



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

**Congratulations on your offer of employment with contingencies with
Greater Clark County Schools!**

Prior to being approved by the Board of School Trustees as a new employee, you will need to complete Human Resources paperwork and have results from a Criminal Background Check and Drug / Alcohol Screening. This information will be explained during a New Hire Appointment with the Human Resources Department.

Please contact Human Resources to schedule your new hire appointment at (812) 288-4802, Ext. 50147 as soon as possible.

*****Prior to your new hire appointment, please print and complete the attached forms. In addition to the completed forms, please bring with you the following items:**

- Driver's License
- Social Security card
- \$30 in exact change or a check (This is for your criminal history and drug and alcohol screening, we do not accept credit cards).
- Voided check for direct deposit
- High School Diploma/Transcript or a College Transcript
- For Certified Positions - Copy of Teaching License

*****It is very important to have all information with you at the time of your meeting.**

If you have any questions, please contact Human Resources using the number listed above.

We look forward to meeting you soon!



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		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: _____ OR 2. Form I-94 Admission Number: _____ OR 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)
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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
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USCIS
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OMB No. 1615-0047
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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.")

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Mail Reports to:

Indiana New Hire Reporting Center
P.O. Box 3006
Dublin, OH 43016



Clear Form

Employer Information

Federal ID Number:

351151414

Employer Name

Greater Clark County Schools

Employer Address *(income withholding address)*

2112 Utica-Sellersburg Road

Employer City

Jeffersonville

State

IN

Zip

47130

Contact First Name

Tricia

Contact Last Name

Helton

Phone Number

(812) 288-4802

Fax Number

(812) 288-4880

Email Address

phelton@gccschools.com

Employee Information

Social Security Number

Is Health Insurance Available? *(optional)*

yes ☐

no ☐

Employee First Name

MI

Employee Last Name

Employee Address

Employee City

State

Zip

Start Date

Date of Birth *(optional)*

Employee's Withholding Certificate**2020**

- **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.**

**Step 1:
Enter
Personal
Information**

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

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

**Step 3:
Claim
Dependents**

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 **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** 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 **4(a)** \$ _____

(b) **Deductions.** 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 **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

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

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

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. _____

Print Full Name _____ Social Security No. _____

Print Home Address _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

EMPLOYEE:

Failure to file this form with
your employer will result in
withholding tax deductions
from your wages at the
maximum rate.

EMPLOYER:

Keep this certificate with
your records.

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0"
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2" }
 - (b) If you claim one of these exemptions, enter "1" }
 - (c) If you claim neither of these exemptions, enter "0" }
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
 - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "4"; if both will be 65 or older, and you claim both of these exemptions, enter "8"
 - (b) If you or your spouse are blind, and you claim this exemption, enter "4"; if both are blind, and you claim both of these exemptions, enter "8"
4. If you claim exemptions for one or more dependents, enter the number of such exemptions
5. National Guard exemption (see instruction 1)
6. Exemptions for Excess Itemized Deductions (Form K-4A)
7. Add the number of exemptions which you have claimed above and enter the total
8. Additional withholding per pay period under agreement with employer. See instruction 1\$

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date _____ Signed _____

INSTRUCTIONS

1. NUMBER OF EXEMPTIONS—Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. If you claim more than 10 exemptions this information is sent to the Department of Revenue.

2. CHANGES IN EXEMPTIONS—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

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) You are divorced or legally separated from your spouse for whom you have been claiming an exemption or your spouse claims his or her own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

OTHER DECREASES in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

3. DEPENDENTS—To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person's spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

- your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;
- your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;
- your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;
- your uncle, aunt, nephew, or niece (but only if related by blood).

4. PENALTIES—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.



Form **WH-47**
SF# 9686 (R/12-97)

Certificate of Residence

This form is to be used **only** by residents of States with a reciprocal tax agreement.*

Indiana Employer's Name		Employer TID Number
Employee Name	Street and City Address	Social Security Number

The employee swears to be a legal resident of the State of _____, does not own personal property in Indiana, and understands that income from salaries, wages, tips and commissions received from Indiana sources are taxable in their state of residence and not subject to Indiana Adjusted Gross Income Tax as a result of the reciprocal tax agreement with the State of _____. Employee further states the Indiana employer will be advised of any change in legal residence. Note: The employee understands that the employer remains responsible for withholding any applicable Indiana County taxes.

Date _____, _____ Employee Signature _____

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of

_____, _____ . Notary Public Signature _____

My Commission Expires _____ My County of Residence _____

Do **not** send this form to the Indiana Department of Revenue — it is to be filed with and held by the employer.

