

MADISON PUBLIC SCHOOLS

P.O. Drawer 71
10 Campus Drive
Madison, Connecticut 06443
203-245-6300

SUBSTITUTE HEALTH SERVICE APPLICATION PROCESS

A substitute health services application with the Madison Public Schools will be approved only after receipt of the following:

- Completed application form
- Copies of certification information (see below)
- Completed W-4's
- Completed I-9 (must present required identification in person)
- Completed tuberculin test certificate
- Fingerprinting (finger print cards and information will be sent to you upon receipt of application packet)

For Substitute RN:

- copy of current RN license from the Connecticut State Department of Health Services
- copy of current CPR certificate
- must have one year of work experience during the last five years

For Substitute LPN:

- copy of current LPN license from the Connecticut State Department of Health Services
- copy of current CPR certificate
- proof of completion of pharmacology course

For Substitute Health Paraprofessional:

- copy of current first aid certificate
- copy of current CPR certificate

Please Note: All health service personnel must receive bloodborne pathogen training (BBP). You must receive this training by the Madison Public schools before employment.

An RN/LPN approved to substitute in an RN/LPN position may also substitute as a health paraprofessional.

If you have any questions regarding the completion of this application, please call Jo-Ann Marron at 203-245-6313.

MADISON PUBLIC SCHOOLS

10 Campus Drive
P.O. Drawer 71
Madison, CT 06443

FOR OFFICE USE ONLY	
References	_____
Certification	_____
Interview Date	_____
Approval Date	_____
By	_____

Application for: **SCHOOL HEALTH SERVICES**

Name: _____
Last First Middle

Address: _____

City: _____ State _____ Zip _____ Telephone # _____

Cell Phone # _____ E-Mail Address: _____

Are you a U.S. Citizen or authorized to work in the United States? Yes ___ No ___

Social Security # _____ - _____ - _____

EDUCATION AND PROFESSIONAL TRAINING

NAME OF INSTITUTION & LOCATION	DATES	MAJOR	DIPLOMA / DEGREE

LICENSES and/or CERTIFICATION

STATE	DATE ISSUED	DATE EXPIRES	AREA / SUBJECT	CERTIFICATE NUMBER

Were you ever dismissed from employment for reasons related to job performance? Yes ___ No ___
If yes, please explain fully on separate sheet of paper.

WORK EXPERIENCE

CITY / STATE	NAME AND ADDRESS OF INSTITUTION	DATES	DUTY AREA

REFERENCES

NAME	ADDRESS	PHONE	TITLE/RELATIONSHIP

May we contact your present employer? Yes ___ No ___

Have you served in the armed forces? Yes ___ No ___

If "yes" Branch _____ Dates _____ Type of Discharge _____

I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Date _____ Signature _____

The Madison Public Schools will not, except in the case of a bona fide occupational qualification or need to except as otherwise permitted or required by law, discriminate on the basis of race, color, religious creed, age, sex, marital status, sexual orientation, national origin, ancestry, present or past history of mental disorder, mental retardation, learning disability, physical disability with respect to hiring, compensation, promotion, discharge from employment or other terms and conditions of employment.

1. Have you ever been convicted of a felony or any other criminal offense, either within or outside the State of Connecticut? _____

If so, identify the approximate date, location and nature of each such conviction on a separate sheet of paper and attach to this application. **NOTE:** For purposes of this application, a plea of “no contest” or “nolo contendere” is a conviction.

2. Has there ever been a disposition of criminal charges against you other than a dismissal or acquittal? _____

If so, identify the approximate date, location and nature of each such disposition and the nature of the charges against you on a separate sheet of paper and attach to this application.

3. Are any criminal charges currently pending against you either within or outside the State of Connecticut? _____

If so, identify the jurisdiction in which such charges are pending, the nature of the charges against you and provide an explanation on a separate sheet of paper and attach to this application.

4. Are you currently enrolled in a program of deferred adjudication (e.g., accelerated rehabilitation, pre-trial drug or alcohol education, pursuant to Connecticut General Statutes §54-56g)? _____

If so, identify the jurisdiction in which such program is pending and provide an explanation of the nature of such program and the criminal charges against you on a separate sheet of paper and attach to this application.

I understand that if I am employed by the Madison Board of Education, I will be required to submit to a state and national criminal history records check for a period of 30 days from my date of employment and I will be required to submit to fingerprinting, at my expense, for purposes of submitting my fingerprints to the Federal Bureau of Investigation for a national criminal history records check. I further understand and agree that if I have been convicted of a crime that has not been disclosed as part of my application for employment, my employment will be subject to termination.

