



SOMERS POINT SCHOOL DISTRICT

121 West New York Avenue, Somers Point, New Jersey

609-927-2053 ~ www.sptsd.org

Michelle CarneyRay-Yoder, Ed.D., Superintendent

Mary Conroy
Business Administrator/ Board Secretary
mconroy@sptsd.org ~ x3220

Michelle Kaas, Ed.D.
Director of Curriculum & Special Projects
mkaas@sptsd.org ~ x3207

Laura Venello, Ed.D.
Director of Special Education
lvenello@sptsd.org ~ x6010

SOMERS POINT SCHOOL DISTRICT NEW EMPLOYEE FORMS

Please fill out the following forms and return them to the Superintendent's Office

- ✓ **Employment Application with**
 - Certificates/proof of certificates (if applicable)
 - Official Transcripts (if applicable)
- ✓ **Make a fingerprinting appointment or archive your fingerprints (if previously fingerprinted for another district). Information can be found at <https://www.nj.gov/education/crimhist/>. After fingerprinting is completed, return the form along with payment receipt to the Superintendent's office. Service Detail No. 2F1FB1 – Public School Employment.**
- ✓ **State of New Jersey Sexual Misconduct/Child Abuse Disclosure Release form**
 - Please request additional copies for each former employer
- ✓ **Employment Eligibility Verification Form I-9 with two (2) forms of ID**
 - Driver's License (or Passport) and Social Security Card
- ✓ **State of NJ Hire Reporting Form**
- ✓ **Oath of Allegiance – *Must be signed in front of Notary.* If no notary can be signed in Superintendent's Office.**
- ✓ **Physical Examination Form – School Doctor – Dr. Raab 609-399-1862**
- ✓ **Mantoux Test Form (TB Test)**
- ✓ **Drug Testing Form - AtlantiCare**
- ✓ **NJ First Act**
- ✓ **POP (Premium Only Plan) – Cafeteria Plan (for payroll) -FULL TIME EMPLOYEES ONLY**
- ✓ **Acknowledgement of receipt of school policies 3149/4159**
- ✓ **W-4 Federal AND W-4 NJ**
- ✓ **Direct Deposit form with a cancelled check**
- ✓ **Pension information**
- ✓ **Health Benefit Information.**

Return Application to:
Superintendent of Schools
Somers Point Board of Education
121 New York Avenue
Somers Point, NJ 08244
(609-927-2053)
dkatz@sptsd.org

DATE: _____

Name _____
(Last) (First) (Middle)

Phone Number _____
(Home) (Cell) (E-mail)

Present Address _____
(Street) (City) (State) (Zip)

State of New Jersey Certification Held (if applicable) _____
(Please attach certificates)

NEW JERSEY STATE FINGERPRINTING PROCESSED _____ District _____ Date _____

Ethnicity:	Hispanic	<input type="checkbox"/>
Race:	American Indian	<input type="checkbox"/>
	Asian	<input type="checkbox"/>
	Black or African American	<input type="checkbox"/>
	Native Hawaiian or	<input type="checkbox"/>
	Other Pacific Islander	
	White	<input type="checkbox"/>

EDUCATION (Please attach transcripts)

SCHOOLS AND COLLEGES ATTENDED

	Name of Institution(s) & Location	Dates Attended	Nature of Course	Diploma or Degree
High School				
Colleges & Universities				
Graduate School				
Student Teaching				
Special Training				
Other Studies				

EMPLOYMENT HISTORY

	Name & Location	Length of Service (Dates)	Position Held Grade Level	Reason for Leaving
Employer				
Employer				
Employer				
Employer				

REFERENCES

Please list three references (not a relative), who has known you for one year or more:

- Name: _____

Affiliation: _____

Phone #: _____
- Name: _____

Affiliation: _____

Phone #: _____
- Name: _____

Affiliation: _____

Phone #: _____

Have you ever been asked to resign from a position?

Yes _____ No _____

Have you ever been rified (reduction in force) from a position?

Yes _____ No _____

Have you ever been not renewed from a position?

Yes _____ No _____

I have attested that the above statements are fact: _____

Signature of Applicant

Form Revised: 09/21

FINGERPRINTING PROCEDURE

The Office of Student Protection Unit (OSP) conducts criminal background checks of applicants for positions in New Jersey's public schools, private schools for students with disabilities, charter schools, and nonpublic schools, as well as for authorized vendors and authorized school bus contractors, by working through the New Jersey State Police (NJSP) and the Federal Bureau of Investigation (FBI).

Read this before you apply...

To complete this application, a Microsoft internet browser like Internet Explorer or Edge is recommended. All other operating systems and internet browsers are unreliable with this program. Do not use Smart phones, tablets, iPads or other mobile devices.

There are three different types of applications to select from to complete the Criminal History record check. Please read the descriptions below to determine which of the applications is correct for you.

If:

You have never worked for a school, a bus contractor, or a vendor, or

You were fingerprinted by Office of Student Protection **before** March 2003, and are changing school districts, bus contractors or vendors, or

You were originally fingerprinted as a College Student or as a Volunteer and paid a reduced fingerprinting fee, or

You were previously disqualified by Office of Student Protection and have had your criminal record expunged...

