

# PLAINVIEW PUBLIC SCHOOLS

## Office of the Superintendent

Dear Substitute Applicant:

Thank you for your interest in substituting for Plainview Public Schools. Please complete the application packet and return it to the superintendent's office.

Information/forms required to process application:

1. **Application for Substitute Teaching** – Complete the front and back side of this form. If you have a current Oklahoma Teaching Certificate, please bring it (or a copy of it) with you when you turn in your paperwork.
2. **References** - Please sign the back of the three forms and give them to persons you would like to send in a reference for you. Ask them to mail it back to Plainview Schools at the address on the back of the form.
3. **Contract** – Print your name in the gray section at the top, and sign in the gray section at the bottom (the date will be entered for approval at the next school board meeting after a principal has made a recommendation).
4. **Application for Criminal History Record Search – Complete Part I only.** You will need to provide 2 copies of your finger prints taken by a contributing law enforcement or criminal justice agency. The cost is \$45 (make money order or cashier's check payable to - OSBI). Fingerprinting is free at the Ardmore Police Station on Wednesdays from 1:00-3:00 p.m.
5. **W-4 Form** – Make sure to fill out #1 - #5 and all other areas that pertain to you. Sign and date form at the bottom. If you would like additional withholdings please enter the amount on #6. If you would like additional Oklahoma withholdings fill out the Oklahoma W-4 form also.
6. **Payroll Information** – I will need a copy of your current, unexpired drivers' license and a copy of your social security card for payroll. **Name** on both documents **must match**.
7. **Direct Deposit Form** – Fill out form completely and sign, attach a voided check to form. **Do not** sign the bottom portion of the form above attached check. This line is for payroll staff only.
8. **Race/Ethnicity Form** – Required by the United States Department of Education. Fill out both sections, sign, and date.
9. **Employment Eligibility Verification (Form I-9)** – Fill out Section 1 completely. You will have to present identification documents from the lists on the back side of this form:
  - 1 item from List A or
  - 1 item from List B **and** 1 item from List CNote: Plainview Schools participates in E-Verify in conjunction with the Social Security Administration and the Department of Homeland Security.
10. **Interview with a Principal** – A principal will contact you for a short interview after all paperwork has been turned in and then make a recommendation to the board for approval before the board will approve your application.

If you have any questions, please feel free to contact me at (580) 223-6319.

Sincerely,

*Teanna Jones*  
Payroll/Personnel

APPLICATION FOR SUBSTITUTE TEACHING

\_\_\_\_ / \_\_\_\_ / 20  
Date Received

PLAINVIEW PUBLIC SCHOOLS  
1140 South Plainview Road  
Ardmore, OK 73401

In order to be approved as a substitute teacher, the Board of Education requires that you complete this form and that you interview with a principal of the various grade levels for which you would consider substituting. Please mark the grade levels for which you would like to substitute on the back of this sheet, then return this form to the central office.

Date: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/PO Box City, State, Zip Code

Last Four Digits of Social Security Number: XXX-XX-\_\_\_\_ Phone Number(s): \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_  
Name Relationship Phone Number(s)

Are you related to a member of the Plainview Board of Education? Yes No

EDUCATIONAL BACKGROUND

A high school diploma is required - college hours preferred.

High School where you graduated: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

Degree or Number of Hours: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Do you have a **CURRENT** Oklahoma Teaching Certificate? Yes No  
(If YES, please provide a copy of your teaching certificate.)

(If NO, you will be limited to the CUMMULATIVE NUMBER of 90 days per school year and 20 days per assignment for ALL DISTRICTS in Oklahoma, per the Oklahoma State School Law.)

Do you have a **LAPSED** or **EXPIRED** Oklahoma Teaching Certificate? Yes No  
(If yes, please provide a copy of your teaching certificate. You will be limited to the CUMMULATIVE NUMBER OF 100 days per school year and 20 days per assignment for ALL DISTRICTS in Oklahoma, per the Oklahoma State School Law.)

Are you currently retired through the **Oklahoma Teachers' Retirement**? Yes No

Please list the subjects you prefer to teach in grades 6-12 if you are considering these grades:

\_\_\_\_\_

WORK EXPERIENCE

Describe your work, if you have been employed previously in a school system:

\_\_\_\_\_

\_\_\_\_\_

Give the names, addresses and telephone numbers of two character references (non-relatives).

