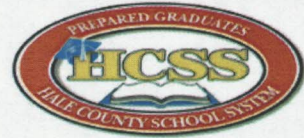


# HALE COUNTY SCHOOLS



## SUBSTITUTE CHECK LIST:

List of all documents to be returned to the Hale County Board of Education to complete the Substitute Employment Packet:

_____	Support Application	2 pages/ signature required
_____	Federal Tax Form	1 page/ signature required
_____	State Tax Form	1 page/ signature required
_____	Form I-9	2 pages/ signature required with documents
_____	*Driver's License or State ID	Legible Copy
_____	*Social Security Card	Legible Copy/ signature required
_____	Letter of Temporary Employment	1 page/ signature required
_____	#Proof of high school graduation or GED	Legible Copy
_____	Background Check Confirmation	Legible Copy
_____	Signed Acknowledgement Form	1 page/ signature required (Booklet)
_____	Direct Deposit Authorization (Optional)	
_____	School Sheet (Only provided after all required documents have been received in order.)	

## RETURN TO:

HALE COUNTY BOARD OF EDUCATION  
1115 POWERS STREET  
GREENSBORO, AL 36744

\* - If documents are not available, please see acceptable documents list on page 3 of 3 of Form I-9

# - Copy of post secondary education transcript or diploma acceptable.

ALL DOCUMENTS MUST BE ON FILE BEFORE THE SCHOOL SHEET IS ISSUED.





# HALE COUNTY SCHOOL SYSTEM

1115 Powers Street

Greensboro, AL 36744 (334-624-8836)

[www.halek12.org](http://www.halek12.org) FAX: 334-624-3415

## SUPPORT PERSONNEL AND SUBSTITUTE APPLICATION

PERSONAL INFORMATION: (print or type)

Date \_\_\_\_\_

Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Alternative Phone: ( ) \_\_\_\_\_  
Area Code Area Code

### EMPLOYMENT INFORMATION

Posted Position(s) applied for: \_\_\_\_\_

Support/Substitute position(s) interested in:

(Fulltime) Paraprofessional \_\_\_\_\_ Secretarial/Clerical \_\_\_\_\_ Maintenance \_\_\_\_\_ Janitor \_\_\_\_\_ Foodservices \_\_\_\_\_ Bus driver \_\_\_\_\_

Substitute Teacher \_\_\_\_\_ Sub-Bus Driver \_\_\_\_\_ Sub-Foodservices Worker \_\_\_\_\_ Sub-Janitor \_\_\_\_\_ Sub-Bus Aide \_\_\_\_\_

Sub-Paraprofessional \_\_\_\_\_ Other: \_\_\_\_\_

### EDUCATIONAL AND TECHNICAL TRAINING

School	Dates of Attendance	Years Completed
High School:		
College:		
Other:		

- 1) Paraprofessionals must have a secondary school diploma or its recognized equivalent
- 2) Paraprofessionals must have: (a) completed two years of study at an institution of higher learning; or (b) obtained an associate's degree (or higher) degree or
- 3) Met a rigorous standard of quality and be able to demonstrate, through a formal State or local academic assessment, knowledge of and the ability to assist in instructing, reading, writing, and mathematics.

**WORK HISTORY:** List below your prior work experience (start with the most recent). A telephone number is required.

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Phone No: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Phone No: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Company: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Phone No: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Supervisor: \_\_\_\_\_



**Secretarial/Clerical Applicants Only:****SKILLS**

Type (wpm) \_\_\_\_\_

Personal computer experience: YES\_\_\_ NO\_\_\_

Business Machines (List): \_\_\_\_\_

Other: \_\_\_\_\_

List names of programs you have used:

Word Processing \_\_\_\_\_ Database: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_

**For School Bus Drivers Only:**

Current CDL license – State \_\_\_\_\_ Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has your driver's license ever been suspended or revoked? (If yes, explain) ( ) YES ( ) NO

Have you had any type of vehicle accident in the past 3 years? (If yes, explain) ( ) YES ( ) NO

**REFERENCES:**

List three references, other than relatives, who are aware of your work:

1) \_\_\_\_\_  
Name Address Phone No.2) \_\_\_\_\_  
Name Address Phone No.3) \_\_\_\_\_  
Name Address Phone No.