Then you are a **new applicant**.

If:

You were fingerprinted and approved by Office of Student Protection **after** February 2003, and are changing school districts or vendors or

You are a school bus driver renewing your "S" endorsement and were fingerprinted and approved after February 2003 ...

Then you are an **archive applicant**.

If:

You were fingerprinted and approved by Office of Student Protection after March 2003, and

You were fingerprinted for a substitute or bus driver position, and

You have been employed in a substitute position continuously by a school or vendor since the first year your criminal history approval was issued, and you can provide

a Verification of Employment memo ...

Then you are a **transfer applicant**.

New Applicant Request

1. Access the Office of Student Protection Review's New Applicant process.
2. Select the first option: "**New Administration Fee Request (New Applicants Only)**".
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "**Continue**."
4. If you are eligible for the process, the screen will display four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to the next screen.
 - a. All job positions, except school bus drivers and bus aides, for public schools, private schools for students with disabilities and charter schools;
 - b. All school bus drivers and bus aides for public schools, private schools for students with disabilities, charter schools and authorized school bus contractors;
 - c. All job positions, except school bus drivers and bus aides, for nonpublic schools; or
 - d. All school bus drivers and bus aides for nonpublic schools and other agencies.
5. Complete the requested applicant information to include the county/district/school/contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the Applicant Authorization and Certification form (AA&C) by checking the box.
6. Complete the required payment information. There is a \$10.00 administrative fee for the Department to process the request and issue an approval letter. There will also be an additional \$1.00 convenience fee charged by the private vendor, NicUSA for processing the credit card information. Accepted methods of payment are Visa, MasterCard, American Express or Discover credit cards.
7. You **must** click the "**Make Payment**" button only *one time* to complete the transaction. After completing the transaction, you will be presented with three required steps:
 - a. View and/or print your New Administration Fee Payment Request confirmation page;
 - b. Complete and/or print your Identogo NJ Universal Fingerprint Form;
 - c. Click here to schedule your fingerprinting appointment with MorphoTrust
8. Select the first option -- "**View and/or print your New Administration Fee Payment Request confirmation page**" and print a copy of the receipt by clicking the print button in the upper right corner of the page and presenting a copy to the employing entity.

9. Next select the second option – **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form and fill in the boxes for height, weight, maiden name (if applicable), place of birth, country of citizenship, hair color, and eye color and present it to MorphoTrust at the time of LiveScan fingerprinting.
10. Access the MorphoTrust web page by selecting the third option **"Click here to schedule your fingerprinting appointment with MorphoTrust"** or call 1-877-503-5981 to schedule a fingerprinting appointment.
11. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing the Office of Student Protection website. Provide a copy to your employer.

Archive Applicant Request

1. Access the Archive process.
2. Select the second option: **"Archive Application Request (Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003)."**
3. Enter your Social Security number to ascertain if you are eligible for the process. Click **"Continue."**
4. Select the appropriate Applicant Authorization and Certification form (AA&C) that is suitable to your job position and employer.
5. Complete the requested applicant information to include the county/district/school/contractor codes furnished to you by your employer and proceed to the Legal Certification. In order to continue with the ePayment process, read and accept the terms of the AA&C by checking the box. Click **"Next"**
6. Submit your credit card payment. Total payment is \$29.75 (\$28.75 plus a \$1.00 convenience fee charged by the private vendor). Click **"Continue"** and then click **"Make Payment"** at the bottom of the next page.
7. The Payment Confirmation page will state **"Your ePayment transaction has been processed successfully."** You should print a copy of this receipt.
8. In about two weeks, you will be able to view and print your **"Applicant Approval Employment History"** by accessing it on the Office of Student Protection website. Provide a copy to your employer.

Transfer Applicant Request

1. Access the Transfer process.
2. Select the third option: "**Transfer Request (Only Substitutes and Bus Drivers are eligible).**"
3. Enter your Social Security number to ascertain whether you are eligible for the process. Click "**Continue.**"
4. The screen will display two options:
For all bus drivers **only**
For all other job categories
5. Select the option applicable to the position for which you are requesting the transfer. Complete the requested applicant information, including the county/district/school/contractor-vendor codes furnished to you by your employer and click on the "**Next**" button.
6. Review your information and submit your credit card payment. Total payment is \$6.00 (\$5.00 plus a \$1.00 convenience fee charged by the private vendor). Click "**Continue**" and then click "**Make Payment**" at the bottom of the next page.
7. The Payment Confirmation page will state "**Your ePayment transaction has been processed successfully.**" Print a copy of this receipt.



SOMERS POINT SCHOOL DISTRICT

ADMINISTRATIVE OFFICES

121 West New York Avenue
Somers Point, New Jersey 08244

Phone: (609) 927-2053 ~ Fax: (609) 927-7351 ~ www.sptsd.org

Michelle CarneyRay-Yoder, Ed.D., Superintendent/ Director of Special Education Ext: 3211
Julie Gallagher, Business Administrator/ Board Secretary Ext: 3220

State of New Jersey **Sexual Misconduct/Child Abuse Disclosure Form**

Effective June 01, 2018, the State of New Jersey required that all school districts, charter schools, nonpublic schools, and contracted service providers make certain inquiries regarding child abuse and sexual misconduct of prospective employees who will have regular contact with students.