I hereby authorize any and all law enforcement agencies, current and former employers, credit agencies, academic institutions and any other persons or entities to supply any information regarding my background to the Madison Public School System and its agents and employees, and I hereby release all such former employers, law enforcement agencies, credit agencies, academic institutions, other persons or entities, and their agents and employees from any liability arising from the supplying and use of such information.

I declare under the penalties of false statement that I have read and understand the terms of this employment application and attest to the truth and accuracy of the information I have provided herein. I understand that false or misleading statements on this application shall be a basis for disqualification from further consideration for employment and, if I am employed, for dismissal from employment.

Date

Signature

Form W-4 (2005)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$800 and includes more than \$250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding? for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

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

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. } . . . **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** _____
 (Note. Do not include child support payments. See **Pub. 503**, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit):
 • If your total income will be less than \$54,000 (\$79,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$54,000 and \$84,000 (\$79,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have four or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply.
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0010
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2005
1 Type or print your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2005, and I certify that I meet both of the following conditions for exemption. • 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 (Form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2005 tax return.

- 1 Enter an estimate of your 2005 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2005, you may have to reduce your itemized deductions if your income is over \$145,950 (\$72,975 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . **1** \$ _____
- 2 Enter:

{	\$10,000 if married filing jointly or qualifying widow(er)	}
	\$ 7,300 if head of household	
	\$ 5,000 if single or married filing separately	

 . . . **2** \$ _____
- 3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter “-0-” . . . **3** \$ _____
- 4 Enter an estimate of your 2005 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . . . **5** \$ _____
- 6 Enter an estimate of your 2005 nonwage income (such as dividends or interest) . . . **6** \$ _____
- 7 **Subtract** line 6 from line 5. Enter the result, but not less than “-0-” . . . **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,200 and enter the result here. Drop any fraction . . . **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . **10** _____

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here . . . **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 4–9 below to calculate 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 2005. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2004. 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: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others	
If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	AND, wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$40,000	\$0 - \$4,000	0	\$40,001 and over	30,001 - 36,000	6	\$0 - \$6,000	0
	4,001 - 8,000	1		36,001 - 45,000	7	6,001 - 12,000	1
	8,001 - 18,000	2		45,001 - 50,000	8	12,001 - 18,000	2
	18,001 and over	3		50,001 - 60,000	9	18,001 - 24,000	3
					60,001 - 65,000	10	24,001 - 31,000
\$40,001 and over	\$0 - \$4,000	0		65,001 - 75,000	11	31,001 - 45,000	5
	4,001 - 8,000	1		75,001 - 90,000	12	45,001 - 60,000	6
	8,001 - 18,000	2		90,001 - 100,000	13	60,001 - 75,000	7
	18,001 - 22,000	3		100,001 - 115,000	14	75,001 - 80,000	8
	22,001 - 25,000	4		115,001 and over	15	80,001 - 100,000	9
	25,001 - 30,000	5				100,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
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 - \$60,000	\$480	\$0 - \$30,000	\$480
60,001 - 110,000	800	30,001 - 70,000	800
110,001 - 160,000	900	70,001 - 140,000	900
160,001 - 280,000	1,060	140,001 - 320,000	1,060
280,001 and over	1,120	320,001 and over	1,120

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 45 min.; Learning about the law or the form, 12 min.; Preparing the form, 58 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form W-4 to this address. Instead, give it to your employer.

You are not required to provide the information requested on a form that is subject to

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____				
Expiration Date (if any): ___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	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 <p style="text-align: center; font-weight: bold;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 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. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

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

Form CT-W4 Employee's Withholding Certificate

Complete this form so your employer can withhold the correct amount of **Connecticut** income tax from your wages.

Instructions:

- Go to the chart below that describes the filing status you expect to report on your federal income tax return. (Armed Forces Personnel and Veterans, see *Special Instructions for Armed Forces Personnel and Veterans*, Page 2)
- Choose the statement that best describes your income. (Gross income means income from all sources.) Enter the *Withholding Code* in Step 2, Line 1.
- Complete Step 2. Sign, make a copy for yourself, and return the original to your employer.
- For more information, see *Employee Instructions* on Page 2.

Step 1 - Determine your Withholding Code.

