

# SUBSTITUTE TEACHER APPLICATION PACKET

Employment priority will be given in the following order:

Educational Level	Compensation: 5-Day School	Compensation: 4-Day Schools	REQUIRED Documentation
1. Degreed Substitute	\$70.00 per day	\$80.80 per day	Diploma or Transcript (Official or Unofficial)
2. 60+ College Credits	\$63.00 per day	\$72.72 per day	Transcript (Official or Unofficial) or Associate Degree
3. Emergency	\$59.50 per day	\$68.68 per day	High School Diploma, Transcript, or GED

**\*\*Substitute teachers who choose to accept employment in substitute support positions (Aide, Clerical, Food Service, and Custodial) will be paid at the rate for substitute support staff: Current Federal Minimum Wage.**

**NOTE:** Each applicant **MUST** provide a copy of his/her Social Security Card and Driver's License with completed packet!

## STEPS FOR PACKET COMPLETION

ITEM	INSTRUCTIONS
Application	PLEASE PRINT. Complete all sections on <u>both</u> sides, sign and date where indicated on reverse side.
Substitute Employment Agreement	Read fully. Print name, sign, and date in spaces provided.
Sexual Misconduct Disclosure	Read fully. Sign and date the <u>upper</u> portion where indicated.
W-4 and L-4 (Tax Forms)	Complete lower portion of each form. Sign and date where indicated.
I-9 (Immigration Form)	Complete top section, sign and date where indicated. Sign "Notice to Employees".
Employee Data – Payroll	Complete all items, sign and date in each of the spaces provided.
Direct Deposit Authorization	OPTIONAL (If this option is chosen, a blank check with "VOID" written across it <b>MUST</b> be included!)
Medical History Questionnaire	Answer all questions fully. Sign and date the last page in the spaces indicated.
Criminal History Authorization	Complete the section near the bottom of the page, sign and date where shown.
Substitute Job Description	Read and sign.
Letter of Reference (2 Needed)  Reference List	On each blank letter of reference, please PRINT the name, complete mailing address, email address, and phone number of an individual <b>WHO IS NOT RELATED TO YOU</b> . Next, print your name in the first blank and sign where "Applicant's Signature" appears near the middle of the page. <b>You must return the letters to the BPSB Central Office with ONLY THE NAME AND ADDRESSES OF YOUR REFERENCE FILLED IN.</b> Letters of reference <b>MUST</b> be mailed from the Central Office. We will enclose a postage-paid envelope for the return of each reference letter. On the Reference List, please enter the name and mailing address of each reference for whom you completed a reference letter. This information is needed in the event a reference letter must be re-mailed.
Fingerprinting Instructions	Upon receipt of a completed packet AND payment of the background check fee, an appointment will be scheduled for the applicant with the Civil Department of the Beauregard Parish Sheriff's Department at 120 South Stewart Street, DeRidder, LA. <b>The applicant's portion of the background check fee is \$30 (payable by check/money order, exact change ONLY cash accepted).</b> Please make check or money order payable to the BPSB. This fee represents approximately one-half of the cost of each background check; the remaining portion will be paid by the Beauregard Parish School Board.
Substitute Teacher Handbook	Read and retain for future reference.

Return the completed packet to the BPSB Central Office. Packets must be complete before records will be processed. Fingerprints are submitted electronically to the Louisiana Department of Public Safety and Corrections, Office of State Police in Baton Rouge for criminal history investigation. **SUBSTITUTE EMPLOYMENT WILL NOT BE GRANTED UNTIL CLEARANCE FOR THE STATE POLICE HAS BEEN RECEIVED.**

Do not return this packet until ALL pages are complete and ALL required items are included (i.e. copy of social security card and driver's license, copies of transcripts and/or diploma, and processing fee).

**FAILURE TO PROVIDE ALL INFORMATION WILL VOID YOUR APPLICATION!**

Revised 06/15/2023

REVIEWED BY \_\_\_\_\_

# BEAUREGARD PARISH SCHOOL BOARD

202 WEST THIRD STREET \*\* P. O. DRAWER 938

(337) 463-5551

DERIDDER, LOUISIANA 70634

## APPLICATION FOR EMPLOYMENT

(SUBSTITUTE TEACHER)

**INSTRUCTIONS:** Applicants are urged to consider carefully and understand fully each question and to print or type the response in the proper blanks. All information is subject to verification.

### PERSONAL INFORMATION

ARE YOU RELATED TO ANY BOARD MEMBER/SUPERINTENDENT DEFINED AS CHILDREN, SPOUSES OF CHILDREN, BROTHERS, SISTERS, PARENTS, SPOUSE, AND THE PARENTS OF SPOUSE? ☐ YES ☐ NO

DATE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ OTHER PHONE NUMBER \_\_\_\_\_

ACTIVE EMAIL ADDRESS \_\_\_\_\_

ARE YOU A MEMBER OF TEACHER'S RETIREMENT SYSTEM OF LOUISIANA? ☐ YES ☐ NO  
IF YES, ARE YOU: ☐ ACTIVE? ☐ RETIRED? IF RETIRED, ARE YOU IN ☐ REGULAR, ☐ DROP, OR ☐ DISABILITY RETIREMENT

### EMPLOYMENT DESIRED

GRADES AND SUBJECTS YOU CAN TEACH \_\_\_\_\_

CHECK BELOW THE SCHOOL IN THE PARISH IN WHICH YOU WILL SERVE.

