



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 (if required by the position). 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
- \$15 in exact change or a check for your criminal history (we do not accept credit cards). If a Drug/Alcohol screening is required for the position, you will need to bring \$15 for that as well.
- 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!

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 for selected positions (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 3121/4121

Statement: To protect students and staff members, the School Board requires an inquiry into the personal background of each applicant the Superintendent recommends for employment of the School Corporation. 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.



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> <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> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

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 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

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.

Employee's Withholding Certificate

OMB No. 1545-0074

2022

- ▶ **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 estimator at www.irs.gov/W4App, and privacy.

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

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3:
Claim
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **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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General Instructions

Section references are to the Internal Revenue Code.

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.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 15, 2023.

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 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 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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **4** \$ _____

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Form WH-4
State Form 48845
(R7 / 9-20)

State of Indiana

Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name _____ Social Security Number or ITIN _____

Home Address _____ City _____ State _____ Zip Code _____

Indiana County of Residence as of January 1: _____ (See instructions)

Indiana County of Principal Employment as of January 1: _____ (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1"

Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1"

3. You are allowed one (1) exemption for each dependent. Enter number claimed

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or

(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐

Enter the total number of boxes checked

5. Add lines 1, 2, 3, and 4. Enter the total here

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....

7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$

8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____

Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,300 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4; or
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

**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



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

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

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

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)*



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

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

ACCEPTANCE OF TEACHING CONTRACT OFFER

I, THE UNDERSIGNED, ACCEPT A POSITION WITH THE GREATER CLARK COUNTY SCHOOL CORPORATION FOR THE CURRENT SCHOOL YEAR. I UNDERSTAND THE CONTRACT IS CONTINGENT UPON MY PROVIDING WITHIN NINETY (90) DAYS AFTER EMPLOYMENT: A) A VALID CERTIFICATE ISSUED BY THE STATE DEPARTMENT OF EDUCATION COVERING THE AREA OF ASSIGNMENT; B) AN OFFICIAL TRANSCRIPT OF ALL COLLEGE AND UNIVERSITY WORK; C) PROOF OF TEACHING EXPERIENCE OUTSIDE OF GREATER CLARK COUNTY SCHOOLS (BOARD POLICY 4113).

NAME: _____,
(Last) (First) (Middle)

SOCIAL SECURITY #: _____

ADDRESS: _____

TELEPHONE #: _____

TENTATIVE ASSIGNMENT: _____

SCHOOL/LOCATION: _____

SIGNATURE: _____ DATE: _____



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

HUMAN RESOURCES

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

STATEMENT OF DEGREE & EXPERIENCE

I _____, HEREBY CLAIM TO HAVE (CIRCLE ONE): BACHELORS, MASTERS, SPECIALIST, OR DOCTORAL DEGREE, AND _____ YEARS OF EXPERIENCE AS LISTED BELOW. PLEASE LIST MILITARY EXPERIENCE IF APPLICABLE.

CERTIFIED YEARS OF EXPERIENCE

SCHOOL NAME	ADDRESS	SCHOOL YEAR(S)

I UNDERSTAND THAT I MUST COMPLETE “VERIFICATION OF TEACHING EXPERIENCE” FORM(S). I FURTHER UNDERSTAND THAT MY SALARY WILL BE ADJUSTED UPON RECEIPT BY GCCS OF WRITTEN CERTIFICATION OF MY PREVIOUS TEACHING EXPERIENCE BY AN OFFICER OF THE PREVIOUS SCHOOL DISTRICT(S).

SIGNATURE

DATE



Administration Building
2112 Utica-Sellersburg Road
Jeffersonville, IN 47130

School Personnel Number

For the Department of Education, State of Indiana, please provide the following:

Please list the initial post secondary institution in which you received your education to become a licensed teacher and content area of initial license (see attached list for two digit codes).

Two digit code

Institution Name/Campus

Two digit code

Content Area description

Print Name

Date

SPN: _____

If known – please provide Indiana School Personnel Number; otherwise we will search/create a number and it will be sent to you at a later date.