My signature below authorizes Hale County School System to conduct a background investigation and authorizes release of information in connection with my application for employment. Furthermore, I codify that I have made true, correct and complete answers and statements on this application in the knowledge that they may relied upon in considering my application, and I understand that any omission, false answered statements 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 system.

Signature \_\_\_\_\_ Date \_\_\_\_\_

"It is the policy of the Hale County Board of Education that no person shall, on the grounds of race, color handicap, sex, religion, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment."



# Form W-4 (2019)

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

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

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

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

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

## General Instructions

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

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

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

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

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

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

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

## Specific Instructions

### Personal Allowances Worksheet

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

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

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

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

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>	
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number	
Home address (number and street or rural route)				<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b>	
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$	
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . <b>7</b>					
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
<b>8</b> Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				<b>9</b> First date of employment	
				<b>10</b> Employer identification number (EIN)	



# THIS FORM MAY BE REPRODUCED.

**Employee:** Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

**Employer:** Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

**Penalties: Section 40-18-73, Code of Alabama 1975.** Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

**Exempt Status: Military Spouses Residency Relief Act.** This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

**Exempt Status: No tax liability.** An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

**CHANGES IN EXEMPTIONS:** You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

**DEPENDENTS:** To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE

FORM  
**A-4** REV. 11/10

## ALABAMA DEPARTMENT OF REVENUE Employee's Withholding Exemption Certificate

EMPLOYEE'S FULL NAME		SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE
SIGNED		DATE	

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. See reverse side for penalty details.

### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer. ....
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption. ....
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. ....
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications. ....
5. Additional amount, if any, you want deducted each pay period. .... \$
6. **Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify. ....
7. **Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify. ....

### LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.)			
<table style="width: 100%;"> <tr> <td>EMPLOYER NAME</td> <td>EMPLOYER FEIN</td> <td>EMPLOYER STATE ID</td> </tr> </table>	EMPLOYER NAME	EMPLOYER FEIN	EMPLOYER STATE ID
EMPLOYER NAME	EMPLOYER FEIN	EMPLOYER STATE ID	





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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

► **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 [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		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>	<p>QR Code - Section 1 Do Not Write In This Space</p>

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

**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 (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 08/31/2019

**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> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> 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> 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 Hale County Board of Education	
Employer's Business or Organization Address (Street Number and Name) 1115 Powers Street		City or Town Greensboro	State AL	ZIP Code 36744

**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.

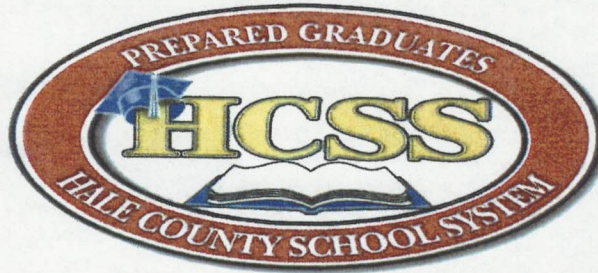
<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport 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>		<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>For persons under age 18 who are unable to present a document listed above:</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>	<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 Part 13 of the Handbook for Employers (M-274).**

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



**HALE COUNTY BOARD OF EDUCATION**  
**OFFICE OF THE SUPERINTENDENT**  
*Michael C. Ryans, Superintendent*



Hale County Board  
of Education

Dexter Thornton  
District I  
Chairman

Shalanda Wiggins  
District II

Verlander Jones  
District III

Larry Woods  
District IV

Brandi Lester  
District V  
Vice Chairman

Michael C. Ryans  
Executive Secretary

Re: Letter of Understanding Concerning Temporary Employment

Pursuant to *Code of Alabama 1975*, Section 16-22A-5, I understand that a determination has been made by this school system that due to exigent circumstances, the position of \_\_\_\_\_ must be filled on a temporary basis.