1. \_\_\_\_\_  
Name Address Phone Number

2. \_\_\_\_\_  
Name Address Phone Number

Have you ever been convicted of or pleaded guilty or nolo contendere to a felony? \_\_\_\_\_ If yes, explain in detail:

Please indicate which grade levels for which you would like to substitute:

\_\_\_\_\_ Primary (Pre-K through 2nd grade)

\_\_\_\_\_ Intermediate (Grades 3rd - 5th)

\_\_\_\_\_ Middle School (Grades 6th through 8th)

\_\_\_\_\_ High School (Grades 9th through 12th)

Pay Scale:

<i>When working for Full Time Teachers</i>		<i>When working for Part Time Teachers</i>	
<i>Full Day Rate - Certified</i> <u>\$70.00</u>	<i>1/2 Day Rate - Certified</i> <u>\$35.00</u>	<i>Full Day - 4hr Certified Rate -</i> <u>\$46.90</u>	
<i>Full Day Rate - Non-Certified</i> <u>\$55.00</u>	<i>1/2 Day Rate - Non-Certified</i> <u>\$27.50</u>	<i>Full Day - 4hr Non-Certified Rate -</i> <u>\$36.85</u>	
<i>Full Day Rate - Long Term</i> <u>\$75.00</u>	<i>1/2 Day Rate - Long Term</i> <u>\$37.50</u>		

No substitute teacher shall be employed for a total period of time in excess of seventy (90) school days during a school year unless he or she is the holder of a valid certificate. Except as provided in this section, a substitute teacher may not be employed for the same assignment for more than twenty (20) school days during a school year unless he or she is the holder of a valid certificate. Those who are employed to teach special education for physically handicapped students, or mentally retarded students shall not be subject to the restrictions on total time a substitute teacher may be employed, or the restrictions on time in the same assignment if no certified teachers are available to teach such students and the students would be denied instruction in special education if the substitute teacher were not employed. Availability of certified teachers shall be determined after the school has consulted with the State Board of Education and any other resources for filling the vacant position with a certified teacher. Payment of salary to a substitute shall have no affect on the amount of salary to which the absent regular teacher is entitled under the applicant leave plan.

Please let this application serve as a signed release to allow Plainview Schools to conduct a felony check as to any prior criminal history and if requested by the superintendent, to be fingerprinted. These fingerprints will be submitted to the Oklahoma State Bureau of Investigation for a state and/or national felony records search. Such a search will require that you be fingerprinted by the OSBI, or designee, and that you pay the cost of the search up to \$50.00. If you are subsequently employed or are employed for a temporary period pending the receipt of the search results, then the District will reimburse you for the cost of the search. If the applicant will be required to drive a school bus or other school vehicle the driving records of the applicant will be checked.

I acknowledge that if accepted for employment with the District, such employment will be on a temporary basis pending the favorable results of a felony record search conducted by the District. In the event it is determined that the applicant has a felony conviction, the applicant's employment shall be terminated. Falsification of any part of this application may result in the termination of the employee.

The information in this application is complete and accurate to the best of my knowledge. I authorize investigation of all statements contained in this application and do hereby release any and all persons, companies or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto.

I fully agree to the foregoing statements and conditions.

Signature: \_\_\_\_\_

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

\_\_\_\_\_ has made application to Plainview Public Schools for a position as a Substitute Teacher

Will you please give your candid opinion of the applicant's personal and professional qualities using the rating scale as described below. *The applicant has signed a release of information statement releasing the provider of information from liability. (See Reverse)*

**RATING SCALE**

- 1. **OUTSTANDING:** The applicant's performance is consistently characterized by exceptionally high quality work. The Applicant repeatedly make contributions to the organization which are far above the requirements of the position. The Applicant requires little or no supervision.
- 2. **COMMENDABLE:** Performance indicated thorough attention to, and accomplishment of, all assignment responsibilities. Unusual problems are considered and generally well handled. Individual strives for job improvement, and initiative is regularly displayed. The employee's contribution is usually beyond that expected.
- 3. **COMPETENT:** Performance meets the requirement of the position. The applicants covers his/her duties in an adequate manner, and the responsibilities are being handled competently. The Applicant is an average employee in these areas.
- 4. **MARGINAL:** Performance is weak in this area. The applicant does not possess the required skills, knowledge, or is unwilling to perform these duties as required for a satisfactory level.
- 5. **NO KNOWLEDGE:** Use this category if you do not have knowledge of the performance of the applicant.

