony) other than minor traffic violations? Yes _____ No _____

Can we request under Public Law 91-508 a copy of criminal records? Yes _____ No _____

DATE _____

SIGNATURE _____

SUBSTITUTE QUESTIONNAIRE

NAME: _____ Tel#: _____

Cell #: _____

Please circle:

1) Do you have your NYS teaching certification? Yes/No Which area(s)? _____

2) Are you working toward your certification? Yes/No (If yes, please provide proof)

3) Do you have a Masters' Degree? Yes/No (If yes, please provide proof)

4) Have you been fingerprinted for the NYS Education Department? Yes/No
If yes, please complete the **attached** OSPRA 102 form. If not, please make an appointment to do so in the Department of Human Resources.

5) When is the best time in the evening to call? _____

6) What days are you available to substitute? _____

7) Do you substitute for other districts? Yes/No _____

8) Do you have any preferences or limitations in your assignments? _____

9) Are you fluent in Spanish? _____ in any other language(s)? _____

Please circle:

9) Which list would you like to be put on? Elementary/Secondary/Both

10) In an emergency, would you sub for the other list? Yes/No

Preferred subjects: _____

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED BY THE NEWBURGH BOARD OF EDUCATION, MY EMPLOYER, THAT AS A "TEACHER" NOT CURRENTLY A MEMBER OF THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM WHO IS OR WILL BE RENDERING LESS THAN FULL-TIME SERVICE FOR THE SCHOOL YEAR, I MAY, AS A MATTER OF RIGHT, JOIN THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM. I FURTHER ACKNOWLEDGE THAT I UNDERSTAND UNDER PRESENT LAW IF I ELECT TO JOIN THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM, I MUST COMPLETE A RETIREMENT SYSTEM MEMBERSHIP APPLICATION WHICH MUST BE FILED WITH THE RETIREMENT SYSTEM IN ORDER TO BE EFFECTIVE. AS A RESULT OF JOINING THE RETIREMENT SYSTEM, I WILL BE REQUIRED TO CONTRIBUTE, PURSUANT TO ARTICLE 15 OF THE RSSL, 3.5% OF MY SALARY TO SAID RETIREMENT SYSTEM AND, FURTHERMORE, AS A MEMBER OF SAID RETIREMENT SYSTEM, I WILL BE REQUIRED TO CONTRIBUTE TO SOCIAL SECURITY.

SIGNATURE

DATE

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		<div style="font-size: 2em; font-weight: bold;">7</div>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

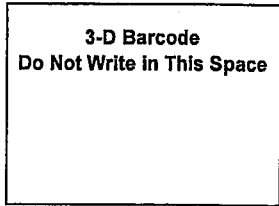
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

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



Employer Completes Next Page



LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Office of School Personnel Review and Accountability (OSPRA)
89 Washington Avenue
Albany, NY 12234
(518) 473-2998

To: Deans/Directors of Institutions Offering Teacher Preparation Programs
Certification Officers
District Superintendents
Superintendents
Charter School Administrators
TEACH School District Users

From: Deborah A. Marriott *Deborah A. Marriott*

Subject: Fingerprinting Fee Increase

Date: February 2, 2016

Please be advised that, pursuant to the newly executed contract between MorphoTrust and DCJS, effective immediately, the MorphoTrust administrative fee will be \$12.25 (an increase of \$2.30).

The \$12.25 fee will remain in effect through December 31, 2016.

All appointments scheduled on and after February 2, 2016 will have the new fee rate applied.

The new fee breakdown is as follows:

DCJS Fee	\$75.00
FBI Fee	14.75
MorphoTrust Fee	<u>12.25</u>
Total	\$102.00

To schedule a fingerprinting appointment, please visit www.Identogo.com.

NEW FINGERPRINTING PROCESS

*Fingerprinting is no longer being processed
at the Orange-Ulster BOCES location.*

Who is the new vendor?

The name of the vendor is MorphoTrust. MorphoTrust has a website that provides more information on the fingerprinting process: www.identogo.com

How do I schedule a fingerprinting appointment?

Contact MorphoTrust by going to their website at www.identogo.com and clicking on New York State on the map, or calling (877) 472-6915.

MorphoTrust requires me to provide an "ORI Number." What is an ORI Number and what is it used for?

An ORI Number is a unique number that is assigned to the New York State agencies by the New York State Division of Criminal Justice Services ("DCJS"). It is a way for both the vendor and DCJS to know which agency to send the fingerprint results to once the fingerprinting process is complete.

What is the ORI Number for the New York State Education Department ("NYSED")?

On the MorphoTrust system, NYSED uses a code (which is easier to remember) rather than a number. The NYSED code is: **TEACH**

When will I be able to contact MorphoTrust to start a new fingerprint application?

MorphoTrust will be accepting new fingerprint applications/appointments on August 3, 2015.

Will there be any way for someone to get fingerprinted before August 3, 2015?

No. No new fingerprint applications will be taken during the transition period.

Will schools or contract service providers be able to pay for fingerprinting on behalf of their employees if they elect to do so?

