

# 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)

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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.

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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.

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SIGNATURE

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DATE

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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



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

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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 are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

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

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

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

**STOP**    *Employer Completes Next Page*    **STOP**



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

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

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

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

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

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

**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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

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

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <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</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



## 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	<a href="https://uenroll.identogo.com/workflows/14ZGQT">https://uenroll.identogo.com/workflows/14ZGQT</a>
Employee	<a href="https://uenroll.identogo.com/workflows/14ZGR7">https://uenroll.identogo.com/workflows/14ZGR7</a>

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](http://www.identogo.com)

### **How do I schedule a fingerprinting appointment?**

Contact MorphoTrust by going to their website at [www.identogo.com](http://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](http://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>
<b>Total</b>	<b>\$99.70</b>

**Where are the MorphoTrust locations in the state?**

A list of currently available locations can be found at [www.identogo.com](http://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](mailto: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](http://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](http://www.highered.nysed.gov/tcert/ospra)  
[OSPRA@mail.nysed.gov](mailto: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: \_\_\_\_\_