Using the scale above, please circle the category that you feel best describes the statement for the applicant.

- |   |   |   |   |   |  |
|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 1. How would you describe the quality of work for the applicant? (Accuracy, Completeness, Neatness)  |
| 1 | 2 | 3 | 4 | 5 | 2. How would you describe the applicant's quantity of work? (Volume, Speed)  |
| 1 | 2 | 3 | 4 | 5 | 3. How would you describe the applicant's willingness to do an assigned duty?  |
| 1 | 2 | 3 | 4 | 5 | 4. How would you describe the applicant's job knowledge for the position for which he/she has applied?   |
| 1 | 2 | 3 | 4 | 5 | 5. How would you describe the applicant's initiative? (Resourcefulness and Self Motivation)  |
| 1 | 2 | 3 | 4 | 5 | 6. How would you describe the applicant's acceptance of responsibilities for assigned duties?  |
| 1 | 2 | 3 | 4 | 5 | 7. How would you describe the applicant's judgment? (Reason and Logic)   |
| 1 | 2 | 3 | 4 | 5 | 8. How would you describe the applicant's adherence to high ethical standards?   |
| 1 | 2 | 3 | 4 | 5 | 9. Describe the applicant's attendance 1=(0 absence in a year), 2=(1-2 absences per year), 3= (3-6 absence per year), 4=7 or more absences per year. |
| 1 | 2 | 3 | 4 | 5 | 10. How would you describe the applicant's punctuality to be on time for work or appointments?   |
| 1 | 2 | 3 | 4 | 5 | 11. How would you describe the applicant's reliability? (Dependability & Trustworthy)  |
| 1 | 2 | 3 | 4 | 5 | 12. How would you describe the applicant's enthusiasm toward work?   |
| 1 | 2 | 3 | 4 | 5 | 13. How would you describe the applicant's compliance with work rules, regulations, and policies?  |
| 1 | 2 | 3 | 4 | 5 | 14. How would you describe the applicant's attitude? (Agreeable, Pleasant, Willing, Tact & Consideration)  |
| 1 | 2 | 3 | 4 | 5 | 15. How would you describe the applicant's ability to work within a team?  |
| 1 | 2 | 3 | 4 | 5 | 16. How would you describe the applicant's adaptability?   |
| 1 | 2 | 3 | 4 | 5 | 17. How would you describe the applicant's personal appearance at work?  |
| 1 | 2 | 3 | 4 | 5 | 18. How would you describe the applicant's ability to accept constructive criticism?   |
| 1 | 2 | 3 | 4 | 5 | 19. How would you describe the applicant's ability to plan ahead?  |
| 1 | 2 | 3 | 4 | 5 | 20. How would you describe the applicants ability to be a leader?  |

How many years have you known the applicant? \_\_\_\_\_

If you are a previous employer, is the applicant eligible for future employment with your organization? YES NO NA

The information given above is based on (check items that apply)

Personal Acquaintance With Applicant \_\_\_\_\_ A Co-Worker \_\_\_\_\_

Worked Under My Supervision \_\_\_\_\_ Education Employee \_\_\_\_\_

Other (Describe) \_\_\_\_\_

Additional Comments (Please attach in comments that you feel are relevant) \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

Address \_\_\_\_\_

## RELEASE OF EMPLOYMENT INFORMATION

All persons, firms, and entities listed on my application for employment are hereby authorized to release any information, records, or independent performance assessments concerning me to Plainview Public Schools. I hereby release said person, firms, and entities from any liability as a result of the furnishing of such records and information and for the furnishing of information assessing my past or current employment performance and personal professional characteristics. I understand that this information will remain confidential and will not be shared with me.

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Date

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

Plainview Public Schools  
Substitute Applicant  
1140 South Plainview Road  
Ardmore, OK 73401

has made application to Plainview Public Schools for a position as a Substitute Teacher

Will you please give your candid opinion of the applicant's personal and professional qualities using the rating scale as described below.  
*The applicant has signed a release of information statement releasing the provider of information from liability. (See Reverse)*

**RATING SCALE**

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- 4. **MARGINAL:** Performance is weak in this area. The applicant does not possess the required skills, knowledge, or is unwilling to perform these duties as required for a satisfactory level.
- 5. **NO KNOWLEDGE:** Use this category if you do not have knowledge of the performance of the applicant.