Please fill out the attached *State of New Jersey, Sexual Misconduct/Child Abuse Disclosure Release* to the best of your ability and return it to me. The laws state that the form must be returned within 20 days of the prospective employer's request.

Educationally Yours,

Michelle CarneyRay-Yoder, Ed.D., Superintendent

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release
P.L. 2018,c.5
Effective June 01, 2018

P.L. 2018, c.5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statutes. This law prohibits a school district, charter school, nonpublic schools, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (Collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

The applicant must submit this form for (1) all current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.

Applicant – please complete the information immediately below, Section 1 and the top of page 2 of this form, sign and return it to the hiring entity. Please complete addition forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.

TO:

Name of Current or Former Employer _____ ☐ No applicable employment

Contact person _____

Street Address _____

City, State, Zip _____

Telephone No. _____ Fax No. _____ Email _____

_____ is under consideration for a position with the Somers Point School District. The individual whose name appears herein has reported previous employment with your entity. As required by *P.L. 2018, c. 5*, please provide the information requested in Section 2 of this form within **20 days of receipt**.

Section 1: Applicant Certification and Release

(to be completed by the applicant even if the applicant has no current or prior employment to disclose)

Applicant Name (First, Middle, Last): _____

Date of Birth: _____

Any former names by which the Applicant has been identified: _____

Last 4 digits of the Applicant's Social Security Number: _____

Approximate dates of employment with the entity listed above: from _____ to _____

Position(s) held: _____

Have you (Applicant) ever:

- ☐ Yes ☐ No Been the subject of any child abuse or sexual misconduct investigation by any employer, State Licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?
- ☐ Yes ☐ No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?
- ☐ Yes ☐ No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by *N.J.S.A. 18A:6-7.7*, may subject me to discipline up to, and including, termination or denial of employment;; may be a violation of *N.J.S.A. 2C:28-3*; and may subject me to a civil penalty of not more than \$500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," P.L.1999, c.274.

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to *N.J.S.A. 18A:6-7.7*, the above-named employer is released from liability that may arise of the disclosure or release of records.

Signature of Applicant

Date

Section 2: Current/Formal Employer Verification

(To be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.

N.J.S.A. 18A:6-7.7 (b) provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provision of *N.J.S.A. 18A:6-7.7 (a)* and collecting the information requested below.

Employing Entity receipt date _____

Received by _____

Contact Phone # _____

Applicant's dates of employment _____ to _____

- ☐ Yes ☐ No Been the subject of any child abuse or sexual misconduct investigation by any employer, State Licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?
- ☐ Yes ☐ No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?
- ☐ Yes ☐ No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

Current/Former Employer Representative Signature_____

Current/Former Employer Representative Title_____

Date_____

If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any regarding the incident of child abuse or sexual misconduct. Pursuant to *N.J.S.A. 18A:6-7.11*, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

The failure of a current or former employer to provide the information requested in Section 2 within the 20-day timeframe required by *N.J.S.A. 18A:6-7.9* may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to *N.J.S.A. 18A:6-7.7*; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to *N.J.S.A. 18A:6-7.7*.

Return all completed information to:

Hiring Entity: **SOMERS POINT SCHOOL DISTRICT – Attn: Dawn Booth (dbooth@sptsd.org)**
 Address: **121 W. New York Avenue, Somers Point, New Jersey 08244**
 Fax/Email: **609-927-7351 / dkatz@sptsd.org**

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release Instructions
P.L. 2018, C. 5
Effective June 1, 2018

Instructions

This standardized form has been developed by the New Jersey Department of Education, pursuant to *P.L. 2018, c. 5*, to be used by hiring entities and by applicants, who would be employed by, or in, a school, in a position involving regular contact with students. This form satisfies the statutory requirement to provide information related to child abuse or sexual misconduct. An applicant who would be employed by or in a school in a position having regular contact with students must provide the information requested in Section 1 of this form and sign the authorization for the disclosure by the applicant's current and former employers of the information requested in Section 2 of this form.

The applicant shall complete one form for the applicant's current employer(s) and separate forms for each of the applicant's former employers for the last 20 years that were school entities or where the applicant was employed in a position having direct contact with children. The applicant will submit this form in its entirety, with the information on Page 1 and Section 1 completed, to the hiring entity. The applicant must also authorize, by signature, the release of information regarding child abuse and/or sexual misconduct from the current and/or former employers to the hiring entity. The hiring entity is prohibited from hiring an applicant for a position involving regular contact with students if the applicant does not provide the information and authorization required by law.

Upon completion by the applicant, the hiring entity shall submit the form to the applicant's current and former employers to complete Section 2 of this form. A hiring entity may not employ an applicant who does not provide the required information for a position involving regular contact with students.

If a current and/or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current and/or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Upon providing documentation due to an affirmative response, every measure should be taken to ensure student privacy and confidentiality. All student identifiers should be redacted prior to release.