Yes. Schools or contract service providers have several payment options:

1. school or business credit card; 2. school or business check; or 3. escrow account established with MorphoTrust (see www.identogo.com, select "NY" and then select "Forms and Links").

Can I contact MorphoTrust during the “shut-down” period to make an appointment for when MorphoTrust goes live?

No. The first day that you can schedule an appointment with MorphoTrust is August 3, 2015. In many instances MorphoTrust has same day appointment availability; therefore, it may be possible for you to complete the entire process in one day.

Will we still use TEACH to file an application?

No. The entire fingerprint application and fee will be managed by MorphoTrust. Applicants for fingerprinting can complete an online application and schedule a fingerprinting appointment, or can talk to a MorphoTrust representative on the telephone to complete the application and appointment process.

What method of payment can I use for my fingerprint application fee?

The fingerprinting fee can be paid at the time of scheduling through a credit card or employer escrow account, or on-site at the time of the fingerprinting appointment with a check or cash *only*. At this time, the fingerprint scanning locations are not equipped to handle credit card payments. If you want to pay by credit card, the fee must be paid online, or over the telephone in advance of your fingerprint scanning appointment. The only way to pay for fingerprints at the time of scanning is by cash or checks (i.e., personal, business check, government check, certified check, bank check or money order made payable to “MorphoTrust USA”).

Do schools still use TEACH to request clearances, view status messages and enter hire/termination dates?

Yes. Schools will still request clearance for employment and view information concerning an applicant’s status (i.e. full clearance, conditional clearance, denied, fingerprint images rejected, new prints needed, etc.), and enter hire/termination dates through the TEACH system.

Does MorphoTrust charge a fee for their services?

Yes. MorphoTrust’s fee is currently set at \$9.95 for the software, equipment and staffing costs associated with the services provided which includes scheduling appointments, rolling the prints, collecting photos and transmitting the fingerprint and photo electronically to DCJS. The vendor fee is a sliding scale fee which may be adjusted twice per year based on statewide volume. This fee is in addition to any required DCJS and FBI search fees. The total of all required fees is paid per applicant in one payment to MorphoTrust.

What are the DCJS or FBI fingerprint search fees for electronic submission?

The DCJS fingerprint search fee is currently \$75.00. The FBI fee is currently \$14.75.

What is the total fee for fingerprinting? The total fee for fingerprinting is \$99.70.

The fee breakdown is as follows:

DCJS Fee	\$75.00
FBI Fee	14.75
MorphoTrust Fee	<u>9.95</u>
Total	\$99.70

Where are the MorphoTrust locations in the state?

A list of currently available locations can be found at www.identogo.com. Select "NY" and then click on "Locations" to view the listing.

Are photos required to be submitted?

Yes. MorphoTrust takes a photograph at the time the fingerprints are scanned.

What kind of ID information do I need to provide for fingerprinting?

You must have two forms of identification. At least one form of identification must contain a photo.

Acceptable Photo Identification Documents

- U.S. Passport (unexpired or expired)
- Permanent Resident Card
- Alien Registration Receipt Card
- Unexpired Foreign Passport
- Driver's License or Photo ID Card (issued by U.S. State or Territory)
- U.S. Student ID Card with photo (High School or College)
- Unexpired Employment Authorization with photo (Form I-766, I-688, I-688A or B)

- Photo ID Card issued by Federal, State or Local Government **Additional Identification Documents** • Voter Registration Card • U.S. Military Card or Draft Record • Military Dependent's ID Card • Coast Guard Merchant Mariner Card • Native American Tribal Document • Canadian Driver's License • U.S. Social Security Card • Original or Certified Copy of a Birth Certificate issued by authorized U.S. agency with official seal • Certification of Birth Abroad (Issued by U.S. Department of State) • U.S. Citizen ID Card (Form I-197) • School Record or Report Card (*only accepted for applicants under the age of 18*) • Clinic, doctor or hospital record (*only accepted for applicants under the age of 18*)

How will the process change from the previous process?

The previous process uses TEACH for the fingerprint application and fee. In the new process, MorphoTrust is responsible for managing the application, fee and digital fingerprint scanning.

Am I required to have my fingerprints electronically scanned?

Yes. Electronically scanned fingerprints captured at a MorphoTrust location in New York State are **required** for all applicants for certification and employment.

What if I need to be fingerprinted for my New York State teacher or administrator certification and I do not reside in New York State?

There are two options:

1. You can make an appointment at a MorphoTrust Enrollment Center in New York State; or
2. You can contact NYSED at ospra@nysed.gov for instructions on how you may satisfy the fingerprinting requirement for purposes of certification only.

What are the names of the Enrollment Centers?

MorphoTrust does not publish the business name where Enrollment Centers are located. This prevents applicants from walking in without an appointment. This information will be supplied upon completion of the registration process. General location information may be found by visiting www.identogo.com and clicking on New York State on the map.

Is there a charge for applicants who fail to show up for their appointment?