Using the scale above, please circle the category that you feel best describes the statement for the applicant.

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How many years have you known the applicant? \_\_\_\_\_

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The information given above is based on (check items that apply)

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 Worked Under My Supervision \_\_\_\_\_ Education Employee \_\_\_\_\_  
 Other (Describe) \_\_\_\_\_

Additional Comments (Please attach in comments that you feel are relevant) \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Position \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_  
 Address \_\_\_\_\_

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\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Date

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

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Substitute Applicant  
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Ardmore, OK 73401

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 Worked Under My Supervision \_\_\_\_\_ Education Employee \_\_\_\_\_  
 Other (Describe) \_\_\_\_\_

Additional Comments (Please attach in comments that you feel are relevant) \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Position \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_  
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\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Date

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

Plainview Public Schools  
Substitute Applicant  
1140 South Plainview Road  
Ardmore, OK 73401

**Substitute Teacher Contract Plainview Public Schools  
District No. I-027, Carter County, Oklahoma  
2020-2021**

This contract is made and entered into Upon Board Approval by and between Plainview School District No. I-027, Carter County, Oklahoma. The "BOARD" and \_\_\_\_\_ (Substitute).

The BOARD employs the employee in the capacity as listed below during the school year 2020-2021  
The contract term shall begin Upon Board Approval and continue each month thereafter for the balance of the school year unless employment is terminated, but in no event to extend beyond June 30, 2021 unless a new written contract is entered into by the parties.

**The employee shall be paid as follows:**

1. For all services rendered after July 1, 2020 the BOARD agrees to pay the Employee as follows:

<i>When working for Full Time Teachers</i>		<i>When working for Part Time Teachers</i>	
<i>Full Day Rate - Certified</i>	<u>\$70.00</u>	<i>1/2 Day Rate - Certified</i>	<u>\$35.00</u>
<i>Full Day Rate - Non-Certified</i>	<u>\$55.00</u>	<i>1/2 Day Rate - Non-Certified</i>	<u>\$27.50</u>
<i>Full Day Rate - Long Term</i>	<u>\$75.00</u>	<i>1/2 Day Rate - Long Term</i>	<u>\$37.50</u>
		<i>Full Day - 4hr Certified Rate -</i>	<u>\$46.90</u>
		<i>Full Day - 4hr Non-Certified Rate -</i>	<u>\$36.85</u>

- The District agrees to pay employee any additional miscellaneous compensation per the BOARD approved support and teachers' negotiated agreement.
- The District agrees to pay employees for working gates, keeping clocks, and other duties beyond the normal work day at the rates per Plainview board policy, state, and federal laws.
- Employee shall be paid no later than the 10th of each month of the contract period with the provision that the last payment of the contract term shall not be payable until the Employee performs all duties of the assigned position.
- Non-certified substitutes shall be limited to 90 total days. **The 90 days is a cumulative total for all school districts in the state of Oklahoma. You are not allowed to work more than 90 days no matter how many districts you sub for. You are responsible for keeping up with the days worked.**
- Certified Substitutes with a **current certificate** are not limited by total days.
- Certified substitutes whose certificate has **lapsed** may substitute a total of 100 days. **The 100 days is cumulative for all school districts in the state of Oklahoma.**

**EMPLOYEE AGREES TO CARRY OUT THE FOLLOWING OBLIGATIONS:**

- To accept the work and perform the duties assigned by the BOARD, the Superintendent of Schools, and their Supervisor's.
- To observe all rules, regulations and policies of the BOARD.
- To make any reports called by the BOARD, Superintendent of Schools, and/or their Supervisors and to cooperate with school officials.
- To cooperate with school authorities and co-workers.
- To be at assigned workstations during duty times unless excused by the Administration.
- To attend any training that may be required by the State Department or Board of Education & Plainview Board of Education.
- Employee realizes that if they are a new employee that has started work at the direction of Administration, prior to when this contract is presented to the BOARD for approval, that the contract is not binding upon the BOARD until approved by the BOARD, and that if the BOARD determines not to sign this contract with the newly hired Employee, said Employee will be compensated for the hours worked up to the time the BOARD determined not to sign this contract.