Relevant Statutory Definitions Pursuant to N.J.S.A. 18A:6-7.6

Child abuse is defined as any conduct that falls under the purview and reporting requirements of *P.L. 1971, c. 437* (*N.J.S.A. 9:6-8.8 et seq.*) and is directed toward or against a child or student, regardless of the age of the child or student.

Sexual misconduct is defined as any verbal, nonverbal, written, or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialogue, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature, and any other sexual, indecent or erotic contact with a student.

ADDITIONAL INFORMATION

Per *N.J.S.A. 18A:6-7.9*, a hiring entity shall have the right to immediately terminate an individual's employment or rescind an offer of employment if: (1) the applicant is offered employment or commences employment with the hiring entity following the effective date of this act; and (2) information regarding the applicant's history of sexual misconduct or child abuse is subsequently discovered or obtained by the employer that the employer determines disqualifies the applicant or employee from employment with the hiring entity. The termination of employment pursuant to *N.J.S.A.*

18A:6-7.9 shall not be subject to any grievance or appeals procedures or tenure proceedings pursuant to any collective bargaining agreement or negotiated agreement or any law, rule, or regulation.

Per *N.J.S.A. 18A:6-7.10*, after reviewing the information disclosed in Section 1 and/or Section 2 of this form, and finding an affirmative response to any of the inquiries, the hiring entity, prior to determining to continue with the applicant's job application process, shall make further inquiries of the applicant's current or former employer to ascertain additional details regarding the matter disclosed. The hiring entity should use its discretion, consistent with statute, in the event that a current/former employer is no longer in operation or fails to respond to Section 2 of this form.

The hiring entity may employ or contract with an applicant on a provisional basis for a period not to exceed 90 days pending the hiring entity or independent contractor's review of information received related to Section 1 and/or Section 2 of this form, provided that all of the following conditions are satisfied: (1) the applicant has complied with *N.J.S.A. 18A:6-7.7*; (2) the hiring entity has no knowledge or information pertaining to the applicant that the applicant is required to disclose pursuant to *N.J.S.A. 18A:6-7.7(a)(3)*; and (3) the hiring entity determines that special or emergent circumstances exist that justify the temporary employment of the applicant.

The sexual misconduct or child abuse disclosures articulated herein are required in addition to satisfying any pre-existing requirements for employment in a school, including a criminal history review, pursuant to *N.J.S.A. 18A:6-7.1* and *N.J.A.C. 6A:9B-4.2*.

Open Public Records Act

Pursuant to *N.J.S.A. 18A:6-7.11*, information received by a hiring entity under this Act shall not be deemed a public record under *P.L. 1963, c. 73* or the common law concerning access to public records.

Immunity

Pursuant to *N.J.S.A. 18A:6-7.11*, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

Contact

For more information, please contact the County Office of Education for the hiring entity.



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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (*See Instructions*)

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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. (*See Instructions*)

*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.*

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)

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 Identify	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		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:		
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.



**Form I-9 Supplement,
Section 1 Preparer and/or Translator Certification**

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

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

Employee Name:	Last Name (Family Name)	First Name (Given Name)	Middle Initial
-----------------------	-------------------------	-------------------------	----------------

Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	ZIP Code

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A:17-56.61) requires all New Jersey employers, both public and private, to report to the state of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.nj-newhire.com.

Send completed forms to:
New Jersey New Hire Directory
PO Box 4654
Trenton, NJ 08650-4654
Toll-free fax: 1 (800) 304-4901

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please enter the same FEIN used to report the employee's quarterly wages.):

21 - 6000316

Employer Name:

S O M E R S P O I N T B . O . E .

Employer Payroll Address:

1 2 1 W . N E W Y O R K A V E N U E

Employer City:

S O M E R S P O I N T

Employer State: Zip Code (5 digit):

N J 0 8 2 4 4

Employer Phone (optional):

Extension:

Employer Fax (optional):

Email Address:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Is this employee an Independent Contractor?

Yes

☐

No

☐

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

Employee State: Zip Code (5 digit):

Date of Hire (MMDDYY):*

Date of Birth (MMDDYY):

Reports must be submitted within 20 days of date of hire or rehire. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us toll-free at 1(877) NJ-HIRES

Rev (11/08)

New Jersey State Department of Education
Office of Licensure and Credentials

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORANT: This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

A. Basic Information *Please print your name as it appears on any documentation that you are required to submit*

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Email Address

Phone Number Including Area Code

Endorsement Information. Please enter the code and print the name of the endorsement for which you are applying on the line below

Code Name of Endorsement

B. Oath of Allegiance *This form is to be completed only by those individuals who are U.S. citizens.*

I, _____ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

C. Certification *Failure to complete these items will result in rejection of the candidate's application for certification.*

Have you ever had a certificate revoked or suspended in this or any state?

Circle whichever applies

If yes, enclose a statement indicating the action taken and provide the pertinent details.

Yes No

Circle whichever applies

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.