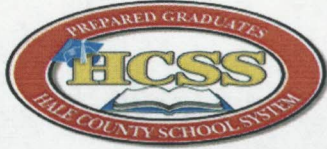
I also understand that the law of Alabama requires that a criminal history information background check be conducted on all applicants who may have unsupervised access to a child prior to employment with a public county or city school system. I acknowledge that I am being employed temporarily and that my continued employment is conditioned upon a suitability determination that will be made upon receipt of the completed criminal history background check. If I am determined to be unsuitable for further employment, I understand that I will be released from this temporarily position at that time without recourse against the employing system.

I have read and understand and agree to accept this position under the conditions stated above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature





# Hale County Board of Education

## Greensboro, AL

Fax: 334-624-3415 | Phone: 334-624-8836

REVISED: 11/08/2019

### ALL DOCUMENTS MUST BE ON FILE BEFORE APPLICATION IS APPROVED

#### **PROCEDURES FOR NON-LICENSE HOLDERS:**

Non-certified individuals: (a) substitute lunchroom worker (b) substitute bus driver (c) substitute paraprofessional (d) substitute bus aide – are required to submit the following:

1. Complete support application
2. Complete tax forms & Form I-9
3. Remit copies of: social security card & valid picture ID state driver's license
4. Remit proof of graduation from high school or GED program
5. Remit Acknowledge Form from Substitute Training Document
6. Signed Temporary Employment Agreement

#### **PROCEDURES FOR SUBSTITUTE LICENSE HOLDERS:**

1. Complete support application
2. Complete FORM SUB 10/2019
3. Complete tax forms & Form I-9
4. Remit copies of: social security card & valid picture ID state driver's license
5. Remit proof of graduation from high school or GED program
6. Remit Acknowledge Form from Substitute Training Document
7. \$30 cashier's check or money order, payable to AL Dept of Education  
or make an online payment: <https://www.alabamainteractive.org/education/>
8. Signed Temporary Employment Agreement

#### **FINGERPRINTS PROCEDURES (Non-license & license holders)**

1. Register for fingerprinting with Cogent Systems.

On-line: [https://www.aps.gemalto.com/al/index\\_adeNew.htm](https://www.aps.gemalto.com/al/index_adeNew.htm).

or by telephone (866-989-9316)

2. Applicant will need to go to the location site and be fingerprinted. Cogent Systems will send the prints to the ABI/FBI. Cogent will forward results to Alabama Teacher Certification Department. If any applicant needs to be reprinted, Cogent Systems will contact the applicant by mail.

#### **Fingerprint Site: PAK MAIL**

**1655 North McFarland Blvd  
Tuscaloosa, AL 35406**

Other sites are available, ask for  
information.