Married Filing Jointly	Withholding Code	Single	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 and no withholding is necessary	E	My expected annual gross income is less than or equal to \$12,625 and no withholding is necessary	E
Our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500 (See <i>Special Rules for Certain Married Individuals</i> , Page 2)	A	My expected annual gross income is greater than \$12,625	F
My spouse is not employed and our expected combined annual gross income is greater than \$24,000	C	I have significant nonwage income and wish to avoid having too little tax withheld	D
My spouse is employed and our expected combined annual gross income is greater than \$100,500	D	I am a nonresident of Connecticut with substantial other income	D
I have significant nonwage income and wish to avoid having too little tax withheld	D	Head of Household	
I am a nonresident of Connecticut with substantial other income	D	My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary	E
		My expected annual gross income is greater than \$19,000	B
		I have significant nonwage income and wish to avoid having too little tax withheld	D
		I am a nonresident of Connecticut with substantial other income	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 and no withholding is necessary	E
My expected annual gross income is greater than \$12,000	A
I have significant nonwage income and wish to avoid having too little tax withheld	D
I am a nonresident of Connecticut with substantial other income	D

Step 2 - Complete Lines 1 through 11.

Please Print Clearly

1. Withholding Code (Enter *Withholding Code* letter chosen from Step 1 above): 1.

2. Additional withholding amount per pay period, if any (See instructions on Page 3): 2. **.00**

3. Reduced withholding amount per pay period, if any (See instructions on Page 3): 3. **.00**

4. First Name MI Last Name

5. Home Address

6. Your Social Security Number - -

7. City/Town 8. State 9. Zip Code -

I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand that the penalty for reporting false information is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

10. Employee's Signature

11. Date
M M D D Y Y

Employers Must Complete Items 12 through 21. Please print clearly.

12. Is this a new or rehired employee? Yes No If yes, provide the date of hire
M M D D Y Y

13. Employer's Business Name

14. Connecticut Tax Registration Number -

15. Employer's Business Address

16. Federal Employer Identification Number -

17. City/Town 18. State 19. Zip Code -

20. Contact Person

21. Telephone Number -

Purpose: Form CT-W4 provides your employer with the necessary information to withhold the correct amount of Connecticut income tax from your wages to ensure that you will not be underwithheld or overwithheld. In order for your employer to withhold Connecticut income tax from your wages, you must complete Form CT-W4, and provide it to your employer(s). You are expected to pay Connecticut income tax as income is earned or received during the year. You should complete a new Form CT-W4 at least once a year or if your tax situation changes.

EMPLOYEE INSTRUCTIONS

Gross Income: For Form CT-W4 purposes, **gross income** means all income received in the form of money, goods, property, and services that is not exempt from federal income tax, and any additions to income from *Schedule 1* of Form CT-1040 or Form CT-1040NR/PY.

Filing Status: Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return, but have a different residency status. Nonresidents and part year residents should see the instructions to Form CT-1040NR/PY.

General Instructions: Complete the certificate on Page 1, Lines 1 through 11, sign it, and return it to your employer. Keep a copy for your records.

Check Your Withholding: You could be underwithheld if any of the following apply:

- You have more than one job;
- You qualify under the *Special Rules for Certain Married Individuals* and do not use the *Supplemental Table* on Pages 3 and 4; or
- You have substantial nonwage income.

If during the taxable year your circumstances change, such as, you receive a bonus or your filing status changes, you must furnish your employer with a new Form CT-W4 within 10 days of the change to avoid underwithholding. If you could be underwithheld, you should consider adjusting your withholding or making estimated payments on Form CT-1040ES, *Estimated Connecticut Income Tax Payment Coupon for Individuals*. You may also wish to select *Withholding Code* "D" to elect the highest level of withholding. If you owe \$1,000 or more in Connecticut income tax over and above what has been withheld from your income for the prior taxable year, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month. **Informational Publication 2005(1), *Is My Connecticut Withholding Correct?***, will help you determine if you have enough withholding.

Nonresident Employees Working Partly Within and Partly Outside of Connecticut

If you work partly within and partly outside of Connecticut for the same employer, you should also complete Form CT-W4NA, *Employee's Withholding or Exemption Certificate - Nonresident Apportionment*, and provide it to your employer. The information on Form CT-W4NA together with the information on Form CT-W4 will help your employer determine how much to withhold from your wages for services performed within Connecticut. Form CT-W4NA is available from your employer or from the Department of Revenue Services (DRS) at www.ct.gov/DRS

Special Rules for Certain Married Individuals

If you are a married individual filing jointly and you and your spouse both select *Withholding Code* "A", you may have too much or too little Connecticut income tax withheld from your pay. This is because the phaseout of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering your spouse's income.