*States that have reciprocal agreements with Indiana are: Kentucky, Michigan, Ohio, Pennsylvania and Wisconsin.

**Greater Clark County Schools
Internet and Network
Employee Acceptable Use Agreement**

Access Release and Authorization Form

Greater Clark County School Corporation is pleased to offer its employees access to the Internet, an electronic information highway connecting computers and users all over the world. This computer technology is provided for a limited educational purpose, to allow students and employees to conduct research and to facilitate professional communication both within the corporation and between employees and other professionals outside the corporation.

Employees should be aware that some material accessible via the Internet might contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. In addition, it is possible to purchase certain goods and services via the Internet, which could result in unwanted financial obligations for which an employee may be liable.

While Greater Clark County School Corporation’s intent is to make Internet access available in order to further educational goals and objectives, employees and students may find ways to access other materials as well. Even if the Corporation institutes technical methods or systems to regulate students’ Internet access, those methods may not guarantee compliance with the Corporation’s Acceptable Use Policy. Nevertheless, the Corporation believes that the benefits to employees and students of access to the Internet exceed any disadvantages.

Employees should understand that access is a privilege, not a right, and that any user identified as a security risk or having a history of security breaches on this or other computer systems will be denied access to this network. Security software will be installed on all computers that are connected to the network and to areas where student access is possible. Staff members who have been entrusted with the building security password are expected to use the information responsibly and to keep the information confidential at all times. An act of intentionally circumventing the security software may be viewed as grounds for disciplinary action.

I have read and understand the **Greater Clark County Schools Telecommunications Services Acceptable Use Policy**. I agree to comply with the policy, standards, rules and guidelines contained therein and any other directives or guidelines of school staff. I understand that if I violate the rules, I may face disciplinary action.

I hereby release the district, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the Greater Clark County Schools Corporation information system, including but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

Employee Name (Print)

School/Office

Employee Signature

Date

**ACCEPTABLE USE / INTERNET SAFETY POLICY
TELECOMMUNICATIONS SERVICES
(Employees)**

STATEMENT

The Greater Clark County School (GCCS) Corporation believes that information available through the Internet and other telecommunications services will provide valuable resources for our faculty and staff, resources that are simply not available through more traditional means of obtaining information. By offering this service, the goal is to promote learning through curriculum-based projects that take advantage of the unique resources available through Internet and other services.

The unprecedented access to computers and people from around the world provided through the Internet means that total control of student access to resources is not possible. While every effort will be made to restrict student access to inappropriate materials, a user intent on locating such materials may find them. Students will have access to telecommunications services only upon receipt of a Telecommunications Network Use Agreement, signed by the student and parent or guardian. Teachers will instruct their students in acceptable use of telecommunications and the Internet, and in proper network etiquette.

The use of a school-sponsored account to any telecommunications network requires responsible, ethical, and legal use of the network resources. If a user of a school-sponsored account violates any of these guidelines, his or her access to an account will be terminated and future access denied. Additional penalties may be incurred as well, commensurate with the seriousness of the violation. Employees must sign a Telecommunications Network Use Agreement before receiving a user name and password and accessing Internet and email accounts. The signatures on the Telecommunications Network Use Agreement are legally binding and indicate that the signatories have read the terms and conditions carefully and understand their significance.

RULES

INTERNET USE: TERMS AND CONDITIONS

1. ACCEPTABLE USE

Internet network resources are provided for a limited educational purpose, which is to allow employees to conduct research and to facilitate intracorporation communication. The use of a GCCS Internet account must be in support of curriculum-related activities and consistent with the educational objectives of Greater Clark County Schools. Transmission of any material in violation of any U.S., state and/or local regulation is prohibited. This includes, but is not limited to: copyrighted, threatening, obscene, and/or trade-protected materials.

Teachers and/or support staff using Internet with their students should have a clear lesson plan and list of appropriate sites for students to use to achieve a specific purpose. When specific resources are required or recommended to students, the supervising employees will

follow standard professional practice of previewing materials to determine appropriateness. Random surfing by students is not appropriate.

This education account may not be used for commercial activities. Any use for product advertisement or political lobbying is also prohibited. Facebook, My Space, and other social network sites are not appropriate for GCCS internet use.

2. PRIVILEGES

The use of GCCS telecommunications services is a privilege, not a right, and inappropriate use will result in a cancellation of all privileges. Greater Clark administrators and the network administrators will deem what is inappropriate use, and their decision is final.