**I agree to abide by the terms and conditions as outlined in this contract. I will keep track of my cumulative days for all school districts in which I substitute in the state of Oklahoma and will stay under the maximum allowed by state law.**

\_\_\_\_\_  
Substitute Signature

In witness whereof, we have subscribed our names this

\_\_\_\_\_  
Date Board Approved

On behalf of the BOARD of Education after vote of BOARD to approve contract:

\_\_\_\_\_  
BOARD President

\_\_\_\_\_  
Board Clerk



## Application for National Criminal History Record Check

Choose One:  Teaching Certificate  School Employment

**➤ PART I: PERSONAL INFORMATION OF APPLICANT**

**\*Picture ID required at Time of Live Scan**

In accordance with 70 O.S. § 5-142, the State Board of Education requests criminal history information on:  
 (Please type or print plainly in ink, do not use pencil. Scratch outs, markovers, or whiteouts are not allowed.)

Name (Print) \_\_\_\_\_  ID Verified – OSDE Use Only

Also Known As (AKA) or Maiden Name (if applicable) \_\_\_\_\_ School District Code \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

**➤ PART II: SUPERINTENDENT'S REQUEST FOR CRIMINAL HISTORY RECORD CHECK**

SCHOOL DISTRICT EMPLOYMENT <small>(Position Sought or Held)</small> PLAINVIEW PUBLIC SCHOOL <small>(School District)</small> 1140 SOUTH PLAINVIEW ROAD <small>(School District Address)</small> ARDMORE, OK 73401 <small>(City, State, Zip Code)</small> TEANNA JONES <small>(Superintendent or Designated Personnel)</small> (580) 223-6319 <small>(School District Telephone Number)</small>	Sex Offender Check  <b>SDE or OSBI USE ONLY</b> Violent Offender Check  <b>SDE or OSBI USE ONLY</b>
<small>(Date)</small>	

**➤ PART III: SUBMISSION TYPE AND PAYMENT – CHOOSE OPTION 1,2 OR 3 ( CASH NOT ACCEPTED)**

**OPTION 1 Electronic Livescan at OSDE Satellite Sites – \$59 ➤ 7 Business Days ◀**

Please have this form available and visit [www.l1enrollment.com](http://www.l1enrollment.com) or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment can be made during your appointment or online when scheduling.

Credit Card, Money Order or Check (certified, business or personal - payable to "L-1")

L-1 District Billing Account Number : \_\_\_\_\_

**OPTION 2 Electronic Livescan at OSDE or Ink Card Submission to OSDE – \$59 ➤ 7 Business Days ◀**

Money Order or Check (attach a certified, business or personal check - payable to "L-1")

Credit Card Confirmation Number \*\* : \_\_\_\_\_

\*\* call (877) 219-0197 to charge by phone and receive your confirmation number

**OPTION 3 Ink Card Submission to OSBI – \$45 ➤ Up to 6 Weeks ◀ (For School Employment Only)**

Money Order or Check (attach a certified, business or cashier check – payable to "OSBI")

OSBI Approved Billing Account Number : \_\_\_\_\_

**➤ PART IV: STATE DEPARTMENT OF EDUCATION USE ONLY**

**Revised March 2012**

The undersigned certifies the State Board of Education has received this application from an approved requester.	Criminal Charges (Felonies and Misdemeanors)
Fingerprint/Background Research Coordinator, Professional Standards _____ DATE _____	<b>SDE or OSBI ONLY</b>

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## INSTRUCTIONS

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### National Criminal History Record Check for Employment Purposes

A board of education shall request such information for any person seeking employment with the school. Districts are required to have designated staff for requesting and reviewing such information on file at the Oklahoma State Department of Education. The forms for conducting searches, *Application for Criminal History Record Check* and/or *Fingerprint Cards*, may be requested from the Teacher Certification section at the address listed below or downloaded at <http://sde.state.ok.us/Teacher/ProfStand/pdf/AppCriminalHist.pdf>. Applications not completely and legibly filled out, or with scratchouts, markovers, or whiteouts will be returned to the school district for corrections. The applicant gives consent for background check by filing out and submitting this application.

#### OPTIONS FOR NATIONAL CRIMINAL HISTORY RECORD CHECK

##### OPTION 1 - OSDE SCANNING OF FINGERPRINTS IN PERSON AT SATELLITE SITES

➤ 7 Business Days to Process ◀

➤ Satellite Sites are Appointment Only Locations ◀

\$59 payable by credit card, school check, personal check or money order.