School Personnel Number Reference Section

Post-Secondary Institutions:

46	Ancilla College	28	Indiana Wesleyan University
01	Anderson College	44	Ivy Tech
02	Ball State University	24	Manchester College
03	Bethel College	25	Marian University
04	Butler University	49	Martin University
05	Calumet College	57	Moraine Valley College
60	Central Christian College of Kansas	27	Oakland City College
06	DePauw University	28	Purdue University/Calumet
07	Earlham College	98	Purdue University/North Central
99	Foreign Country	29	Purdue University/West Lafayette
09	Franklin College	50	Rose-Hulman Institute of Technology
10	Goshen College	32	Saint Joseph's College
11	Grace College	33	Saint Mary's College/Notre Dame
12	Hanover College	34	Saint Mary of the Woods College
47	Holy Cross College	66	Southwestern Michigan College
13	Huntington College	36	Taylor University
15	Indiana University	37	Trine University
48	Indiana Tech	38	University of Evansville
17	Indiana University/Bloomington	14	University of Indianapolis
42	Indiana University/East	39	University of Notre Dame
20	Indiana University/Kokomo	31	University of Saint Francis
21	Indiana University/Northwest	16	University of Southern Indiana
43	Indiana University/Purdue University/Columbus	40	Valparaiso University
18	Indiana University/Purdue University/Fort Wayne	95	Vincennes University
19	Indiana University/Purdue University/Indianapolis	41	Wabash College
22	Indiana University/South Bend	00	Not Applicable
23	Indiana University/Southeast	97	Other

Content Area:

01	Special Education Elementary Level	02	Preschool, Early Childhood, Elementary Primary, Elementary Intermediate ad Elementary Education
03	Fine Arts, Library/Media, Reading, ENL, Health and PE Elementary Level	04	Middle School/High School Math
05	Middle School/High School Science	06	Middle School/High School Social Studies
07	Middle School/High School Language Arts, Reading	08	Middle School/High School World Language
09	Middle School/ High School Fine Arts, ENL, Library Media, Health and PE	10	Middle School/High School Special Education
11	Career and Technical Education	12	Special Education (all grades)
13	PE (all grades)	14	Library/Media (all grades)
15	Fine Arts (all grades)	16	ENL (all grades)
99	Other		

What you need to know:

- **Are you eligible?** Benefits are available to employees who are actively at work on the effective date of coverage and working the minimum number of hours per week stated in the contract.
- **Your premiums and benefits may vary.** Actual premiums and benefit amounts will be calculated by OneAmerica and may change upon reaching certain ages, according to contract terms, and are subject to change. Volumes and benefit amounts shown may be subject to reductions due to age.
- **Enroll timely for guaranteed issue coverage.** You may be eligible for coverage without having to answer any health questions if you enroll during the initial enrollment period when benefits are first offered by OneAmerica®, or if you enroll as a newly hired employee within 31 days after any applicable waiting period.
- **Enrolling later requires approval.** If you decline coverage now, you will lose your only chance to apply for group insurance coverage without having to first undergo medical underwriting. If you decide to enroll later, you will need to submit a Statement of Insurability form for review. OneAmerica will then decide to approve or deny your coverage based on your health history. You may not be approved for any type of coverage at a later date if you have any current or future medical conditions.

What you need to do:

- **Carefully review the contents of this packet.** Enclosed is personal information about the benefits offered to you by OneAmerica on behalf of your employer. This is your opportunity to learn more about group insurance from OneAmerica, but it is not a complete explanation of benefits. For more information, consult the contract about exclusions, limitations, reduction of benefits, and terms under which the contract may be continued in force or discontinued.
- **Review the Notices and Limitations.** Visit www.employeebenefits.aul.com to find the Notices and Limitations, G-14320 (05 NonPrudent) 12/28/12. Go to Forms, Policy/Employee Admin, and Notices and Limitations.
- **Submit your enrollment form.** Please return your completed enrollment form to your employer.

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), a OneAmerica company. Not available in all states or may vary by state.

What you need to know about your Worksite Short Term Disability Benefits

Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Maximum Benefit Duration:	This is the length of time that you may be paid benefits if continuously disabled as outlined in the contract.
Pre-Existing Condition Period:	Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage.

Worksite Short Term Disability Coverage Option 1

You may select a minimum monthly benefit of \$200 up to a maximum Monthly benefit of \$6,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
14 days injury / 14 days sickness	11 weeks	12 months / 12 months

Option 1 Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a Monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$3,600	\$200	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23	\$1.23
\$9,000	\$500	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09	\$3.09
\$12,599	\$700	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32
\$16,199	\$900	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55	\$5.55
\$17,999	\$1,000	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17	\$6.17
\$26,999	\$1,500	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26	\$9.26
\$35,998	\$2,000	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34	\$12.34
\$44,998	\$2,500	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43	\$15.43
\$71,996	\$4,000	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68	\$24.68
\$107,995	\$6,000	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02	\$37.02