3. NETWORK RULES

All users of telecommunications on GCCS-sponsored accounts are expected to abide by these rules. These rules include, but are not limited to, the following:

- A. Be polite. Do not be abusive in your messages to others.
- B. Use appropriate language. Do not swear, use vulgarities, or any inappropriate language. Illegal activities are strictly forbidden.
- C. No person using GCCS technology will utilize this equipment to engage in bullying of another. Bullying is defined as follows: overt, repeated acts or gestures, including verbal or written communications transmitted; physical act committed; or any other behaviors committed by a person or group of persons against another person with the intent to harass, ridicule, humiliate, intimidate, or harm the other person.
- D. Do not reveal your personal address or phone number, or those of other students or colleagues.
- E. Do not use the network to solicit face-to-face meetings with other users, and do not respond to such solicitations.
- F. Electronic mail is not guaranteed to be private; in fact, it may be subject to open records requests.
- G. Do not use the network in a way that would disrupt the use of the network by other users. Excessive log-on time and large-scale postings shall be considered as disruptions. The administration of the network reserves the right to determine what constitutes excessive mailings and excessive time on-line.
- H. All communications and information accessible via the network should be assumed to be private property. All copyrights and intellectual property rights should be observed.
- I. Accessing, uploading, downloading, and/or distributing pornographic, obscene, or sexually explicit materials is prohibited.
- J. Schools may be permitted to establish a Web page that presents information about the school and its activities. Students may be permitted to assist in the development of those pages under the direct supervision of a GCCS staff member. Web pages with inappropriate content will be removed from the Web server immediately upon discovery, and those individuals responsible for the placement of the inappropriate content will be subject to disciplinary action. No extracurricular organization may establish a Web page on the GCCS network or with a GCCS account.

- K. Any person using GCCS technology or equipment recognizes that any transaction conducted on or via GCCS hardware/software and/or networks is subject to random monitoring by the GCCS Technology Department.

4. INTERNET SAFETY

- A. General Warning - Individual Responsibility of Parents and Users. All users and their parents/guardians are advised that access to the electronic network may include the potential for access to materials inappropriate for school-aged pupils. Every user must take responsibility for his or her use of the computer network and Internet and stay away from these sites. Parents of minors are the best guides to materials to shun. If a student finds that other users are visiting offensive or harmful sites, he or she should report such use to the teacher or supervisor in charge.
- B. Personal Safety – In using the computer network and Internet, students should not reveal personal information such as home address or telephone number. Students should not use their last name or any other information which might allow a person to locate the student without first obtaining the permission of a supervising teacher. Students should not arrange a face-to-face meeting with someone met on the computer network or Internet without parent’s permission. Regardless of the student’s age, no meetings should be arranged with someone with whom they have only communicated on the Internet.
- C. “Hacking” and Other Illegal Activities – It is a violation of this Policy to use the school’s computer network or the Internet to gain unauthorized access to computers or computer systems, or to attempt to gain such unauthorized access. Any use which violates state or federal law relating to copyright, trade secrets, the distribution of obscene or pornographic materials, or which violates any other applicable law or municipal ordinance, is strictly prohibited.
- D. Confidentiality of Student Information – Personally identifiable information concerning students may not be disclosed or used in any way on the Internet without the permission of a parent or guardian, or if the student is 18 or over, the permission of the student himself/herself. Users should never give out private or confidential information about themselves or others on the Internet, particularly credit card numbers and Social Security numbers. A supervising teacher or administrator may authorize the release of directory information, as defined by Indiana law, for internal administrative purposes or approved educational projects and activities.
- E. Active Restriction Measures – The school corporation will utilize filtering software or other technologies to prevent students from accessing visual depictions that are obscene, child pornography, or harmful to minors. The school corporation will also monitor the online activities of students, through direct observation and/or technological means, to ensure that students are not accessing such depictions or any other material that is inappropriate for minors.

Internet filtering software or other technology-based protection systems may be disabled by a supervising teacher or school administrator, as necessary, for purposes of bona fide research or other educational projects being conducted by students age 17 and older.

The term “harmful to minors” is defined by the Communications Act of 1934 (47 USC Section 254 (h)(7), as meaning any picture, image, graphic image file, or other visual depiction that:

- taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion;
- depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals;
- taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.

