

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 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019
<p align="center">▶ Whether you're 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>				
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2019, 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 ▶				7
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



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):

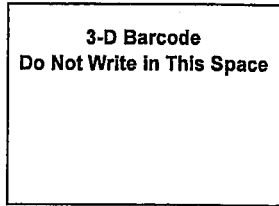
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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



Test Security, Data Privacy and Educator Integrity

NEW PROCEDURES FOR FINGERPRINTING as of January 1, 2019

On **July 14, 2017**, the ORI TEACH will no longer be in use. You must use one of the URLs below or call MorphoTrust/IDEMIA to schedule your fingerprinting appointment.

Enter the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT
Employee	14ZGR7

1. Click on the appropriate URL from this table below:

APPLICANT FOR	URL
Certification	https://uenroll.identogo.com/workflows/14ZGQT
Employee	https://uenroll.identogo.com/workflows/14ZGR7

2. You may call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment.

The fingerprint application fee as of **January 1, 2019** is:

Total Fee \$100.25

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.

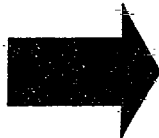
I hereby authorize the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of conducting a determination on a Clearance for Employment as a condition for my new employment. I understand that the Commissioner will forward such final determination 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

PLEASE PRINT

NAME: _____

MAIDEN NAME: _____

ADDRESS: (IF CHANGED WITHIN THE PAST YEAR)

Street: _____

City & ZipCode: _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: (OPTIONAL) _____

EMERGENCY CONTACT

NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO YOU: _____