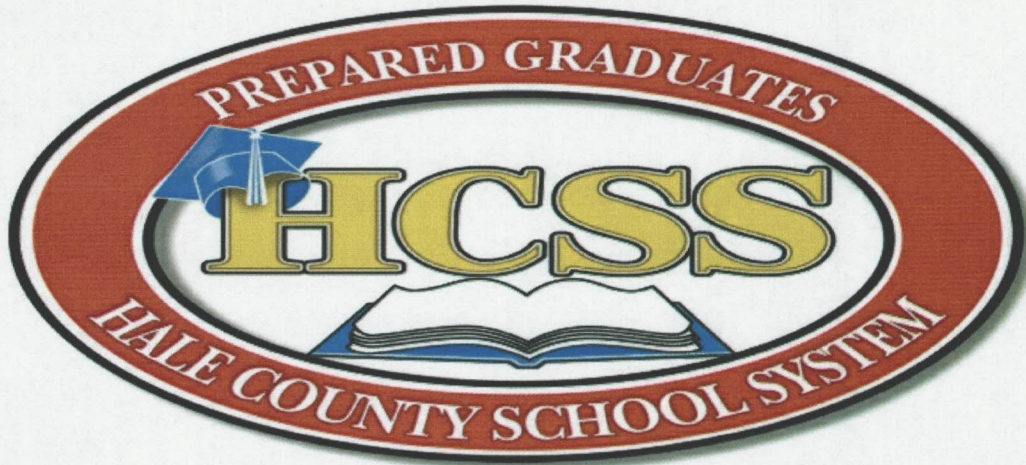
#### **Fee:**

1. The cost for in-state applicants who submit fingerprints electronically at one of our approved fingerprint sites will be **\$46.90**
2. The cost for out-of-state applicants who submit fingerprint cards will be **\$54.90**
3. Applicants may pay online during registration using a debit or credit card. No cash, personal checks or business checks are accepted.
4. Applicant may pay at the fingerprint location with money order or cashier check.
5. Payments must be made payable to Cogent Systems.



**HALE COUNTY BOARD OF EDUCATION**  
GREENSBORO, ALABAMA

**SUBSTITUTE SUPPORT TRAINING**



**“EVERY CHILD – EVERY CHANCE”**

R.E. RAMEY EDUCATION CENTER  
1115 POWERS STREET  
GREENSBORO, ALABAMA 36744  
(334) 624-8836

MR. MICHAEL C. RYANS, SUPERINTENDENT



## **FORWARD:**

On behalf of the Hale County Board of Education, it is my pleasure to welcome you as a substitute employee.

The services and good work that you perform as a substitute are highly valued, as you have the ability to make a positive contribution to the work of our school system. By agreeing to serve as a substitute, you have indicated acceptance of full professional responsibility for the tasks which you are assigned.

Please read this handbook carefully in order to become acquainted with Hale County Board of Education policies.

You are required to sign and submit the attached Acknowledgement Form to indicate you have read and understand the information and terms as they are presented in this handbook. A copy will be placed in your substitute file.

I extend best wishes for your success as a substitute and thank you for your interest in assisting young people in becoming skilled, competent and caring citizens.

Sincerely,

Superintendent



## Location

The Hale County Board of Education operates classes at seven locations. A substitute must complete the application at the Central Office located at 1115 Powers Street in Greensboro, AL.

Substitute employees must then let the Principal/Director at each location know that you are willing to work at that location. It is up to each Principal/Director to determine who will be approved for the substitute list at his/her school. It is possible to be a substitute for more than one school.

It is the responsibility of the substitute to report to the appropriate location of work for that day. If you have questions about where the school is located, please make sure you have that worked out before you are to report for work.

If you are not familiar with all eight locations and would like more information about each site, please see the Halek12 website for a list of schools.

Make certain you know by name and sight the following individuals (and their phone number) at your location:

1. Principal or Director
2. Assistant Principal (in most locations)
3. Secretary
4. Nurse (in most locations)
5. Counselor

## Position

Substitute Employees can be a very important position in maintaining a stable environment for a student. While duties may vary depending on your assignment or who you are working with, the general responsibilities of an employee remain the same. It is the intent of the Hale County Board of Education, that each person employed be able to exemplify the appropriate demeanor of an educator.

You are the responsible adult. In many cases, other adults may be in the room, be they parents, aides, or older students. **Students must be supervised at all times. It is the responsibility of the Teacher, Substitute Teacher, Administration, or Counselor to supervise students.** If there is any confusion about responsibility with other employees of the Hale County Board of Education, please get those matters addressed outside the presence and hearing of students.



## **Dress Code**

There are two aspects to dress code that substitute employees are expected to adhere to. The first is the dress code which applies to the substitute as it does to all other school personnel.

The Hale County School System recognizes that professional attire helps set the tone of an educational system. Our professional appearance helps reflect the finest traditions of the teaching profession by establishing a sense of trust and confidence within our community. Our professional appearance should be one that enhances our primary goal of student learning and achievement. Employees' attire should at all times be distinguishable from students' attire.