5. WARRANTIES

GCCS makes no warranties of any kind, whether expressed or implied, for the service it is providing. GCCS will attempt to provide error-free, dependable access to the computing resources associated with Internet use. However, this school corporation is not responsible for any damages suffered due to loss of data resulting from delays, non-delivery, misdeliveries, or service interruptions. Use of any information obtained via telecommunications is at the user’s own risk. GCCS specifically denies any responsibility for the accuracy or quality of information obtained through these or any network services.

GCCS is not responsible for unauthorized financial obligations resulting from use of school corporation resources and accounts to access the Internet or other telecommunications services. GCCS assumes no responsibility for the content of information stored on school corporation diskettes, hard drives, or servers.

Each GCCS building with Internet access will keep on file a copy of the school corporation’s Internet policies and procedures. These will be available for all parents, guardians, staff members, and members of the community to review.

6. SECURITY

Any user identified as a security risk or having a history of security breaches on this system or other computer systems will be denied access to this network. Security software will be installed on all computers that are both connected to the network and installed in areas where student access is possible. Staff members who have been entrusted with the building security password are expected to use the information responsibly and to keep the information confidential at all times. An act of intentionally circumventing the security software may be viewed as grounds for disciplinary action.

Users are expected to make all reasonable efforts to prevent others from using their accounts. Under no condition should a user provide his/her password to another person or allow a person to use their password or account. Attempts to log onto the network as a system administrator will result in cancellation of user privileges and appropriate disciplinary action will be considered. Any user who has located or believes he/she can identify a security problem on the network must notify a teacher or system administrator immediately. Circumventing or attempting to circumvent the security system of the GCCS internet system is prohibited and may result in loss of user privileges and disciplinary action. Violation of

any of the above may cause the individual to lose their privileges on the system and may be subject to appropriate disciplinary action.

7. VANDALISM

Vandalism is defined as any malicious attempt to harm or destroy data of another user or on other networks connected to this network system. This includes, but is not limited to, the uploading, creation or distribution of computer viruses. Using accounts, modifying passwords, or accessing or modifying data belonging to other users without their express written permission will be considered vandalism. "Hacking," or attempting illegally to gain entry into computer systems, within or outside the GCCS network, will be considered vandalism. Vandalism will result in cancellation of privileges.

Reference: IC 20-30-5.5-1
Attachments: A- Access Release and Authorization Form (1 page)
Adopted: March 9, 1999
Last Revision: November 9, 2010



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

Greater Clark County Schools Confidential Emergency Information Sheet

Name: _____ Phone Number: _____

Address: _____

Person Able to Make Emergency Decisions: _____

Relationship: _____ Phone Number: _____

Address: _____

Place of Employment: _____ Phone Number: _____

Second Emergency Contact: _____

Relationship: _____ Phone Number: _____

Doctor (optional): _____ Phone Number: _____

Other Information you feel would be important in a medical emergency: _____

Confidential Information sheets will be kept in the employee personnel file.

ENROLLMENT FORM



TRF: _____ PERF: _____

PERSONAL INFORMATION (please print clearly using black or blue ink)	
NAME: _____	SOCIAL SECURITY NUMBER: _____
ADDRESS: _____	APT: _____
CITY: _____	STATE: _____ ZIP CODE: _____
DAY PHONE: _____	EVENING PHONE: _____
EMAIL: _____	
DATE OF BIRTH: ____/____/____	PENSION ID: _____

Greater Clark County Schools will enroll eligible employees in the INPRS retirement system, however, employees must contact INPRS directly to designate beneficiaries.

GREATER CLARK COUNTY SCHOOLS

OFFER OF EMPLOYMENT WITH CONTINGENCIES

This offer of employment with the GREATER CLARK COUNTY SCHOOLS (GCCS) is made CONTINGENT UPON:

1. clearance in a criminal records/security clearance check;
2. proof of valid licensure in the designated position by the Indiana Professional Standards Board;
3. successfully passing a pre-employment drug and alcohol test (signature constitutes consent to submit to test); and
4. the approval of employment by the GCCS Board Of School Trustees.

This section to be completed by Administrator/Supervisor

EMPLOYEE NAME: _____ **POSITION:** _____

DATE OF OFFER OF EMPLOYMENT WITH CONTINGENCIES: _____

This offer conveyed by:

SIGNATURE: _____ **POSITION :** Director of Human Resources **DATE :** _____

The undersigned acknowledges acceptance of this offer of employment subject to the above stated contingencies and agrees to provide the requested information. The undersigned also understands that he/she needs to attach \$15 in payment for the employee portion of the Criminal History Check.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

PHONE NUMBER: _____

In order for the criminal records check to be completed, please provide the following information:

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

List all places of residence for the past ten (10) years. If additional space is needed, please use the back of form. Complete street number, street name, city, and state must be provided.