- Please have this form available and visit [www.l1enrollment.com](http://www.l1enrollment.com) or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment can be made during your appointment or online when scheduling. For school employment background checks the districts need to provide the applicant with the school district number. This code is the county and district number combined.

##### OPTION 2 - OSDE SCANNING OF FINGERPRINTS IN PERSON OR SUBMISSION OF INK CARDS AT OSDE

➤ 7 Business Days to Process ◀

➤ Walk-in basis at OSDE for Livescan ◀

\$59 payable by credit card, school check, personal check or money order.

- Money order, school check or personal check payable to L-1 Identity Solutions. Please include phone number on money order.
- Credit card payable online by visiting [www.l1enrollment.com](http://www.l1enrollment.com) or to charge by telephone, call 877-219-0197 for a confirmation number.
- Picture ID required at time of live scan.

##### OPTION 3 - SERVICE CHARGE FOR OSBI FINGERPRINT CARD PROCESSING

➤ 4 to 6 Weeks to Process ◀

\$45 payable by school purchase order number, certified check, school check, cashier's check, or money order (public or private schools) payable to the Oklahoma State Bureau of Investigation. Only public schools and private schools with approved billing accounts at the OSBI may use school purchase orders. THE OSBI WILL NOT ACCEPT PERSONAL CHECKS OR CASH.

- If paying by school purchase order, please include the purchase order number on the line provided in **Part III**. School districts using a purchase order number will receive a monthly billing statement from the Oklahoma State Bureau of Investigation; do not include payment with the search requests.
- The local school district has the option of reimbursing employees the cost of the background check. However, if a person is already employed by a district at the time the background check request is made, the district shall promptly reimburse the employee in full for the fee unless the person was employed pending receipt of the criminal history information check.

1. **Results of Criminal History Check.** Results are returned to the State Department of Education. Each set of results will be forwarded to the designated personnel of the local school district by the Teacher Certification Section. According to Senate Bill 1673, personnel authorized by the district to receive and review a National Criminal History Record Check (NCHRC) must have a NCHRC on file with the district and a compliance form on file with the Oklahoma State Department of Education.

2. **Employment Decisions Based on Criminal History Information.** State law authorizes the State Department of Education to request from the OSBI and/or FBI criminal history information on applicants for school employment on behalf of a local school district. Once information is forwarded to the local school district, the local board of education is responsible for researching any arrests, charges, and/or convictions that may appear on the reports received from the OSBI and/or the FBI, and for making hiring decisions based upon the information received. Per HB 1418, temporary employment of a prospective employee shall terminate after 60 days unless the district receives results of the NCHRC.
3. **Substitute Teachers.** Any person applying for employment as a substitute teacher shall be required to have a NCHRC for the school year. However, a district may choose whether to require a NCHRC if the person was employed by the district in the last year. Any person applying to substitute teach in more than one district shall, upon that person's request, have the NCHRC sent to any other districts where they have applied to substitute teach. Any person employed as a full-time teacher in an Oklahoma school district in five years preceding their application to substitute teach may not be required to have a NCHRC, if the teacher produces a copy of a NCHRC completed within the preceding five years and a letter from the district where the teacher was last employed stating the teacher left in good standing.

Mail information to: Oklahoma State Department of Education  
Teacher Certification Section, Room 212  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599  
Telephone: (405) 521-3337

## Employee's Withholding Certificate

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

2020

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

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

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

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

Do **only one** of the following.

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

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

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

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

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

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

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		<b>Date</b>
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		

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

### Future Developments

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

### Purpose of Form

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

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

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

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

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

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

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

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

## Specific Instructions

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

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

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

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



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

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

### Step 4 (optional).

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

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

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

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



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

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

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

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



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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



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

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

**Single or Married Filing Separately**

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

**Head of Household**

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

**OKLAHOMA TAX COMMISSION**  
**EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**  
This certificate is for income tax withholding purposes only. Type or print.  
**NOTE: Do NOT mail to the Oklahoma Tax Commission.**

<b>Your First Name and Middle Initial</b>	<b>Last Name</b>	<b>Your Social Security Number</b>
<b>Home Address (Number and Street or Rural Route)</b>	<b>Filing Status</b> <input type="checkbox"/> <b>Single</b> <input type="checkbox"/> <b>Married</b> <input type="checkbox"/> <b>Married, but withhold at higher Single rate</b>	
<b>City or Town</b>	<b>State</b>	<b>ZIP Code</b>