Yes No

D. Verification of Accuracy

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this _____ day of _____, 20_____

Notary Seal

Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education
Office of Licensure and Credentials
P.O. Box 500
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

Filename and Path and Revision Date



SOMERS POINT SCHOOL DISTRICT

MEMO

Date: July 01, 2022
To: All Staff
From: Michelle CarneyRay-Yoder, Ed.D.
Re: Physical Exams, Drug screening and Mantoux testing
Phone: 609-927-2053 X 3211

According to Policies and Regulations 3160/4160 – Physical Examinations, The Somers Point Board of Education requires that each administrator, teaching staff, support staff and substitutes who have received a conditional offer of employment in the district, full time or part time, submit to a physical examination that includes the members health history, health screenings, medical evaluation, drug screening and Mantoux testing in accordance with district regulations. Attached are the following forms: Personal Physical Examination and AtlantiCare Physician Group Authorization for Services for Drug screening and Mantoux testing.

Physical examinations required by this policy may be conducted by a physician or institution designated by the Board of Education, or at the employee's election, by a physician or institution designated by the employee and approved by the Board of Education. The cost of any such examination conducted by the physician or institution designated by the Board of Education shall be borne by the Board of Education. The cost of any such examination conducted by the physician or institution chosen by the employee and approved by the Board of Education shall be borne by the employee. The drug screening done by AtlantiCare Occupational Medicine is paid for by the Board of Education.

The physician chosen by the Board of Education is:

Dr. Gary Raab, Ocean City Family Practice Center, 500 E. 6th Street, Ocean City, NJ 08226
609-399-1862

Superintendent's Office
121 West New York Avenue
Somers Point, NJ 08244
Phone: 609-927-2053 x 3211
Fax: 609-927-7351
drcry@sptsd.org
www.sptsd.org

SOMERS POINT BOARD OF EDUCATION

121 West New York Ave.

Somers Point, NJ 08244

PERSONAL PHYSICAL EXAMINATION

Name: _____

Position: _____

EXAMINATION:

BLOOD PRESSURE _____

IS THIS NORMAL FOR INDIVIDUAL? _____

HEART _____

IS THIS NORMAL FOR INDIVIDUAL? _____

LUNGS _____

IS THIS NORMAL FOR INDIVIDUAL? _____

EYES: RIGHT _____ LEFT _____

ABDOMEN _____

EARS (OTOSCOPIC) _____

HERNIA _____

LYMPH NODES _____

ORTHOPEDIC _____

THYROID _____

POSTURE _____

NOSE _____

FEET _____

MOUTH _____

SKIN (NONCOMM.) _____

NERVOUS DISORDER _____

REFLEXES _____

DEFORMITIES _____

ALLERGIES _____

HEIGHT _____

WEIGHT _____

GENERAL HEALTH: GOOD () FAIR () POOR ()

REMARKS AND RECOMMENDATIONS _____

Date _____

Signature of Examining Physician _____

New Jersey Department of Health and Senior Services Tuberculosis Program

Required Tuberculosis Testing in New Jersey Schools

Justification: To restrict tuberculosis screening in New Jersey schools to teachers/other employees and only those students who are at highest risk for latent TB infection.

- I. Only a positive interferon gamma release assay test result or a Mantoux intradermal test using 5 TU of stabilized PPD tuberculin skin test result measuring ≥ 10 mm of induration shall be considered a "significant reaction".
- II. The following tuberculosis testing requirements apply to ALL school districts:
 1. Students born in a country that is not listed on page 3 and entering school in the U.S. for the first time, regardless of age or grade.
 2. Students transferring into the New Jersey school system directly from a country not listed on page 3, regardless of age or grade.

EXCEPTIONS FOR BOTH GROUPS OF STUDENTS LISTED ABOVE:

Entering at preschool through grade 5: Tuberculosis testing is not required if the student has documentation of an IGRA or Mantoux tuberculin skin test at the age of three years or older, regardless of the result of that test.

Entering at grades 6 through 12: Tuberculosis testing is not required if the student has documentation of a negative tuberculosis test in the last six months or a positive test, regardless when this test was done.

Tuberculosis testing is not required if the student has attended school in another state prior to entering the New Jersey school system.

Any student with parents claiming religious exemption (see Attachment 1) cannot be compelled to submit to tuberculosis testing. In these instances, a symptom assessment must be done (Attachment 1). If TB-like symptoms are reported, a physician must document that the student does not have active disease (form attached). Each school district is responsible for determining the criteria essential to document a valid religious exemption.



☐ 2500 English Creek Ave., Suite 908
Egg Harbor Township, NJ 08234
(609) 677-7200 #1, Fax: (609) 677-7201

☐ 3830 Atlantic Avenue (Stockton Campus)
Atlantic City, NJ 08401
(609) 677-7200 #2, Fax: (609) 449-8885

Authorization for Services

This form services as an authorization to provide services for the following:

Applicant/Employee Name: _____ **DOB:** _____

Phone Number: Home: _____ **Cell:** _____

Appointment Date: _____ **Time:** _____

Job Title/Duties Performed: _____

Employer: Somers Point Board of Education (Account ID: SOMBOARD)

Name of Person Authorizing Services: ☐ Dr. Michelle CarneyRay-Yoder, Superintendent