PRESENT ADDRESS: _____

RESIDENT AT THIS ADDRESS FROM: _____ **TO:** _____

PRIOR ADDRESS: _____

RESIDENT AT THIS ADDRESS FROM: _____ **TO:** _____

PRIOR ADDRESS: _____

RESIDENT AT THIS ADDRESS FROM: _____ **TO:** _____

Board Policy Reference: Policy 4111.3 "EMPLOYMENT SECURITY CHECKS"

(adopted August 8, 1995, revised 9/9/97) as follows:

"STATEMENT: It is the intent of the Board of School Trustees of Greater Clark County Schools that all candidates for employment are competent and well-qualified for the position for which they are being considered and there is no reason to believe they would be harmful to children. The following policy is designed to insure that adequate investigation is conducted of a candidate's criminal records to determine if the candidate has a criminal record relating to harm of children. **RULES:**

- A criminal records check will be conducted following an offer of employment which is contingent upon a criminal records/security clearance.
- Candidates for employment will be informed that "Conviction of a crime is not an automatic bar to employment. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and the position for which you are applying."

GREATER CLARK COUNTY SCHOOLS

EMPLOYEE INFORMATION

My signature below acknowledges that I have been advised Greater Clark County Schools policies, procedures, and Employee Handbook are available online at www.gccschools.com. My signature also acknowledges that I understand and accept that it is my responsibility to read these documents. Questions concerning the information in this brochure may be addressed to a building supervisor, the Human Resources Office, or the General Legal Counsel for Greater Clark County Schools.

Signature

Date

Printed Name

Job Position/Location



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

Release of Social Security Number for Employment Purposes

Federal law requires that each employee, regardless of employment status, provide Greater Clark County Schools with his/her social security number for payroll and tax recording purposes. Social security numbers must also be released at times for reporting data related to an employee's benefits. Greater Clark County Schools recognizes the importance of confidentiality with regard to social security numbers. The release of your social security number will not occur without your knowledge unless required by court order, or in compliance with state or federal law.

I have read and understand the "Release of Social Security Number for Employment Purposes" statement above and agree to the release of my social security number for purposes of employment and benefit administration business related to my employment with Greater Clark County Schools.

Employee Printed Name

Employee Signature

Date Signed

Witness: _____

Title: _____

Greater Clark County Schools

(A FULLY ELECTRONIC INSTITUTION)

Authorization Agreement For Direct Deposit (ACH Service)

Name	Social Security Number
------	------------------------

I hereby authorize my employer, Greater Clark County Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY"; to credit and/or debit the same to such account:

Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number_____
Routing/ABA Number (9 Digits)	Amount to deposit equals NET PAY.

Optional Secondary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number_____
Routing/ABA Number (9 Digits)	Amount to deposit equals fixed amount. \$ _____

This authority is to remain in full force and effect until Greater Clark County Schools has received A NEW DIRECT DEPOSIT FORM IN SUCH TIME AND IN SUCH MANNER as to afford Greater Clark County Schools and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
------	-----------

FOR EACH ABOVE NAMED

CHECKING ACCOUNT - ATTACH A VOIDED BLANK CHECK

SAVINGS ACCOUNT - ATTACH ON BANK LETTERHEAD ACCOUNT INFORMATION

Greater Clark County Schools

(A FULLY ELECTRONIC INSTITUTION)

Authorization Agreement For Direct Deposit (ACH Service)

Name	Social Security Number
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SAVINGS ACCOUNT - ATTACH ON BANK LETTERHEAD ACCOUNT INFORMATION



Administration Building
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Jeffersonville, IN 47130

HUMAN RESOURCES

Phone: (812) 283-0701
Fax: (812) 288-4880

Name: _____

Position: _____

Location: _____

Congratulations on your employment with Greater Clark County Schools! We are very excited you have made the decision to join our team! Employees will be evaluated at least one time by his/her supervisor and/or administrator during the 90 day orientation period. To be a successful employee, you are reminded it is important to establish good attendance, satisfactory work performance, and complete compliance with all policies. Employees missing more than 3 days during the orientation period and/or receiving an inadequate score on their evaluation may be dismissed. At the close of the training period the Supervisor/Administrator will recommend to the Human Resources continuation of regular employment or dismissal.

Your orientation period ends: _____

Please sign this memo of understanding and return to Human Resources. Your signature indicates that you understand the district's policy concerning the orientation period.

Signature of Employee

Date