- |   |  |
|---|--|
| <input type="checkbox"/> BEAUREGARD ALTERNATIVE PROGRAM | <input type="checkbox"/> EAST BEAUREGARD ELEMENTARY SCHOOL |
| <input type="checkbox"/> G. W. CARVER ELEMENTARY        | <input type="checkbox"/> EAST BEAUREGARD HIGH SCHOOL       |
| <input type="checkbox"/> DE RIDDER HIGH SCHOOL          | <input type="checkbox"/> MERRYVILLE HIGH SCHOOL            |
| <input type="checkbox"/> DE RIDDER JUNIOR HIGH SCHOOL   | <input type="checkbox"/> SINGER HIGH SCHOOL                |
| <input type="checkbox"/> K. R. HANCHEY ELEMENTARY       | <input type="checkbox"/> SOUTH BEAUREGARD ELEMENTARY       |
| <input type="checkbox"/> PINE WOOD ELEMENTARY           | <input type="checkbox"/> SOUTH BEAUREGARD HIGH SCHOOL      |
| <input type="checkbox"/> HEADSTART                      | <input type="checkbox"/> SOUTH BEAUREGARD UPPER ELEMENTARY |

HAVE YOU WORKED FOR BEAUREGARD PARISH SCHOOL BOARD BEFORE THIS DATE? ☐ YES ☐ NO

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	YEAR GRADUATED	COURSE OF STUDY
HIGH SCHOOL				
COLLEGE <small>IF NO DEGREE, NUMBER OF COLLEGE SEMESTER HOURS COMPLETED</small>				

THE BEAUREGARD PARISH SCHOOL BOARD IS AN EQUAL OPPORTUNITY EMPLOYER. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, OR NATIONAL ORIGIN, OR PHYSICAL DEFECTS.

Continued on Other Side

**FORMER EMPLOYERS** (List below last four employers, starting with last one first)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (Give below the names of three persons not related to you whom you have known at least one year)

NAME	ADDRESS	BUSINESS	PHONE NUMBER
1.			
2.			
3.			

Have you ever been convicted of any crime? ☐ Yes ☐ No If yes, give offense, date, and outcome, below:

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**SPECIAL QUALIFICATIONS AND SKILLS:** List qualifications and skills you possess which are required for the job for which you are applying, such as a driver's license (type and number), typing and /or shorthand proficiency (speed), ability to operate specialized machinery or equipment, or job related training \_\_\_\_\_

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I understand that if employed: Any misrepresentation or omission of facts requested in this application may be cause for dismissal.

DATE \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_

Note: Please attach a copy of any certificate, transcript, or diploma which verifies education. Application is not considered complete without above information.

RETURN TO: BEAUREGARD PARISH SCHOOL BOARD  
P. O. DRAWER 938  
DERIDDER, LA 70634

NOTICE TO ALL APPLICANTS: Your application will be kept on active file for one (1) year from the date received.

FOR OFFICE USE ONLY

REVIEWED BY \_\_\_\_\_



# Beauregard Parish School Board

202 W. Third Street • P.O. Drawer 938

DeRidder, Louisiana 70634

Ph. (337) 463-5551 • Fax (337) 463-6735

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Larry Hollie, M. ED., Interim Superintendent

## SUBSTITUTE EMPLOYMENT AGREEMENT

Applications shall be accepted for substitute teacher and substitute support (food service, teacher aide, clerical, and custodial) positions based on criteria as may be determined by the School Board. Unless specifically covered by a written employment contract entered into by the individual employee and the Board, substitute employees shall be hired at-will on a day-by-day basis, as needed.

**I understand that successful completion of the application process and/or a satisfactory background check is not an express or implied guarantee of employment.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Beauregard Parish School Board

202 W. Third Street • P.O. Drawer 938

DeRidder, Louisiana 70634

Ph. (337) 463-5551 • Fax (337) 463-6735

Larry Hollie, M. Ed., Interim Superintendent

## SEXUAL MISCONDUCT DISCLOSURE STATEMENT

I authorize the disclosure of information from any current or previous employer of mine, if such employer is/was a city, parish, or other local school board, relative to all instances of sexual misconduct with students committed by me, if any. I expressly give consent for the release of such information from any school employee and/or teacher personnel file maintained with respect to me. I release my current or previous employer, if employer is/was a city, parish, or other local school board, and any employee acting on behalf of such employer from any liability for providing any information relative to all instances of sexual misconduct with students committed by me, if any.

Employee's Name - Please Print

Social Security #

Signature of Employee

Date

This section should be completed by the previous employing school system.

Name of School System: \_\_\_\_\_

Signature of Authorized HR Director/Designee: \_\_\_\_\_

\_\_\_\_\_ There is no information in this employee's personnel file indicating sexual misconduct.

\_\_\_\_\_ See attached documentation regarding sexual misconduct.

\*\*\* A copy of this completed form is to be sent to all previous employing school systems and information should be returned within 20 business days.