To minimize this problem, use the *Supplemental Table* on Pages 3 and 4 to adjust your withholding. You are not required to use this table.

Note: Do not use the supplemental table to adjust your withholding if you use the worksheet in **Informational Publication 2005(1)**.

Special Instructions for Armed Forces Personnel and Veterans

If you are a Connecticut resident, your Armed Forces pay is subject to Connecticut income tax withholding unless you qualify as a nonresident for Connecticut income tax purposes. See **Informational Publication 2004(15), *Connecticut Income Tax Information for Armed Forces Personnel and Veterans*** for that criteria. If you do not meet the criteria, complete Form CT-W4 following the instructions on Page 1. If you meet the nonresident criteria, you may request that no Connecticut income tax be withheld from your Armed Forces pay by entering Withholding Code "E" on Form CT-W4, Line 1 and filing the form with your Armed Forces finance officer.

EMPLOYER INSTRUCTIONS

For any employee who does not complete Form CT-W4, you are required to withhold at the highest rate.

You are required to keep a Form CT-W4 in your files for each employee. See *Connecticut Circular CT, Employer's Tax Guide*, for complete instructions.

You must also file copies of Form CT-W4 with DRS and the Department of Labor (DOL) for certain employees as listed below:

Report Certain Employees Claiming Exemption From Withholding to DRS

Employers are required to file copies of Form CT-W4 with DRS for certain employees claiming "E" (no withholding is necessary). See *Connecticut Circular CT, Employer's Tax Guide*, for further information. Mail copies of Forms CT-W4 meeting the conditions listed in *Connecticut Circular CT, Employer's Tax Guide* with Form CT-941, *Connecticut Quarterly Reconciliation of Withholding*, to DRS.

Report New and Rehired Employees to DOL

New employees are defined as workers not previously employed by your business, as well as workers who are hired after having been separated from your business for a period of more than six months.

Conn. Gen. Stat. §31-254(b) requires employers with offices in Connecticut or transacting business in Connecticut to report names, addresses, and Social Security Numbers of new employees to DOL within 20 days from the date of hire to assist in the enforcement of child support obligations. Mail copies of Form CT-W4 for those employees only to DOL at the address listed below or FAX to the number listed below.

DOL may use information reported on this form in a manner consistent with its governmental powers and duties. For more information on DOL requirements or for alternate reporting options, call DOL at 860-263-6310 or visit the DOL Web site at www.ctdol.state.ct.us

For new or rehired employees; send or fax Form CT-W4 to:

**CT Department of Labor, Office of Research, Form CT-W4
200 Folly Brook Boulevard, Wethersfield CT 06109; or
Fax: 1-800-816-1108.**

To report via the Internet, visit www.ctnewhires.com

FOR FURTHER INFORMATION

Call DRS Monday through Friday:

1-800-382-9463 (in-state), or **860-297-5962** (from anywhere)

TTY, TDD, and Text Telephone users only may transmit inquiries 24 hours a day by calling 860-297-4911.

Forms and Publications: Forms and publications are available anytime by:

- **Internet:** Preview and download forms and publications from the DRS Web site at www.ct.gov/DRS
- **DRS TAX-FAX:** Call **860-297-5698** from the handset attached to your fax machine and select from the menu. Only forms (not publications) are available through TAX-FAX
- **Telephone:** Call **860-297-4753** (from anywhere), or **1-800-382-9463** (in-state) and select **Option 2** from a touch-tone phone.

**MADISON PUBLIC SCHOOLS
P.O. Drawer 71
Madison, CT 06443**

EVIDENCE OF TUBERCULIN TEST

The Madison Public Schools requires all substitute applicants receive a pre-employment Tuberculin Test. The VNA of Madison will be available on Tuesday mornings from 8:30 - 11:00 a.m. for testing. Testing will be done at the main building, 560 Durham Road. **This test is free to all Madison residents. There is a \$5.00 fee for residents from other towns.**

TUBERCULIN TEST CERTIFICATE

This is to certify that _____ **(did*) - (did not)** react to the Tuberculin Test at the time of this examination. **(CIRCLE ONE)**

License No. _____

Expiration Date _____

Address _____

Signature

Date

***ATTACH REPORT
Rev. 8/15/00**