PLEASE GIVE TO APPLICANT/EMPLOYEE OR Email to
AtlanticareOccupationalHealth@atlanticare.org

**MUST BRING TWO FORMS OF IDENTIFICATION! ONE MUST BE A GOVERNMENT
ISSUED PICTURE ID!**

Check off Service to be Provided:

☐ TB Skin test

☐ Urine Drug Screen (non-dot) pre-employment:

☐ Other: _____

Revised 3-24-2022

SOMERS POINT SCHOOL DISTRICT
NEW JERSEY FIRST ACT

Employee Name:			
Employee Address:			
City:	State:	Zip:	County:
Date of Hire:	Position:		

New Jersey First Act

Effective September 1, 2011, in accordance with the "New Jersey First Act" P.L. 2011, c.70, all employees of State and local government, **including school districts** or an authority, board, body, agency, commission, or instrumentality of the district, must reside in the State of New Jersey, unless exempted under law. All employees hired on or after September 11, 2011 not residing in New Jersey will have one year after the date employment begins to relocate residency to New Jersey. An employee who does not do so is subject to removal from office, position, or employment.

In accordance with the "New Jersey First Act" amending N.J.S.A. 52:14-7:

Please ☒ the applicable box:

- ☐ I hereby attest that my principal residence* is in the State of New Jersey.
- ☐ I hereby attest that my principal residence is outside the State of New Jersey. I understand that I have one year to relocate and establish my principal residence in the State of New Jersey. Failure to do so will result in my being deemed unqualified for holding my position in accordance with the New Jersey First Act.

ACKNOWLEDGEMENT

By signature below, I acknowledge receipt of the information contained in N.J.S.A. 52:14-7. I also acknowledge my obligation to notify the Superintendent's Office if/when my principal residence changes.

Employee Signature

Date

*In accordance with statute, "... a person may have only one principal residence, and the state of a person's residence means the state (1) where the person spends the majority of his or her nonworking time, and (2) which is most clearly the center of his or her domestic life and (3) which is designated as his or her legal address and legal residence for voting. The fact that a person is domiciled in this State shall not by itself satisfy the requirement of principal residency."

Arrest Reporting Regulations: Certificated Staff

Regulation, N.J.A.C. 6A:9-17.1 (C) provides as follows:

(C) All certificated holders shall report their arrest or indictment for any crime or offense to their superintendent within 14 calendar days. The report shall include the date of arrest or indictment and charge(s) lodged against the certificated holder. Such certificate holders shall also report to their superintendents the disposition of any charges within seven calendar days of disposition. Failure to comply with these reporting requirements may be deemed "just cause" pursuant to N.J.A. C. 6A:117.5. School Districts shall make requirements known to all new employees and to all employees on an annual basis. Effective January 9, 2009.

What this means:

- Applies to certificated staff only
- Must report arrest or indictment for a crime or offense to the superintendent within 14 calendar days
- Must report the disposition of the charges within 7 calendar days
- Failure to report may be deemed "just cause" which could lead to revocation of your certificate
- The district is required to notify employees of this regulation on an annual basis
- Motor Vehicle Laws & Education Laws does not apply, however an arrest for DWI would apply

Somers Point, New Jersey 08244

Board Secretary



SOMERS POINT SCHOOL DISTRICT

ADMINISTRATIVE OFFICES

121 West New York Avenue
Somers Point, New Jersey 08244

Phone: (609) 927-2053 ~ Fax: (609) 927-7351 ~ www.sptsd.org

Michelle CarneyRay-Yoder, Ed.D., Superintendent/ Director of Special Education Ext: 3211
Michele Roemer, Ed.D., Interim Business Administrator/ Board Secretary Ext: 3220
Julie Gallagher, Assistant to the Business Administrator/ Board Secretary Ext: 3220

ACKNOWLEDGEMENT OF RECEIPT OF SCHOOL POLICIES 3159/4159

Date _____

I, _____ have received a copy of the following school policies:
(print name)

3159 – Teaching Staff Member/School District Reporting Responsibilities

4159 – Support Staff Member / School District Reporting Responsibilities

Signature

POLICY

Somers Point Board of Education

Section: Teaching Staff Members

3159. TEACHING STAFF MEMBER/SCHOOL DISTRICT REPORTING RESPONSIBILITIES

Date Created: January 2010

Date Edited: July 2020

3159- TEACHING STAFF MEMBER/SCHOOL DISTRICT REPORTING RESPONSIBILITIES

3159 TEACHING STAFF MEMBER/SCHOOL DISTRICT

REPORTING RESPONSIBILITIES

The Board of Education and certificate holders shall adhere to the reporting requirements outlined in N.J.A.C. 6A:9B-4.3 and N.J.S.A. 18A:16-1.3. For the purposes of this Policy, "certificate holders" shall include all individuals who hold certificates, credentials, certificates of eligibility (CEs), and certificates of eligibility with advance standing (CEASs) issued by the New Jersey State Board of Examiners. For purposes of this Policy, the term "certificate" shall include all standard, emergency and provisional certificates, all credentials, and all CEAs and CEASs issued by the New Jersey State Board of Examiners.