\*\*\* Previous employer should complete and return this form to:

Beauregard Parish School Board  
Personnel Department  
Post Office Drawer 938  
DeRidder, Louisiana 70634

SUBMIT TO:

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$13.25 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order

Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***

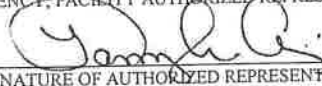
**\*\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\*\***

\*\*\*\*PLEASE PRINT\*\*\*\*

Beauregard Parish School Board  
AGENCY, FACILITY OR INDIVIDUAL

P. O. Box 938  
MAILING ADDRESS

Tammy Crain, Personnel Director  
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

  
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

DeRidder  
CITY

LA.  
STATE

70634  
ZIP CODE

( 337 ) 463-5551  
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

beau.crc@beau.k12.la.us  
AGENCY OR FACILITY E-MAIL ADDRESS

**Request For: (pick one only)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li><input type="checkbox"/> ALCOHOL BEVERAGE OUTLET</li><li><input type="checkbox"/> BEHAVIOR ANALYST BOARD</li><li><input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST)</li><li><input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. &amp; AUDIO)</li><li><input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS</li><li><input type="checkbox"/> CASA</li><li><input type="checkbox"/> COURT ORDER ADOPTION</li><li><input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE</li><li><input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN</li><li><input type="checkbox"/> DENTISTRY BOARD</li><li><input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY</li><li><input type="checkbox"/> DEPT. HEALTH AND HOSPITALS</li><li><input type="checkbox"/> DEPT. OF INSURANCE - FRAUD DIVISION</li><li><input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)</li><li><input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION</li><li><input type="checkbox"/> DCFS CARETAKER</li><li><input type="checkbox"/> DCFS FOSTER/ADOPTIVE</li><li><input type="checkbox"/> DCFS PERSONNEL</li><li><input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS</li><li><input type="checkbox"/> EMPLOYERS</li><li><input type="checkbox"/> FIREFIGHTERS</li><li><input type="checkbox"/> FIRE MARSHAL</li><li><input type="checkbox"/> GESTATIONAL CONTRACTS</li><li><input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed)</li><li><input type="checkbox"/> JUVENILE DETENTION CENTER</li><li><input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> LA PHYSICAL THERAPY BOARD</li><li><input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS</li><li><input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS</li><li><input type="checkbox"/> MEDICAL EXAMINERS</li><li><input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS</li><li><input type="checkbox"/> OMVC - COMMERCIAL DRIVING EXAM ADMINISTER</li><li><input type="checkbox"/> OMVE - EMPLOYEE ISSUING COMMERCIAL DL</li><li><input type="checkbox"/> OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION</li><li><input type="checkbox"/> OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT</li><li><input type="checkbox"/> PHARMACY BOARD</li><li><input type="checkbox"/> POST SECONDARY EDUCATION</li><li><input type="checkbox"/> PRACTICAL NURSING</li><li><input type="checkbox"/> PRIVATE ADOPTION</li><li><input type="checkbox"/> PRIVATE INVESTIGATORS</li><li><input type="checkbox"/> PRIVATE SECURITY</li><li><input type="checkbox"/> PUBLIC HOUSING</li><li><input type="checkbox"/> REGISTERED NURSING</li><li><input type="checkbox"/> RELIGIOUS ACTIVISTS</li><li><input checked="" type="checkbox"/> <del>SCHOOL</del></li><li><input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION</li><li><input type="checkbox"/> TAXI DRIVERS</li><li><input type="checkbox"/> TESS WINDOW TINT</li><li><input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION</li><li><input type="checkbox"/> WILDLIFE AND FISHERIES</li><li><input type="checkbox"/> WORKING WITH CHILDREN</li></ul> |
|---|---|

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT - USE INK\*\*\*\* LAST FIRST MIDDLE  
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_\_-\_\_\_\_-\_\_\_\_ DATE OF BIRTH: \_\_/\_\_/\_\_

ID or DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**DPSSP 6696**

**Revised 12/26/2018**

## Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

By my signature, I hereby acknowledge that I have received a copy of the Privacy Act Statement regarding the use of my fingerprints to obtain a fingerprint-based background check.

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Applicant Signature

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Date



## Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

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**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).



**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2023****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

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

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

**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  
employmentEmployer identification  
number (EIN)

## 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](http://www.irs.gov/FormW4).

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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, 2024.

**Your privacy.** 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).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

If you (and your spouse) have a total of only two jobs, you may 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 2023 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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.

- 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 2023 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: 

{	<ul style="list-style-type: none"> <li>• \$27,700 if you're married filing jointly or a qualifying surviving spouse</li> <li>• \$20,800 if you're head of household</li> <li>• \$13,850 if you're single or married filing separately</li> </ul>	}	. . . . .
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**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 territories 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 Surviving Spouse**

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	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



## Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

**Note to Employer:** Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

**Block A**

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

A.

**Block B**

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.



Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**  
Louisiana  
Department of  
Revenue

**Employee's Withholding Allowance Certificate**

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
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**The following is to be completed by employer.**

9. Employer's name and address	10. Employer's state withholding account number
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# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)				
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code			
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number			
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
		If you check Item Number 4., enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee				Today's Date (mm/dd/yyyy)					

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.		First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Tammy A. Crain - Director of Personnel			
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
Beauregard Parish School Board		P. O. Drawer 938 DeRidder, LA. 70634	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

**LOUISIANA WORKERS' COMPENSATION SECOND INJURY BOARD  
POST-HIRE/CONDITIONAL JOB OFFER KNOWLEDGE QUESTIONNAIRE**

**EMPLOYEE:** The intent of this questionnaire is to provide your employer with knowledge about any pre-existing medical condition or disability which may entitle your employer to reimbursement from the Louisiana Workers' Compensation Second Injury Board in the event you suffer an on-the-job injury.<sup>1</sup> This reimbursement in no way affects the benefits owed to you by your employer or its insurance company under the Louisiana Workers' Compensation Act. La. R.S. 23:1021-1361. However, your failure to answer truthfully and/or correctly to any of the question on this questionnaire may result in a forfeiture of your workers' compensation benefits.