All employees should dress appropriately and in good taste in a manner consistent with their particular responsibilities.

The following attire is prohibited in academic classrooms and offices.

This list is not intended to be all-inclusive.

- a. Blue jeans or denim attire
- b. T-shirts
- c. Wind suits
- d. Sweat shirts
- e. Form-fitting or revealing clothing, including leggings worn as slacks and low-cut blouses
- f. Shorts (excluding dress skorts, split skirts, and similar type knee-length attire)
- g. Fleece jogging suits
- h. Tank shirts
- i. All flip flops (defined as a simple type of footwear in which there is a band between the big toe and the other toes)
- j. Short skirts (skirts should reach top of knee)

Men, especially those in administration, are encouraged to wear ties. Dress slacks or khaki pants with polo style shirts or sports shirts with a blazer may also be worn. Shirts must be tucked in at all times.

However, alternative attire may be approved by the principal/worksite supervisor for special occasions and/or special activities. Such occasions/activities may include but are not limited to the following: field trips, spirit days, field days, work days, shop classes, laboratory sessions, physical education classes, etc.

The other aspect of dress code is that which applies to students. That dress code is in the student handbook. Your Principal/Director should let you know how to deal with student violations recognized by substitute employees.

## **General Duties**

### **Safety**

Substitute employees are under the same directive that drives all Hale County Board of Education employees. Your first duty is to keep our students safe.



## **Safety Plans**

Each school has an individual safety plan. It is important that all employees at the school, including substitutes are familiar with the plan and with their duties from within the plan. The plans deal with such small incidents as a paper cut to such major disasters as an active shooter situation. Although all plans have similar outlines, the layout of each school and geographical location of the schools may change some aspects. Please make sure that you know where the copy your teacher has is located and be familiar with it. Also, please note that every classroom in the school that is equipped with a phone is able to make an outside call to 911. That 911 calls does not reveal the classroom location, only the school the call is placed from. If you are using 911 because you have an emergency, you must provide further information, such as your location, the type of emergency and the type of assistance required.

Every school must conduct regular drills for fires, tornados and lock-down situations. It is quite possible that you will be present for one of these drills. The basic response is outlined below, please see the safety plan for more detailed information. Also, there are evacuation drills that may occur. The details of those may not be in the safety plan yet, make sure that you follow fire evacuation route to the appropriate location.

Be alert at all times for students using cell phones. **No cell phone use is permitted by students or staff during drills.**

### **Fire**

Each school operates on a bell system to notify students and faculties when there is a fire or fire drill. The evacuation plan of each classroom should be posted near the exit. Make yourself familiar with the plan before the students are in your classroom. If the fire bell sounds, do not hesitate to exit. Remember to bring your class roll, your personal belongings (purse or keys) and to keep the door locked as you exit. You may not be able to return to the classroom.

When you assemble at your assigned spot, please call roll and make certain all students (and visitors) are present. If, at any point, a student receives permission to check out from the office, make sure you so indicate on your class roll.

Please keep supervision tight during these times. Students try to get with other students, regardless of class assignment. It is important for you to keep your class together at all times.

Each school has its own signal to indicate the end of the drill. At that time, regardless of the duration of the drill, you will escort the entire class back to the classroom. You must take roll again in the classroom.

Be alert at all times for students using cell phones. **No cell phone use is permitted by students or staff during drills.**



### **Tornado**

Again, each school has its own bell sounds to indicate the presence of a tornado. The evacuation plan for the classroom should be posted near the exit. Please know where in the hall your class is to remain during the drill. You should have your personal belongings and class roll with you. Students should not be allowed to check out during tornados or tornado drills, however the roll should be with you in case of an extraordinary circumstance.

As with other drills, attendance should be taken when you get to your rest location and upon reentering the classroom. Any discrepancy should be immediately reported to the office.