All certificate holders shall report an arrest or indictment for any crime or offense to the Superintendent within fourteen calendar days of their arrest or indictment in accordance with the provisions of N.J.A.C. 6A:9B-4.3. The report submitted to the Superintendent shall include the date of arrest or indictment and charge(s) lodged against the certificate holder. Such certificate holders shall also report to the Superintendent the disposition of any charge within seven calendar days of the disposition. Failure to comply with these reporting requirements may be deemed "just cause" for revocation or suspension of certification pursuant to N.J.A.C. 6A:9B-4.4. The school district shall make these reporting requirements known to all new employees upon initial employment and to all employees on an annual basis.

The Superintendent shall notify the New Jersey State Board of Examiners when:

1. Tenured teaching staff members who are accused of criminal offenses or unbecoming conduct resign or retire from their positions;
2. Nontenured teaching staff members, including substitute teachers, who are accused of criminal offenses or unbecoming conduct resign, retire, or are removed from their positions;
3. A certificate holder fails to maintain any license, certificate, or authorization that is mandated pursuant to N.J.A.C. 6A:9B for the holder to serve in a position;

4. The Superintendent becomes aware that a certificate holder has been convicted of a crime or criminal offense while in the district's employ; or
5. The Superintendent has received a report from the Department of Children and Families substantiating allegations of abuse or neglect, or establishing "concerns" regarding a certificated teaching staff member.

The school district shall cooperate with the New Jersey State Board of Examiners in any proceeding arising from an order to show cause issued by the New Jersey State Board of Examiners and based on information about the certificate holder that the school district provided.

The Superintendent shall also notify the New Jersey State Board of Examiners, in accordance with the provisions of N.J.S.A. 18A:16-1.3, whenever a nontenured, certificated employee is dismissed prior to the end of the school year for just cause as a result of misconduct in office. This notification requirement shall not apply in instances where the employee's contract is not renewed.

The Superintendent will comply with the additional notice requirements to the New Jersey State Board of Examiners in the event it is subsequently determined by a disciplinary grievance arbitration, a court, or an administrative tribunal of competent jurisdiction that the basis for the dismissal did not constitute misconduct in office. In addition, whenever the Superintendent notifies the New Jersey State Board of Examiners of an employee's dismissal for reasons of misconduct in accordance with the provisions of N.J.S.A. 18A:16-1.3, the employee shall receive a simultaneous copy of the notifying correspondence.

In the event the Board of Education determines, pursuant to a tenure charge finding under N.J.S.A. 18A:6-10 or a disorderly person conviction under N.J.S.A. 9:6-8.14, that a teaching staff member has failed to report an allegation of child abuse in accordance with State law or regulations, the Board shall submit a report to the New Jersey State Board of Examiners that outlines its findings. The New Jersey State Board of Examiners shall review the certification of the teaching staff member to determine if the teaching staff member's failure to report warrants the revocation or suspension of his/her certificate. In accordance with N.J.S.A. 9:6-8.14, any person failing to report an act of child abuse, having reasonable cause to believe that an act of child abuse has been committed, may be deemed a disorderly person.

N.J.S.A. 9:6-8.14; 18A:6-10; 18A:6-38.5; 18A:16-1.3

N.J.A.C. 6A:9B-4.3; 6A:9B-4.4

N.J.S.A. 18A:16-1.3

N.J.A.C. 6A:9B-4.3; 6A:9B-4.4

Adopted: May 18, 2017

Revised: June 25, 2020

© 2021 Strauss Esmay Associates, LLP
1886 Hinds Road, Suite 1, Toms River, NJ 08753
ph: (732)255-1500 fax: (732)255-1502

POLICY

Somers Point Board of Education

Section: Support Staff

4159. SUPPORT STAFF MEMBER/SCHOOL DISTRICT REPORTING RESPONSIBILITIES

Date Created: November 2010

Date Edited: January 2021

4159- SUPPORT STAFF MEMBER/SCHOOL DISTRICT REPORTING RESPONSIBILITIES

4159 SUPPORT STAFF MEMBER/SCHOOL DISTRICT REPORTING RESPONSIBILITIES

All support staff members shall be required to report their arrest or indictment for any crime or offense to the Superintendent of Schools within fourteen calendar days of the arrest or indictment. For purposes of this policy, "support staff members" shall include all school district employees who hold a position in the school district for which no certificate issued by the New Jersey State Board of Examiners is required.

The report submitted to the Superintendent shall include the date of arrest or indictment and charge(s) lodged against the support staff member. Such support staff members shall also report to the Superintendent the disposition of any charges within seven calendar days of the disposition. Failure to comply with these reporting requirements may be deemed "just cause" for disciplinary action, which may include termination or non-renewal of employment in accordance with law.

Teaching staff members are required to report their arrest or indictment for any crime or offense in accordance with Policy 3159 and N.J.A.C. 6A:9B-4.3.

The school district shall make these reporting requirements known to all new support staff members upon initial employment and to all employees on an annual basis.

Adopted: May 18, 2017

© 2021 Strauss Esmay Associates, LLP
1886 Hinds Road, Suite 1, Toms River, NJ 08753
ph: (732)255-1500 fax: (732)255-1502

Employee's Withholding Certificate

OMB No. 1545-0074

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 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 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.)