In order for your employer to be considered for reimbursement from the Second Injury Board, it has to show that it knowingly hired or retained you with a pre-existing medical condition or disability. To establish its knowledge, your employer is requesting that this questionnaire be completed.

**INSTRUCTIONS:** Please answer ALL questions completely. If a response requires an explanation, please provide a brief description on the Explanation Page. If you have any questions or need help in answering the questions on this form, please ask for assistance from the Employer Representative signing this form.

**NOTE:** Since this questionnaire contains medical information, you can request that the form be kept CONFIDENTIAL and not made part of your personnel file. Please let your employer know that you want the completed questionnaire placed in a sealed folder for confidentiality purposes.

**EMPLOYEE WARNING**

**FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS' COMPENSATION BENEFITS UNDER La. R.S. 23:1208.1.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: Beauregard Parish School Board

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

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Male: ☐ Female: ☐

Soc. Sec. # (last 4 digits only): \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_

<sup>1</sup> Under La. R.S. 23:1371(A), the purpose of the Second Injury Board is to encourage the employment, re-employment, or retention of employees who have a permanent partial disability.



**Disease and Other Medical Conditions you currently have or have ever had.**

For all conditions that you check yes, write a brief explanation on the Explanation Page.

[Please check the appropriate box next to each. Every illness/injury requires a Yes (Y) or No (N) answer.]

Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> <input type="checkbox"/> Arthritis	<input type="checkbox"/> <input type="checkbox"/> Heart Disease/Heart Attack
<input type="checkbox"/> <input type="checkbox"/> Silicosis	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Parkinson's	<input type="checkbox"/> <input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> <input type="checkbox"/> Varicose Veins	<input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> <input type="checkbox"/> Brain Damage	<input type="checkbox"/> <input type="checkbox"/> Vision Loss, one or both eyes
<input type="checkbox"/> <input type="checkbox"/> Asbestosis	<input type="checkbox"/> <input type="checkbox"/> Post Traumatic Stress	<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Disability from Polio
<input type="checkbox"/> <input type="checkbox"/> Hyperinsulinism	<input type="checkbox"/> <input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> <input type="checkbox"/> Dementia	<input type="checkbox"/> <input type="checkbox"/> Psychoneurotic Disability
<input type="checkbox"/> <input type="checkbox"/> Alzheimer's	<input type="checkbox"/> <input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> <input type="checkbox"/> Thrombophlebitis	<input type="checkbox"/> <input type="checkbox"/> Ruptured or Herniated Disc
<input type="checkbox"/> <input type="checkbox"/> Emphysema	<input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> <input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> <input type="checkbox"/> Ankylosis or Joint Stiffening
<input type="checkbox"/> <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> <input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> <input type="checkbox"/> Hodgkin's	<input type="checkbox"/> <input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> <input type="checkbox"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Mental Retardation	<input type="checkbox"/> <input type="checkbox"/> Cancer	<input type="checkbox"/> <input type="checkbox"/> Carpal Tunnel Syndrome
<input type="checkbox"/> <input type="checkbox"/> Hypertension	<input type="checkbox"/> <input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> <input type="checkbox"/> Double Vision	<input type="checkbox"/> <input type="checkbox"/> Compressed Air Sequelae
<input type="checkbox"/> <input type="checkbox"/> Head Injury	<input type="checkbox"/> <input type="checkbox"/> Loss of Use of Limb	<input type="checkbox"/> <input type="checkbox"/> Mental Disorders	<input type="checkbox"/> <input type="checkbox"/> Disease of the Lung
<input type="checkbox"/> <input type="checkbox"/> Epilepsy	<input type="checkbox"/> <input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> <input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Coronary Artery Disease
<input type="checkbox"/> <input type="checkbox"/> Stroke	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> <input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> <input type="checkbox"/> Heavy Metal Poisoning

**Surgical Treatment** [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.] For each Yes (Y) answer, please complete the information corresponding to the surgery on the right. Additional information can be provided on the Explanation Page, if necessary.

**Y N**

<input type="checkbox"/> <input type="checkbox"/> Spinal Disc Surgery	Year (approximate if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Spinal Fusion Surgery	Year (approximate if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Amputated Foot	Left <input type="checkbox"/> Right <input type="checkbox"/> Year (approx. if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Amputated Leg	Left <input type="checkbox"/> Right <input type="checkbox"/> Year (approx. if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Amputated Arm	Left <input type="checkbox"/> Right <input type="checkbox"/> Year (approx. if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Amputated Hand	Left <input type="checkbox"/> Right <input type="checkbox"/> Year (approx. if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Knee Replacement	Left <input type="checkbox"/> Right <input type="checkbox"/> Year (approx. if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Hip Replacement	Left <input type="checkbox"/> Right <input type="checkbox"/> Year (approx. if unsure) _____
<input type="checkbox"/> <input type="checkbox"/> Other Joint Replacement	Joint _____ Year _____
<input type="checkbox"/> <input type="checkbox"/> Other Surgical Procedure	Procedure _____ Year _____
<input type="checkbox"/> <input type="checkbox"/> Other Surgical Procedure	Procedure _____ Year _____
<input type="checkbox"/> <input type="checkbox"/> Other Surgical Procedure	Procedure _____ Year _____
<input type="checkbox"/> <input type="checkbox"/> Other Surgical Procedure	Procedure _____ Year _____

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

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

Employer Representative: \_\_\_\_\_

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

## EXPLANATION PAGE

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical conditions that may not be listed on this form. Ask your employer for additional copies of this page if needed.