Be alert at all times for students using cell phones. **No cell phone use is permitted by students or staff during drills.**

### **Lock-Down**

When you are given the signal to lock-down, several things must happen immediately. First, the entire class should immediately be moved into the classroom. The door should be locked. The lights turned off and students moved away from doors and windows as much as possible. The key to the lock-down is keeping students quiet and off cell phones.

You should expect that someone will open the door. It is imperative to keep the door locked and the students quiet until the drill is ended. Keep an accurate count at all times of the students in your care. No student may check out or enter once the drill has begun. Do not open your door unless you are directed to do so by law enforcement and the law enforcement officer identifies himself to you.

Be alert at all times for students using cell phones. **No cell phone use is permitted by students or staff during drills.**

Class should continue as usual at the conclusion of the drill.

### **Evacuation**

Evacuation drills should begin as a lock down drill to make certain all students are in place and accounted for. You should take your personal belongings (car keys, purses, etc), class roll and exit as per a fire drill. Your evacuation location may not be in your plan, but the principal or his designee shall let you know how you will be transported. You are responsible for keeping your class together at all times, even during transport and at the alternate location. It is imperative, in an unfamiliar place that you keep up with your students.

It is expected that parents will attempt to check out students from this location. Teachers do not make those decisions, but must keep track if their students leave their custody and when.



## Student Issues

Although as a rule, we treat our classes as a group, there are students that have individual needs that must be met. Some of the information that drives those needs is confidential and if you receive specific instruction about a student by the teacher or by a nurse or a student support specialist, it is important that you follow those directions completely. Some specific types of situations are listed below, but be cautioned that all personal information about students, whether it is learned at school or on the street, is not to be discussed at school. Any information learned at school MAY NOT be discussed outside of the school and never with anyone who is not in a confidential relationship with the student.

If, during your class period, you have specific issues with a student, it would be helpful for you to leave detailed notes for the student. If it is an issue that you can not handle within the classroom, then you will direct your call to the office. Please always attempt to handle small issues first. Larger issues (anything involving a weapon or physical injury) should be referred to the office immediately. Make sure you document any activity that requires classroom punishment or a trip to the office or to the nurse.

### IEP

Students who have been staffed into or who are being served by student support services have an Individual Education Plan. Those plans are not for public view, but may have specific accommodations to assist that student in his/her interaction with the general student population. It should not be necessary for a substitute to know which students have such plans or the details of the plan, but if there are accommodations that need to be met, the teacher should just specify those accommodations.

### 504

504 plans are similar in that they address specific accommodations for a particular student. Those are often, though not necessarily, because of a medical condition. Again, there is no need for a substitute to access those plans, but if a teacher leaves specific directions, those should be followed.

### Medical

Some medical conditions are not necessarily addressed in 504 plans and may have to do with specific conditions, like allergies. For that reason, please be careful to offer or allow food to be served to a class, outside of lunch, unless you have the teacher's approval. Many students have food allergies and may not show good judgment in what to eat or avoid.

### Behavior Notes

Letting the staff member know what happened while the individual was out can be as useful to the employee. Please note the cautions with both.

Paddling: The Hale County Board of Education has a policy that allows paddling. There are specific directives as to how it should be carried out and witnessed. Also, parents have the right to not allow their child to be paddled. **A substitute should never paddle a student or be a witness to a student being paddled.**



## Cell Phones

### Employees (Including Substitutes)

Cellular telephones are part of our wardrobe now. For the most part, everyone is carrying. However, cell phones can be very disruptive and can be used to do things which are illegal and/or inappropriate. Therefore, as a system, the decision was made that no employee of the Hale County Board of Education should use a cell phone while under the duty to supervise students. It has been further decided that employees should not use cell phones even in the presence of students. **The Board requests that all cell phones be turned off or silent and put away during the course of the work day.** The Board assumes no liability for the loss or theft of an employee's phone if it occurs during that time.