Step 3: Claim Dependent and Other Credits	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 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
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.

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:

• \$27,700 if you're married filing jointly or a qualifying surviving spouse	} 2 \$ _____
• \$20,800 if you're head of household		
• \$13,850 if you're single or married filing separately		

 **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	15,870	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

State of New Jersey – Division of Taxation
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box)		
Name			1. <input type="checkbox"/> Single		
Address			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City			3. <input type="checkbox"/> Married/Civil Union Partner Separate		
State		Zip	4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....					3.
4. Total number of allowances you are claiming (see instructions).....					4.
5. Additional amount you want deducted from each pay					5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....					6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature			Date		
Employer's Name and Address			Employer Identification Number		

BASIC INSTRUCTIONS

- Line 1 Enter your name, address, and Social Security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
- Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at (609) 292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is **not intended to provide withholding for other income or wages**. If you need additional withholdings for other income or wages, use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households, or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

HOW TO USE THE CHART

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 673	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$	300.00 +	2.0%	\$ 20,000
\$ 673	\$ 769	\$	11.54 +	3.9%	\$ 673	\$ 35,000	\$ 40,000	\$	600.00 +	3.9%	\$ 35,000
\$ 769	\$ 1,442	\$	15.29 +	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$	795.00 +	6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$	56.35 +	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$	2,930.00 +	7.0%	\$ 75,000
\$ 9,615	\$ 19,231	\$	628.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	32,680.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,580.38 +	11.8%	\$ 19,231	\$ 1,000,000	over	\$	82,180.00 +	11.8%	\$ 1,000,000
RATE "B"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 962	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$	300.00 +	2.0%	\$ 20,000
\$ 962	\$ 1,346	\$	17.31 +	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$	900.00 +	2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$	27.69 +	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$	1,440.00 +	3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$	35.19 +	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$	1,830.00 +	6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$	117.31 +	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,100.00 +	7.0%	\$ 150,000
\$ 9,615	\$ 19,231	\$	588.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	30,600.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,540.38 +	11.8%	\$ 19,231	\$ 1,000,000		\$	80,100.00 +	11.8%	\$ 1,000,000
RATE "C"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 769	\$	5.77 +	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$	300.00 +	2.3%	\$ 20,000
\$ 769	\$ 962	\$	14.62 +	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$	760.00 +	2.8%	\$ 40,000
\$ 962	\$ 1,154	\$	20.00 +	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$	1,040.00 +	3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$	26.73 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$	1,390.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$	123.65 +	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,430.00 +	6.6%	\$ 150,000
\$ 9,615	\$ 19,231	\$	567.88 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	29,530.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,519.81 +	11.8%	\$ 19,231	\$ 1,000,000		\$	79,030.00 +	11.8%	\$ 1,000,000
RATE "D"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 769	\$	5.77 +	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$	300.00 +	2.7%	\$ 20,000
\$ 769	\$ 962	\$	16.15 +	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$	840.00 +	3.4%	\$ 40,000
\$ 962	\$ 1,154	\$	22.69 +	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$	1,180.00 +	4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$	30.96 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$	1,610.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$	127.88 +	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,650.00 +	6.5%	\$ 150,000
\$ 9,615	\$ 19,231	\$	565.38 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	29,400.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,517.31 +	11.8%	\$ 19,231	\$ 1,000,000		\$	78,900.00 +	11.8%	\$ 1,000,000
RATE "E"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 673	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$	300.00 +	2.0%	\$ 20,000
\$ 673	\$ 1,923	\$	11.54 +	5.8%	\$ 673	\$ 35,000	\$ 100,000	\$	600.00 +	5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$	84.04 +	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$	4,370.00 +	6.5%	\$ 100,000
\$ 9,615	\$ 19,231	\$	584.04 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	30,370.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,535.96 +	11.8%	\$ 19,231	\$ 1,000,000		\$	79,870.00 +	11.8%	\$ 1,000,000

DIRECT DEPOSIT AGREEMENT

In this Agreement the word "you" refers to the SOMERS POINT BOARD OF EDUCATION.

The words "I" and "my" refer to each of the persons signing below.

The word "Bank" refers to _____ (Bank name)

By signing this Agreement, I authorize you to deposit funds directly into my account with the Bank identified above. I also authorize the Bank to accept each of those deposits for my account and to make adjustments to my account to correct any errors relating to those deposits. This Agreement will continue to be effective until you receive (in time for you to act upon it) a written notice from me stating that I have terminated this Agreement. If more than one person signs this Agreement, any one of us can sign such a notice.

My Name _____

My Address _____

My phone number _____

Type of account ☐ Checking

☐ Savings

Account No. _____

Account No. _____

Branch _____

Branch _____

Transit/ABA No. _____

Transit/ABA No. _____

Name (Signature)

Name (Signature)

Name (Print)

Date

Name (Print)

Date

Amount of Deposit:

☐ 100% - FULL

☐ Partial

Split:

(Savings)

(Checking)

Please attach a voided check for each bank account to which funds should be deposited