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: \_\_\_\_\_

CONDITION: \_\_\_\_\_ Year Diagnosed (approx): \_\_\_\_\_

Are you still treating for this condition? Yes ☐ No ☐

Are you taking medication for this condition? Yes ☐ No ☐

Do you have any permanent restrictions for this condition? Yes ☐ No ☐

Brief Explanation: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer the following questions.

1. Has any doctor ever restricted your activities? Yes ☐ No ☐

If "Yes," please list the restrictions: \_\_\_\_\_

Were the restrictions: Permanent ☐ Temporary ☐

Are your activities currently restricted? Yes ☐ No ☐

What is the medical condition for which you have restrictions? \_\_\_\_\_

2. Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist or other health-care provider? Yes ☐ No ☐

Please list the medical condition being treated: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

3. If you are currently taking prescription medication other than those listed on the Explanation Page, please complete the requested information below.

Medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_

Medication: \_\_\_\_\_ Prescribing Doctor: \_\_\_\_\_

4. Have you ever had an on the job accident? Yes ☐ No ☐

If you answered "YES," please provide the date for each injury and the nature of the injury:

\_\_\_\_\_

How long were you on compensation? \_\_\_\_\_

Name of Employer: \_\_\_\_\_

5. Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not limited to knee, hip or shoulder replacement? Yes ☐ No ☐

If you answered YES, please provide:

Recommended surgery: \_\_\_\_\_

Approximate date of recommendation: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

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

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

Employer Representative: \_\_\_\_\_

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

**TO BE COMPLETED BY EMPLOYEE**

**EMPLOYEE WARNING**

**FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF ANY AND ALL WORKERS COMPENSATION BENEFITS UNDER La. R.S. 23:1208.1.**

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in loss of my workers compensation benefits should I become injured on the job.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER REPRESENTATIVE**

**EMPLOYER WARNING**

**PURSUANT TO La. R.S. 23:1208 OF THE LOUISIANA WORKERS' COMPENSATION ACT, IT SHALL BE UNLAWFUL FOR A PERSON, FOR THE PURPOSE OF OBTAINING OR DEFEATING ANY BENEFIT PAYMENT UNDER THE PROVISIONS OF THIS CHAPTER, EITHER FOR HIMSELF OR FOR ANY OTHER PERSON, TO WILLFULLY MAKE A FALSE STATEMENT OR REPRESENTATION. PENALTIES FOR VIOLATIONS INCLUDE IMPRISONMENT, FINES, AND/OR THE FORFEITURE OF BENEFITS.**

You must certify the following:

1. That I am an authorized representative of the employer designated to obtain and review the information provided by the employee on this questionnaire;
2. That I have provided the employee with as many copies of the Explanation Page as needed and have confirmed the number of and labeled the pages of this questionnaire;
3. That I have provided assistance to the employee (if requested) in responding to the questions on this questionnaire;
4. That the information sought by this authorization is made on an applicant for employment only after a conditional job offer has been made and accepted, or on a current employee; and
5. That the information obtained in the authorization will **NOT** be used to discriminate in any manner against the individual who is the subject of this authorization on any basis, in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, *et seq.*, or any other state or federal law;
6. That if requested, a photocopy of this fully completed and signed form will be provided to the employee.

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**BEAUREGARD PARISH SCHOOL BOARD**  
**EMPLOYEE DATA**

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

NAME \_\_\_\_\_

PHONE # (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

<p style="text-align: center;"><b>SUBSTITUTES ONLY</b></p> <p><u>College Hours:</u></p> <p>_____ Degree</p> <p>_____ 60+ Credit Hours</p> <p>_____ Under 60 Hours</p>
---

1. ARE YOU A MEMBER OF TEACHERS' RETIREMENT SYSTEM? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If yes, Active \_\_\_\_\_ Retired \_\_\_\_\_ If retired, Regular \_\_\_\_\_ Disability \_\_\_\_\_
2. DID YOU PARTICIPATE IN DROP (DEFERRED RETIREMENT OPTION PLAN)? No \_\_\_\_\_ Yes \_\_\_\_\_
3. ARE YOU A MEMBER OF THE LOUISIANA SCHOOL EMPLOYEES' RETIREMENT? No \_\_\_\_\_ Yes \_\_\_\_\_  
 If yes, Active \_\_\_\_\_ Retired \_\_\_\_\_ If retired, Regular \_\_\_\_\_ Disability \_\_\_\_\_
4. DID YOU PARTICIPATE IN DROP (DEFERRED RETIREMENT OPTION PLAN)? No \_\_\_\_\_ Yes \_\_\_\_\_

In accordance with Louisiana Act R. S. 44:11 (A) (B), the home telephone number and home address of a public employee may be kept confidential upon the request of the employee to the extent that the home address of any employee of a parish school board shall be made available to recognized educational groups. Indicate your request below.

I REQUEST BEAUREGARD PARISH SCHOOL BOARD TO KEEP MY HOME TELEPHONE NUMBER \_\_\_\_\_  
 (Please check, if yes)

AND/OR MY HOME ADDRESS \_\_\_\_\_ CONFIDENTIAL.  
 (Please check, if yes)

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

I certify that the above information is complete and accurate. I understand that if there is a change in the stated information I will notify Beauregard Parish School Board in writing. Furthermore, I agree that any under/over payment made to me by the Beauregard Parish School Board will be adjusted accordingly on my next scheduled paycheck, or arranged re-payment schedule.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

**BEAUREGARD PARISH SCHOOL BOARD**  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**  
**(ACH CREDITS)**

I hereby authorize the Beauregard Parish School Board, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my \_\_\_\_\_ checking \_\_\_\_\_ savings account (check one) indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same such account.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transmit/ABA Number \_\_\_\_\_ Account# \_\_\_\_\_

This authority is to remain in force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Please Print)

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

**BANK USE ONLY**

This form has been reviewed by our branch as to the accuracy of the bank information.

