

# NEWBURGH ENLARGED CITY SCHOOL DISTRICT

## DEPARTMENT OF HUMAN RESOURCES

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 we need this information to be completed.
4. If you do not 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 note, if you had your fingerprints processed through any other organization *other than* the New York State Education Department, they cannot be accepted.

#### **Please return your completed application and all requested documentation to:**

- The Board of Education, Department of Human Resources, 124 Grand Street, Newburgh NY 12550 **OR**
- Email your completed application and all requested documentation to:

Renee George, Dept. of Human Resources: rgeorge@necsd.net

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 the Newburgh Enlarged City School District. If you have any questions, please contact the Human Resources Office at (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  
GraduationDiploma 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

TE

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Withholding Certificate**

OMB No. 1545-0074

- ▶ **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.**

**2022**

|   |  |           |  |
|---|--|-----------|--|
| <b>Step 1:</b><br><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"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |  |

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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 2022 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><br><b>Claim Dependents</b>             | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):   |             |    |
|   | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$   |             |    |
|   | Multiply the number of other dependents by \$500 . . . ▶ \$   |             |    |
|   | Add the amounts above and enter the total here . . . . .  | <b>3</b>    | \$ |
| <b>Step 4 (optional):</b><br><b>Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . | <b>4(a)</b> | \$ |
|   | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ |

|                                    |  |                          |                                      |
|------------------------------------|--|--------------------------|--------------------------------------|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |                          |                                      |
|                                    | ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)   |                          | ▶ <b>Date</b>                        |
| <b>Employers Only</b>              | Employer's name and address  | First date of employment | Employer identification number (EIN) |



Department of Taxation and Finance

**Employee's Withholding Allowance Certificate**

New York State • New York City • Yonkers

**IT-2104**

|  |  |           |                  |                             |   |
|--|--|-----------|------------------|-----------------------------|---|
| First name and middle initial  |  | Last name |                  | Your Social Security number |   |
| Permanent home address (number and street or rural route)  |  |           | Apartment number |                             | Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> |
| City, village, or post office  |  |           | State            | ZIP code                    | Married, but withhold at higher single rate <input type="checkbox"/>                  |
| Note: If married but legally separated, mark an X in the Single or Head of household box.                                    |  |           |                  |                             |   |
| Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                          |  |           |                  |                             |   |
| Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>                                |  |           |                  |                             |   |
| <b>Complete the worksheet on page 4 before making any entries.</b>   |  |           |                  |                             |   |
| 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19) .....             |  |           |                  |                             | 1   |
| 2 Total number of allowances for New York City (from line 31) .....  |  |           |                  |                             | 2   |
| <b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b> |  |           |                  |                             |   |
| 3 New York State amount .....  |  |           |                  |                             | 3   |
| 4 New York City amount .....   |  |           |                  |                             | 4   |
| 5 Yonkers amount .....   |  |           |                  |                             | 5   |

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

|                      |      |
|----------------------|------|
| Employee's signature | Date |
|----------------------|------|

**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A ☐

B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

|  |                                |
|--|--------------------------------|
| Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.) | Employer Identification number |
|--|--------------------------------|

**Instructions****Important information**

The 2021-2022 New York State budget was signed into law on April 19, 2021. Changes to New York State personal income tax have caused withholding tax changes for taxpayers with taxable income:

- more than \$2,155,350, and who are married filing jointly or a qualified widow(er);
- more than \$1,077,550, and who are single or married filing separately; or
- more than \$1,616,450, and who are head of household.

Accordingly, if you previously filed a Form IT-2104 and earn more than the amounts listed above, you should complete a new 2022 Form IT-2104 and give it to your employer.

**Changes effective for 2022**

Form IT-2104 has been revised for tax year 2022. The worksheet on page 4 and the charts beginning on page 5, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2022 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If the federal Form W-4 you most recently submitted to your employer was for tax year 2019 or earlier, and you did not file Form IT-2104, your employer may use the same number of allowances you claimed on your federal Form W-4. Due to differences in federal and New York State tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

For tax years 2020 or later, withholding allowances are no longer reported on federal Form W-4. Therefore, if you submit a federal Form W-4 to your employer for tax year 2020 or later, and you do not file Form IT-2104, your employer may use zero as your number of allowances. This may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers.

Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or



Payroll Department  
124 Grand Street  
Newburgh, NY 12550  
(845) 563 - 3440

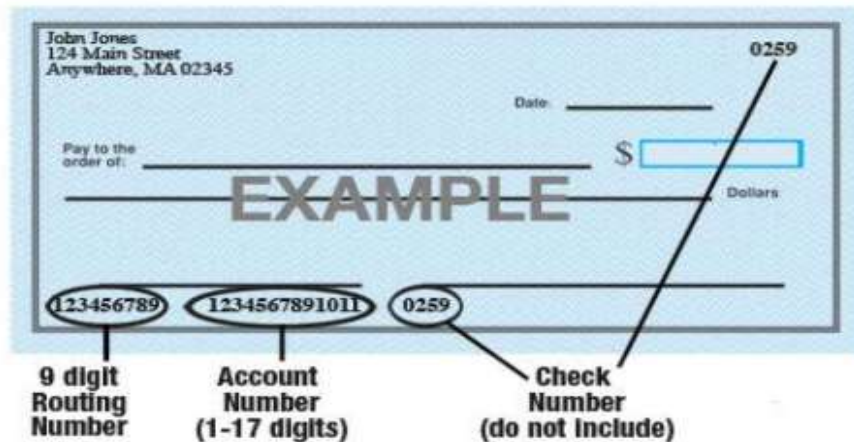
## Direct Deposit Authorization Form

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Address: \_\_\_\_\_  
City, State Zip

Phone: \_\_\_\_\_

**\* You Must Attach A Voided Check or Printout From Your Bank \***



Primary Deposit Account:

Check One -

☐ Checking

☐ Savings

Name of Bank: \_\_\_\_\_

Routing Number

Account Number

Full Net Amount

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payroll Use Only:

Verification Method

Employee's Initials \_\_\_\_\_

☐ Phone

☐ In Person-ID

☐ HR Onboarding

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

# **CHANGE OF ADDRESS/INFORMATION & EMERGENCY CONTACT FORM**

**PLEASE PRINT**

**Please return to Human Resources**

**NAME:**

**MAIDEN NAME:**

**ADDRESS: (IF CHANGED WITHIN THE PAST YEAR)**

**STREET:** \_\_\_\_\_

**CITY & ZIP CODE:** \_\_\_\_\_

☐ **HOME PHONE:** \_\_\_\_\_

☐ **CELL PHONE:** \_\_\_\_\_

Please indicate by checking in the box above, which contact number you would like to be your preference to receive District notifications. \*Please note only one contact number may be chosen.

**EMAIL ADDRESS:** \_\_\_\_\_

## **EMERGENCY CONTACT**

**NAME:** \_\_\_\_\_

**CONTACT NUMBER:** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_





**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 (Family Name)          |  | First Name (Given Name) |                           | Middle Initial | Other Last 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<br>[ ][ ] - [ ][ ] - [ ][ ][ ] |                         | 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   | <div>QR Code - Section 1<br/>Do Not Write In This Space</div> |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions).   |   |
| <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): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions)  |   |
| <p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <p>1. Alien Registration Number/USCIS Number: _____<br/><b>OR</b><br/>2. Form I-94 Admission Number: _____<br/><b>OR</b><br/>3. Foreign Passport Number: _____<br/>Country of Issuance: _____</p> |   |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**

|  |  |
|--|--|
| <input type="checkbox"/> I did not use a preparer or translator. | <input type="checkbox"/> 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 (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





**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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| <b>List A</b><br>Identity and Employment Authorization | <b>OR</b> | <b>List B</b><br>Identity             | <b>AND</b> | <b>List C</b><br>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   |           | <b>Additional Information</b>         |            | <b>QR Code - Sections 2 &amp; 3</b><br>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><br><b>Documents that Establish Both Identity and Employment Authorization</b>   | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | <b>AND</b> | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>   |
|---|-----------|---|------------|---|
| 1. U.S. Passport or U.S. Passport Card  |           | 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 |            | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:   |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  |           |   |            | (1) NOT VALID FOR EMPLOYMENT  |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  |           | 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                |            | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  |
| 4. Employment Authorization Document that contains a photograph (Form I-766)  |           | 3. School ID card with a photograph   |            | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(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. |           | 4. Voter's registration card  |            | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)   |
|   |           | 5. U.S. Military card or draft record   |            | 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 |
|   |           | 6. Military dependent's ID card   |            | 4. Native American tribal document  |
|   |           | 7. U.S. Coast Guard Merchant Mariner Card   |            | 5. U.S. Citizen ID Card (Form I-197)  |
|   |           | 8. Native American tribal document  |            | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)  |
|   |           | 9. Driver's license issued by a Canadian government authority   |            |   |
|   |           | <b>For persons under age 18 who are unable to present a document listed above:</b>  |            | 7. Employment authorization document issued by the Department of Homeland Security  |
|   |           | 10. School record or report card  |            |   |
| 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   |           | 11. Clinic, doctor, or hospital record  |            |   |
|   |           | 12. Day-care or nursery school record   |            |   |

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

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

## Educator Integrity

## Fingerprinting

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## Fingerprinting

## New Procedures for Fingerprinting Effective of July 1, 2020

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

The fingerprint application fee as of January 1, 2022 is:  
Total Fee \$101.75

| 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> |



# 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/ospa](http://www.highered.nysed.gov/tcert/ospa)  
[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)

|   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>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.</li><li>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. →</li><li>Make no other marks in this box.</li></ul> | OSPRA use only (Processing Dates)  |  |
| Newburgh Enlarged City School District<br>Board of Education<br>124 Grand St.<br>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