No. Charges are only assessed upon completion of the enrollment process.

Do I have to pay another fee if I have to get re-fingerprinted due to a rejection?

No. If fingerprints are rejected due to poor quality prints and a reprint appointment is necessary, there is **no additional charge**, provided that the reprints are submitted in a timely manner. *It is important that you advise MorphoTrust that you are getting re-fingerprinted because your fingerprints were rejected (rather than an initial set of fingerprints which requires payment of a fee).*

How will I know if my fingerprints are rejected?

MorphoTrust will contact applicants whose fingerprints are rejected using the telephone contact information provided during the fingerprint application process. If they are unsuccessful after three attempts, then MorphoTrust will attempt to notify the applicant of the rejection by sending a letter to the applicant at the address provided. When an applicant receives notice that their fingerprints have been rejected, it is imperative that they follow up with MorphoTrust to be reprinted in a timely manner. Failure to do so may result in an inability to complete the existing application and the requirement that the applicant start the process over and pay a new fee.

How does NYSED find out that I have been fingerprinted?

Information provided to MorphoTrust during the fingerprint application process is electronically transmitted to the TEACH system maintained by NYSED.

How can I find out information about my fingerprints?

Applicants that have an account in TEACH (i.e., teacher certification applicants or holders) and school employment applicants who have created an account in TEACH can view information about the status of their fingerprint application in TEACH.

I am only seeking employment in a school. I am not applying for certification. Do I have to create an account in TEACH?

After the transition to the new fingerprinting system with MorphoTrust, it is no longer necessary to create an account in TEACH to get clearance for employment in a school setting.

Will school employers still be able to view information about the status of a fingerprint application in TEACH?

Yes. School employers will be able to view messages in TEACH that provide status information relative to the progress of a fingerprint application. The status messages are anticipated to be updated on a daily basis.

Will conditional clearances and emergency conditional appointments still be available when necessary?

Yes. Nothing in the new fingerprint process impacts the clearance process.

What are conditional clearances and emergency conditional appointments?

Conditional clearances issued by NYSED are time limited. They are good for 45 days with the option for one additional 45 day extension. The conditional clearance is issued by NYSED when the state process is complete but the federal process is not complete. It is almost always due to poor fingerprint quality which resulted in a rejection of the fingerprints by the FBI. Once NYSED issues a conditional clearance, a school may make a conditional appointment. The employee must sign a statement indicating to the best of his or her knowledge, any criminal history he or she has in any jurisdiction outside of New York State. An **emergency conditional appointment** is not issued by NYSED. It is an emergency appointment approved by the local school employer when an unforeseen vacancy occurs. The employee must sign a statement indicating to the best of his or her knowledge, any criminal history he or she has in any jurisdiction. The emergency conditional appointment is good for 20 days. The school must have a policy in effect to provide for the safety of school children who have contact with an employee under such circumstances.



OSPRA 102 (12/02)

Clearance For Employment Request Form

Type or Print All Information

Office of School Personnel Review and Accountability
NYS Education Department
987 Education Building Annex
Albany, NY 12234
ph: (518) 473-2998 fax: (518) 473-8812
www.highered.nysed.gov/tcert/ospra
OSPRA@mail.nysed.gov

Instructions

- This form is to be filed to secure a "Clearance for Employment" for an individual who has been previously fingerprinted on New York State Education Department (SED) fingerprint cards or the New York City Department of Education (NYCDOE) fingerprint cards.
- Sections 1 and 3 are to be completed by the prospective employee.
- The school district, charter school or BOCES must complete section 2.

Type or print all information. Inaccurate, incomplete or illegible information will delay processing.

SECTION 1

Name: (Last, First, Middle Initial)		Social Security Number:		Date of Birth: (00/00/0000)	
Mailing Address		City		State	Zip

SECTION 2

(This section **MUST** be completed by the school district, charter school or BOCES)

- Please neatly print, type or attach a label with the name and mailing address of the fingerprint contact person of the school district, charter school or BOCES.
- This form will be returned to this person if SED has no fingerprint application on file of the above individual as of the date processed.
- Make no other marks in this box.

OSPRA use only (Processing Dates)

Newburgh Enlarged City School District
Board of Education
124 Grand St.
Newburgh, NY 12550

First 6 digits of BEDS code of school district, charter school or BOCES:

441600

Title of position employee will be placed in:

Signature of employer representative or fingerprint contact person:

Date:

Telephone # of fingerprint contact person:

845-563-3460

SECTION 3

- I have read "Fingerprinting Information and Instructions" issued by the State Education Department and (SED) have previously submitted fingerprints to SED pursuant to the SAVE legislation.
- I understand that if I have any questions about my rights, I may contact the OSPRA office at (518) 473-2998.

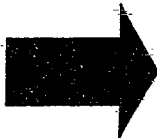
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Commissioner's Regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer

Signature:

Date:

SECTION 4

Mail or fax completed
OSPRA 102 to:



OSPRA
NYS Education Department
987-EBA
Albany, NY 12234
fax: (518) 473-8812