Branch Representative \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**PLEASE ATTACH A VOIDED CHECK**



TITLE: Substitute Teacher

QUALIFICATIONS: 1. Emergency - under 60 college hours  
2. 60+ - 60 or more college hours/non-degreed  
3. Degreed - Bachelor's Degree

REPORTS TO: School Principal

JOB GOAL: To enable each child to pursue his education as smoothly and completely as possible in the absence of his regular teacher.

PERFORMANCE RESPONSIBILITIES:

1. Reports to the building principal or school secretary upon arrival at the school.
2. Reviews with the principal, department head, or team leader all plans, class schedules, and duty assignments to be followed during the teaching day.
3. Maintains as fully as possible the established routines and procedures of the school and classroom to which he is assigned.
4. Teaches the lesson outlined and described in the Lesson Plan or Substitute Teacher's Guide as prepared by the absent teacher.
5. Consults, as appropriate, with the building principal, department head, or team leader before initiating any teaching or other procedures not specified in the Lesson Plan or Substitute Teacher's Guide.
6. Assumes responsibility for monitoring appropriate pupil behavior in class, during lunch and recess periods.
7. Reports on the day's activities at the conclusion of each teaching day by writing on the form provided by the school secretary.
8. Follows all policies, rules and procedures to which regular teachers are subject and which good teaching practice dictates.

Reviewed and agreed to by: \_\_\_\_\_  
(Substitute Teacher)

**BEAUREGARD PARISH SCHOOL BOARD**

**APPLICANT/EMPLOYEE:** \_\_\_\_\_

**Personal References Mailed / Emailed On:** \_\_\_\_\_

**REFERENCES:**

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_



# Beauregard Parish School Board

202 W. Third Street \$ P.O. Drawer 938  
DeRidder, Louisiana 70634  
Ph. (337) 463-5551 \* Fax (337) 463-6735

**Larry Hollie, M. Ed., Superintendent**

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ indicated that you are in a position to speak of his/her character and/or work ability. The questions below are offered for your convenience in checking various qualities of the applicant. Space is provided for additional comments. This data will be entirely confidential, being used solely for the purpose of employing school personnel. This reference may be returned in the enclosed self-addressed stamped envelope.

Tammy Crain  
Director of Personnel

I hereby release all of the above referred persons, firms or corporations from all liability for any damage whatsoever incurred in furnishing such information.

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

1. How long have you been acquainted with the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? (i.e: co-woker, personal friend, employee, etc.) \_\_\_\_\_
3. In your opinion is the applicant dependable, trustworthy and does he/she have good work ethics? \_\_\_\_\_
4. Do you believe the applicant would be a positive asset to our school system as an employee? \_\_\_\_\_
5. Does the applicant conduct himself/herself morally and maintain a neat appearance? \_\_\_\_\_
6. How would you describe the applicant's health and vitality? \_\_\_\_\_
7. Would this applicant attend work regularly and arrive on time? \_\_\_\_\_
8. If a former employer, what was the reason for this applicant's separation from your firm? \_\_\_\_\_
9. Would this applicant work well with fellow employees? \_\_\_\_\_
10. If you were (or have been) a former employer, would you consider the applicant for rehire? \_\_\_\_\_
11. If you would not rehire the applicant, please explain why. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

(If you need additional space, please continue comments on back)

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



# Beauregard Parish School Board

202 W. Third Street § P.O. Drawer 938  
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10. If you were (or have been) a former employer, would you consider the applicant for rehire? \_\_\_\_\_
11. If you would not rehire the applicant, please explain why. \_\_\_\_\_

COMMENTS: \_\_\_\_\_

(If you need additional space, please continue comments on back)

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

# Universal Availability Notice

## BEAUREGARD PARISH SCHOOL BOARD

## PLAN HIGHLIGHTS

You are eligible to participate in the 403(b) retirement plan sponsored by Beauregard Parish School Board. Contributing to a 403(b) plan will help to give you peace of mind through financial security during your retirement. A 403(b) plan will allow you to contribute a portion of your compensation as a pre-tax or after-tax (Roth) contribution (if allowed by your Employer) in order to save toward your retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

### WHAT IS A 403(b) PLAN?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA) plan, is a tax-deferred retirement plan for employees of certain tax-exempt governmental organizations or public education institutions. An employer may sponsor a 403(b) plan to provide a benefit to its employees to save for retirement on a tax-deferred basis.

### WHAT ARE THE BENEFITS OF CONTRIBUTING TO A 403(B) PLAN?

#### LOWER TAXES TODAY

The 403(b) contributions you make may be on a pre-tax basis. This means that you are taxed on a lower amount of income. For example, if your federal marginal income tax rate is 25%, and if you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings can grow with the size of your 403(b) contribution.

#### TAX-DEFERRED GROWTH

In your 403(b) plan, interest and earnings accrue tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan can allow your account to grow more quickly than saving money in a taxable account where interest and earnings are generally taxed each year.