### Students

The Board has long maintained that students do not have the right to have a cell phone at school. However, the process has been that no student will be searched for a phone unless it is visible to the school official or is heard by the school official. If the phone is out, whether in use or not, or if the phone makes noise, the student shall turn the phone over to the teacher in charge. The teacher should then immediately complete a discipline write up of the incident and turn the phone over to the custody of the Principal at the first opportunity. A student who refuses to comply with the request to hand the cell phone to the teacher shall be immediately referred to the Principal or Assistant Principal.

Teachers are responsible for the student phone while it is in their custody, but **should not leave a class unattended** to turn the phone into the principal.

## Time Sheets

Hale County uses an electronic time clock system. Each school has at least two (2) time clock locations and has its own procedure. Make sure you familiarize yourself with the procedure and the location of the time clock(s). Your employee ID number will be provided for you, however, the school secretary should be contacted if there are any issues with clocking in or clock out. You must clock in AND clock out each day you work and identify the employee for whom you are providing substitute services.

Also, your sign-in and sign-out time should be reflective of the hours for which you are called in to work. That is, if you are only to substitute for a half day, then your time clock information should be reflective of that.

### Pay Day

Hale County Board of Education employees get paid on the last working day of the month. There are times during the school year, when pay checks are available sooner than the last working day. If that is the case, you will be notified as to the date and time.



If your time sheets were turned in correctly, you should receive one check that includes all days for the previous month for any (all) schools at which you were a substitute.

Checks may be sent to the school for which you were a substitute (especially if you only substitute at one particular school) or held at the central office in Greensboro. Checks not picked up by noon on the last working day of the month are mailed.

Checks must be picked up in person and you should be prepared to show a picture id.

### Documentation

The keys to successful substitute employment are supervision and documentation. Supervision of students is critical. Most injuries, accidents, and illicit activities occur because adults are not properly supervising the students for whom they are responsible. Often these occur in common areas (break, lunch, class transfer) which is why the key is to be with your students (or have them with you) at all times. It is possible bad things will happen under your watchful eye, but at least you will have all the details and be able to get help sooner.

Then, document. Write down everything that someone else needs to know or that you assume you will remember. Keep a diary or journal of each time you work, noting the school and the teacher for whom you are working. Keep a careful note of your hours and the duties you perform as well as a log, for your own records, of the behavior of the students under your care.

Your work documentation needs to be updated regularly as well. The Central Office does send reminders when updates are due, but it is to your advantage to keep all of your paperwork current at the central office and all of your numbers current at all schools with which you wish to work.



## **Acknowledgement Form:**

I have read and understand the Hale County Board of Education Substitute Employee Training Handbook and agree to abide by the guidelines and policies contained within this handbook.

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Substitute Name (PLEASE PRINT)

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Signature of Substitute

Date: \_\_\_\_\_





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Evelyn Seale, Human Resources Officer.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Hale County Board of Education</b>		4. Employer Identification Number (EIN) <b>63-6000912</b>	
5. Employer address <b>1115 Powers Street</b>		6. Employer phone number <b>(334) 624-8836</b>	
7. City <b>Greensboro</b>		8. State <b>AL</b>	9. ZIP code <b>36744</b>
10. Who can we contact about employee health coverage at this job? <b>Evelyn Seale</b>			
11. Phone number (if different from above)		12. Email address <b>eseale@halek12.org</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

Full time employees and permanent part-time employees employed in any public institute of education within the state of Alabama that provides instruction for any combination of grades K-14 exclusively, under the auspices of the State oard of Education. A permanent part-time employee must agree to payroll deduction for a pro-rata portion of the premium cost for a full-time employee based on the percentage of time the permanent part-time

- With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

Am employee's spouse as defined by Alabama law to whom the employee is currently and legally married. A child under the age of 26 who is the employee's biological, legally adopted, step or foster\* or grand\* child. \*An authorized placement by agency or judgment, decree or other order of any court of competent jurisdiction.

☐ We do not offer coverage.

- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

☒ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)