Worksite Short Term Disability Coverage Option 2

You may select a minimum monthly benefit of \$200 up to a maximum Monthly benefit of \$6,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Elimination Period	Maximum Benefit Duration	Pre-Existing Condition Period
30 days injury / 30 days sickness	9 weeks	12 months / 12 months

Option 2 Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a Monthly benefit of:	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$3,600	\$200	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72	\$0.72
\$9,000	\$500	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79	\$1.79
\$12,599	\$700	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51	\$2.51
\$16,199	\$900	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23	\$3.23
\$17,999	\$1,000	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59	\$3.59
\$26,999	\$1,500	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38	\$5.38
\$35,998	\$2,000	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17	\$7.17
\$44,998	\$2,500	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96	\$8.96
\$71,996	\$4,000	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34	\$14.34
\$107,995	\$6,000	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51	\$21.51

Note: Premiums are based on your monthly salary and your age as of 01/01.

OneAmerica® is the marketing name for the companies of OneAmerica.

What you need to know about your Voluntary Term Life and AD&D Benefits

Flexible Options: Employee: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times your annual salary
Spouse under age 99: \$10,000 to \$500,000, in \$10,000 increments, not to exceed 100% of the employee's amount

Guaranteed Issue: Employee: \$150,000 Spouse: \$50,000 Child: \$10,000

Dependent Life Coverage: Optional dependent life coverage is available to eligible employees. You must select employee coverage in order to cover your spouse and/or child(ren).

Accidental Death and Dismemberment (AD&D): Additional life insurance benefits may be payable in the event of an accident which results in death or dismemberment as defined in the contract. Additional AD&D benefits include seat belt, air bag, repatriation, child higher education, child care, paralysis/loss of use, severe burns, disappearance, and exposure.

Accelerated Life Benefit: If diagnosed with a terminal illness and have less than 12 months to live, you may apply to receive 25%, 50% or 75% of your life insurance benefit to use for whatever you choose.

Reductions: Upon reaching certain ages, your original benefit amount will reduce to the percentage shown in the following schedule. The amounts of dependent life insurance and dependent AD&D principal sum will reduce according to the employee's reduction schedule.

Age:	70
Reduces To:	50%

Payroll Deduction Illustration: 2 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.40	\$.40	\$.40	\$.45	\$.50	\$.80	\$ 1.15	\$ 1.65	\$ 2.40	\$ 3.00	\$ 4.65	\$ 12.10	\$ 12.10
\$20,000	\$.80	\$.80	\$.80	\$.90	\$ 1.00	\$ 1.60	\$ 2.30	\$ 3.30	\$ 4.80	\$ 6.00	\$ 9.30	\$ 24.20	\$ 24.20
\$30,000	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.35	\$ 1.50	\$ 2.40	\$ 3.45	\$ 4.95	\$ 7.20	\$ 9.00	\$ 13.95	\$ 36.30	\$ 36.30
\$40,000	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.80	\$ 2.00	\$ 3.20	\$ 4.60	\$ 6.60	\$ 9.60	\$ 12.00	\$ 18.60	\$ 48.40	\$ 48.40
\$50,000	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.25	\$ 2.50	\$ 4.00	\$ 5.75	\$ 8.25	\$ 12.00	\$ 15.00	\$ 23.25	\$ 60.50	\$ 60.50
\$60,000	\$ 2.40	\$ 2.40	\$ 2.40	\$ 2.70	\$ 3.00	\$ 4.80	\$ 6.90	\$ 9.90	\$ 14.40	\$ 18.00	\$ 27.90	\$ 72.60	\$ 72.60
\$75,000	\$ 3.00	\$ 3.00	\$ 3.00	\$ 3.38	\$ 3.75	\$ 6.00	\$ 8.63	\$ 12.38	\$ 18.00	\$ 22.50	\$ 34.88	\$ 90.75	\$ 90.75
\$100,000	\$ 4.00	\$ 4.00	\$ 4.00	\$ 4.50	\$ 5.00	\$ 8.00	\$ 11.50	\$ 16.50	\$ 24.00	\$ 30.00	\$ 46.50	\$ 121.00	\$ 121.00
\$125,000	\$ 5.00	\$ 5.00	\$ 5.00	\$ 5.63	\$ 6.25	\$ 10.00	\$ 14.38	\$ 20.63	\$ 30.00	\$ 37.50	\$ 58.13	\$ 151.25	\$ 151.25
\$150,000	\$ 6.00	\$ 6.00	\$ 6.00	\$ 6.75	\$ 7.50	\$ 12.00	\$ 17.25	\$ 24.75	\$ 36.00	\$ 45.00	\$ 69.75	\$ 181.50	\$ 181.50

Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$.40	\$.40	\$.40	\$.45	\$.50	\$.80	\$ 1.15	\$ 1.65	\$ 2.40	\$ 3.00	\$ 4.65	\$ 4.65	\$ 4.65
\$20,000	\$.80	\$.80	\$.80	\$.90	\$ 1.00	\$ 1.60	\$ 2.30	\$ 3.30	\$ 4.80	\$ 6.00	\$ 9.30	\$ 9.30	\$ 9.30
\$30,000	\$ 1.20	\$ 1.20	\$ 1.20	\$ 1.35	\$ 1.50	\$ 2.40	\$ 3.45	\$ 4.95	\$ 7.20	\$ 9.00	\$ 13.95	\$ 13.95	\$ 13.95
\$40,000	\$ 1.60	\$ 1.60	\$ 1.60	\$ 1.80	\$ 2.00	\$ 3.20	\$ 4.60	\$ 6.60	\$ 9.60	\$ 12.00	\$ 18.60	\$ 18.60	\$ 18.60
\$50,000	\$ 2.00	\$ 2.00	\$ 2.00	\$ 2.25	\$ 2.50	\$ 4.00	\$ 5.75	\$ 8.25	\$ 12.00	\$ 15.00	\$ 23.25	\$ 23.25	\$ 23.25

Child Options

Life & AD&D	Child(ren) 6 months to age 26	Child(ren) live birth to 6 months	Deduction amount Child(ren)
Option 1:	\$10,000	\$500	\$0.30

Note: Employee and Spouse premiums are based on your age as of 01/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica® is the marketing name for the companies of OneAmerica.

Group Enrollment Form

American United Life Insurance Company®
a ONEAMERICA® company
One American Square, P.O. Box 6123
Indianapolis, IN 46206-6123
(800) 553-5318
www.employeebenefits.aul.com



Applicant's Full Legal Name:			Employment Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired		
Applicant's Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Applicant's State of Residence:	Applicant's Residential Zip Code:	Employer: Greater Clark County Schools			
Applicant's Telephone Number: (normal business hours): () -	Applicant's E-mail Address:			Employed Full-Time: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Are you authorized to work and reside in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No		

COVERAGE BEING APPLIED FOR: Apply for or decline each coverage listed below. Not checking a box or boxes will be considered a declination of that coverage.

Benefit Amount / Option Requested

Worksite Short Term Disability	Option _____ <input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Employee Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Spouse Voluntary Term Life & AD&D	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Decline
Child Voluntary Term Life & AD&D	Option _____ <input type="checkbox"/> Elect	<input type="checkbox"/> Decline

*If spouse is included in dependent coverage: Name _____ Date of birth _____.

NOTE: Coverage is only offered and available to eligible Dependents who are authorized to reside in the United States.

For AUL Term Life Coverages, identify your Beneficiary Designation to ensure proceeds can be paid according to your wishes.

Name of Primary Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:
Name of Contingent Beneficiary:	Percentage:	Relationship:	SSN/Date of Birth:

- I hereby apply for the requested group life and/or disability insurance coverage for which I and my dependents, if any, are eligible and available under AUL's policy. I understand receipt of any coverage greater than the guaranteed issue amount or application for coverage after the approved enrollment period first requires medical underwriting and written approval by AUL.
 - I authorize my employer to deduct from my wages the amount of premium required for the amount of coverage approved by AUL, including any premium increases due to age bracket or salary changes when applicable. Premium payments greater than the amount of premium owed will not result in additional coverage under AUL's policy.
 - The undersigned represents any information or documents provided to AUL by the undersigned prior to and after the date of the application for insurance and the facts and other matters contained in the foregoing are true and accurate to the best of the undersigned's knowledge and belief.
- The undersigned understands and agrees 1. any insurance coverage or benefit are contingent upon any statements made to AUL as being complete and correct and 2. benefits under any group life or disability insurance policy will be paid only if AUL or its third party administrator decides in its discretion the applicant is entitled to them. The undersigned have read, understand, and retained the notices, limitations, and exclusions for his/her records.**
- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Applicant: _____ **Date:** _____

MUST BE COMPLETED BY THE EMPLOYER	Group Policy #: 00617984-0000-000	Class # :	Employer: Greater Clark County Schools	Occupation:	Employer's State: IN
	Salary: _____ Mode: [] Hourly [] Weekly [] Bi-Weekly [] Semi-Monthly [] Monthly [] Annually F/T Requirements (hours, days, weeks, etc.): _____				Date Hired Full Time: _____