#### TAKING THE INITIATIVE

Contributing to a 403(b) retirement plan can help you take control of your future retirement needs. Other sources of retirement income, including state pension plans and, if applicable, Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to provide you with additional income at retirement.

### POSSIBLE TAX CREDITS

If you contribute to the plan, you may be able to receive a tax credit, which could reduce your overall federal income tax paid for the year.

### ROTH

You may also choose to save part of your earnings on an AFTER-TAX (ROTH) basis. Qualified distributions will allow you to withdraw your money tax-free.

### HOW MUCH CAN YOU CONTRIBUTE TO A 403(b) PLAN

You may elect to save:

- Up to 100% of your income
- Up to \$16,500 in 2010
- Extra \$5,500 if age 50+

**NOTE: Contribution limits are only for 2010. Please verify contribution limits for 2011.**

### HOW TO ENROLL IN THE PLAN

You will need to make an election regarding how much of your compensation you wish to defer to the 403(b) plan. You will also need to determine which company you would like to invest your contributions with. A list of approved vendors and the Salary Reduction Agreement can be found by visiting the National Benefit Services website at [www.nbsbenefits.com/403b](http://www.nbsbenefits.com/403b) or by contacting (800) 274-0503 extension 5. Once you have decided how much to contribute and which vendor to invest your funds, please contact the vendor directly to obtain and submit all necessary paperwork to open the account.

### INVESTMENT CHOICES

Annuity contracts provided through an insurance company or custodial accounts provided through a retirement account custodian are allowed in 403(b) plans. For more information and a list of approved investment providers for your plan, visit <http://www.nbsbenefits.com/403b>. You will need to contact the investment providers for a comprehensive listing and for information regarding the available investment choices they provide.

### EXCHANGES

As a participant in the 403(b) Plan, you have the option to request a tax-free contract exchange between different investment providers within the same plan. For a list of exchange eligible investment providers for your 403(b) Plan, please visit <http://www.nbsbenefits.com/403b>

### DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Total Disability
1. Death
2. Termination of Employment
3. Attainment of Age 59 ½

Please visit [www.NBSbenefits.com](http://www.NBSbenefits.com) to get a copy of the required NBS paperwork. The Vendor may require additional paperwork.

### LOANS

You may borrow up to ½ of your vested balance up to \$50,000 (whichever is less). Contact your current Vendor about the Loan Policy for your Plan.

### HARDSHIP DISTRIBUTIONS

Your plan may allow for Hardship Distributions – contact your HR Department for more information about the requirements. NOTE: If you take a hardship distribution you are required to stop making contributions for 6 months.

### GENERAL PLAN INFORMATION

To obtain additional information about participation, and about the savings products made available under the plan, please contact your payroll/human resources department.

#### Plan Name:

Beauregard Parish School Board 403(b) Plan

#### Plan Contact Person:

Carolyn Crain  
Po Box 938  
DeRidder, LA 70634  
(337) 463-5551

NATIONAL BENEFIT SERVICES, LLC

(801) 532-4000 Salt Lake City, UT  
Updated: 10/15/2010

## Certified Personnel Dress Code, Including Substitute Teachers

Employees on a daily basis shall dress as professionals, in businesslike attire in order to set a good example for co-employees, students and the general public. Employee dress and grooming shall not detract from the learning/educational environment of students' participation in classes, school programs or other school-related activities.

### 1. Women:

#### Acceptable

Sleeveless dresses or tops as long as undergarments do not show  
Skirts/dresses/jumpers/culottes/split skirts (no shorter than top of knee)  
Pants (belt, if loops), pant suits, cropped pants  
Blouse tucked in unless square-tailed, rounded or banded/sweaters  
Blazers: optional

#### Not Acceptable

Bare midriff/spaghetti strap shirts or tops  
See-thru or tight fitting tops/pants/skirts/leggings or tights  
Denim jeans (all colors)  
Wind suits/sweat suits/jogging suits  
Shorts  
Overalls  
Tee shirts  
Men's style shirts with shirt tailed hems worn untucked

Exception: Spirit day or school dress up as announced or designated by the principal, which may include jeans.  
Note: Open-toed shoes or sandals worn with mid-calf skirts/dresses or pants; no plain rubber flip-flops are allowed.

### 2. Men:

#### Acceptable

Slacks/trousers/dress pants (belt if loops or suspenders worn at waist)  
Shirts: polo, oxford, sweater tucked in unless square-tailed or banded  
Blazer: optional  
Ties: optional

#### Not Acceptable

Sleeveless shirts  
\*Denim jeans (all colors)  
Wind suits/sweat suits/jogging suits  
Tee shirts  
Shorts  
Overalls

Note: socks required (no-show socks are permissible)

Exception: Spirit day or school dress up as announced or designated by the principal, which may include jeans.  
\*Teachers of agriculture and industrial arts may wear colored denim jeans but not blue jeans. Scrubs may be worn by only those working with medically impaired students or students in Pre-K and Kindergarten.

### 3. P.E. Teachers:

#### Acceptable

Wind suits  
Walking shorts/coaching shorts  
(No shorter than top of kneecap)  
Socks must be worn at all times (no-show socks are permissible)

#### Not Acceptable

Stretch shorts/short shorts/polyester  
Tee shirts

P.E. instructor's attire acceptable in gym and during P.E. classes. If a P.E. instructor teaches any other class during the day, he/she will change clothes or cover clothing with wind suit.