1. Allowance For Yourself: Enter 1 for yourself .....	1	
2. Allowance For Your Spouse: Does your spouse work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter 0. If no, enter 1 for your spouse.....	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form OK-W-4.....	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.....	4	
5. Total Number of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here .....	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here .....	6	\$
7. Exempt Status: If you had a right to a refund of all of your Oklahoma income tax withheld last year because you had no tax liability and this year you expect a refund of all Oklahoma income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below .....	7	
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Oklahoma tax liability, write "Exempt" on line 8 and complete Form OW-9-MSE. See information below.....	8	
9. If income earned as a member of any active duty component of the Armed Forces of the United State is eligible for the military income deduction write "exempt" on Line 9 .....	9	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

<b>Employee's Signature</b> (Form is not valid unless you sign it)	<b>Date</b> (MM/DD/YYYY)
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Form OK-W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Oklahoma when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Oklahoma adjusted gross income will not be taxed by the state of Oklahoma when you file your individual income tax return.

<b>Single</b>	<b>Married Filing Joint</b>
\$1,000 - personal exemption	\$ 2,000 - personal exemption
<b>\$6,350</b> - standard deduction	<b>\$12,700</b> - standard deduction
\$7,350 - Total	\$14,700 - Total
+ \$1,000 for each dependent	+ \$1,000 for each dependent

**ITEMS TO REMEMBER:**

- If your filing status is married filing joint and your spouse works, do not claim an exemption on Form OK-W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form OK-W-4. If both spouses claim the dependents as an allowance on Form OK-W-4, it may cause you to owe additional Oklahoma income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form OK-W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Oklahoma may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide Form OW-9-MSE "Annual Withholding Tax Exemption Certification for Military Spouses".



**American Nation Bank  
Authorization Agreement  
Automatic Deposits (ACH Credits)**

I (we) hereby authorize American Nation Bank, herein called ANB, to originate credit/debit entries to my (our) account indicated below and the Financial Institution named below, hereafter called FINANCIAL INSTITUTION, to credit same to such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with the provisions of United States law.

Financial Institution to be credited \_\_\_\_\_ Banking Center \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--

Checking   
  Savings   
  Loan

Routing Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number

Account Name at Financial Institution \_\_\_\_\_ Signature of Owner of account to be CREDITED \_\_\_\_\_

0	0	0	1	9	0	7
---	---	---	---	---	---	---

ANB Account # to Debit

Checking   
  Savings   
  CD

\$ Varies

Effective Date

Dollar Amount

**Payroll Checks**

Description of Entry (Loan Payment, Checking Deposit, ect.)

**This authority is to remain in full force and effect until ANB has received written notification from me (or authorized signer) of its termination in such time and manner as to afford ANB and Financial Institution a reasonable opportunity to act on it.**

Plainview Public Schools

Account Name at ANB

Signature of Owner (Auth Signer)

Date

**Please attach copy of item to be Credited**

Employee Name

# Race and Ethnicity Identification Form

## Plainview Public Schools

1140 S. Plainview Road  
Ardmore, OK 73401

Faculty and Staff:

Complete and return this form to the administration office immediately. Please complete **Parts A and B** by checking the square beside your answers.

Name of Employee \_\_\_\_\_ Site/Building \_\_\_\_\_

### Part A: Ethnicity Designation

**Directions:** Read the definition below and check the box that indicates your heritage.

**Are you Hispanic/Latino?** (*Select only one*)

- No, not Hispanic/Latino**
- Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

### Part B. Race Designation

**Directions:** Read the descriptions below and check the box or boxes that indicate your race. You must select at least one race, regardless of ethnicity designation. More than one response can be selected.

**What is your race?** (*Select all that apply*)

- American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)
- Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- Black or African American** (A person having origins in any of the black racial groups of Africa.)
- Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I verify the information on this form is accurate.

I refuse to re-identify my race and ethnicity.

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*

#### FOR SCHOOL USE ONLY

*I am the observer who completed this form due to employee refusal to re-identify.*

\_\_\_\_\_  
*Signature, Observer*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
*Date*



**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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**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
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**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
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## 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>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

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