## Support Personnel

All support personnel will dress according to their job description requirements with approval of the school principal/immediate supervisor. Clerical workers, secretaries, aides, and others who work with children and/or inside the school plant, central office, or other central locations will comply with the certified dress code.

Exceptions include:

- Bus drivers/bus aides/crossing guards may wear jeans and tee shirts (without offensive statements or slogans) during the school year and knee length shorts are optional during the summer months.
- Maintenance and custodial employees may wear jeans and tee shirts (without offensive statements or slogans) during the school year and knee length shorts are optional during the summer months.

# Beauregard Parish School Board



## Handbook for Substitute Teachers

### **NOTE FOR ALL SUBSTITUTE CLASSROOM TEACHERS:**

IMMEDIATELY UPON YOUR ARRIVAL TO ANY CLASSROOM IN  
BEAUREGARD PARISH, PLEASE LOCATE THE RED EMERGENCY  
MANAGEMENT GUIDE LOCATED IN EACH CLASSROOM.



## **PREFACE**

**All personnel working for the Beauregard Parish School Board have the goal of providing the best possible educational system for the students of Beauregard Parish.**

**Substitute employees must know what is expected of them as they do their part in trying to accomplish this goal. All personnel have the right to expect compensation and benefits that are appropriate for their work and their level of assigned responsibilities.**

**This handbook provides information that will help the substitute employee understand what expectations they will be required to meet and what their rights and responsibilities are while working to make Beauregard Parish Schools the best in the State.**

TITLE: Substitute Teacher

QUALIFICATIONS: 1. Emergency - under 60 college hours  
2. 60+ - 60 or more college hours/non-degreed  
3. Degreed - Bachelor's Degree

REPORTS TO: School Principal

JOB GOAL: To enable each child to pursue his education as smoothly and completely as possible in the absence of his regular teacher.

PERFORMANCE RESPONSIBILITIES:

1. Reports to the building principal or school secretary upon arrival at the school.
2. Reviews with the principal, department head, or team leader all plans, class schedules, and duty assignments to be followed during the teaching day.
3. Maintains as fully as possible the established routines and procedures of the school and classroom to which he is assigned.
4. Teaches the lesson outlined and described in the Lesson Plan or Substitute Teacher's Guide as prepared by the absent teacher.
5. Consults, as appropriate, with the building principal, department head, or team leader before initiating any teaching or other procedures not specified in the Lesson Plan or Substitute Teacher's Guide.
6. Assumes responsibility for monitoring appropriate pupil behavior in class, during lunch and recess periods.
7. Reports on the day's activities at the conclusion of each teaching day by writing on the form provided by the school secretary.
8. Follows all policies, rules and procedures to which regular teachers are subject and which good teaching practice dictates.

Reviewed and agreed to by: \_\_\_\_\_  
(Substitute Teacher)

## SUBSTITUTE TEACHER CHECKLIST

- ☐ 1. Sign in with school office personnel
- ☐ 2. Pick up:
  - a. Class Roster
  - b. Lesson Plans
  - c. Substitute Teacher Daily Report (if required)

NOTE: If any of the above items are not available, please mark "NO" beside that item.
- ☐ 3. Check the duty schedule located in the office.
- ☐ 4. Check class roll, add absent students' names to the absentee report, and send report to the office by 11:00 a.m.
- ☐ 5. For minor discipline problems, leave a note for the teacher explaining what happened. If discipline problems arise that you cannot handle, send the person or persons involved to the office for disciplinary action.
- ☐ 6. Complete this checklist and the Substitute Teacher Daily report (if required) and return them to the office at the end of the day.

## SUBSTITUTE TEACHER DAILY REPORT

**IMPORTANT NOTE:** In order to be assured that the instructional program is continuing under the direction of a substitute teacher, it is necessary to know whether or not the required materials were available for you to use. Please complete this form and return it to the secretary before you leave today. If "no" is checked, please comment.

Substitute Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Absent Teacher: \_\_\_\_\_

Yes    No    N/A

\_\_\_\_\_ Were the lessons detailed to such an extent that you were able to follow them without difficulty?

\_\_\_\_\_ Did you have copies of teachers' editions of all texts?

\_\_\_\_\_ Were instructional materials such as practice materials and workbooks prepared and available for use?

\_\_\_\_\_ Did you have a classroom schedule?

\_\_\_\_\_ Did you have a student roll?

\_\_\_\_\_ Were you left information regarding students with special needs; whether medical academic, or behavioral?

\_\_\_\_\_ Were you left information regarding student dismissal at the culmination of the school day?

\_\_\_\_\_ Did you have information describing where to go for a fire drill?

\_\_\_\_\_ Were you made aware of duty assignments?

**COMMENTS:** (Required if any "no" answer is checked.)

## SUBSTITUTE TEACHER EVALUATION

**IMPORTANT NOTE:** In order to be assured that the instructional program is continuing under the direction of a substitute teacher, please complete this form immediately after a substitute teacher has taught your class.

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Substitute Teacher: \_\_\_\_\_

Yes

No

- |       |       |  |
|-------|-------|--|
| _____ | _____ | Were the lesson plans followed?                                      |
| _____ | _____ | Were students successfully managed?                                  |
| _____ | _____ | Did students take advantage of the substitute?                       |
| _____ | _____ | Were physical facilities well managed?                               |
| _____ | _____ | Did the substitute teacher follow the classroom and duty schedules?  |
| _____ | _____ | Were any problems properly handled?                                  |
| _____ | _____ | Would you recommend this person to substitute for you in the future? |

**COMMENTS:** (Required if any "no" answer is checked.)