

ROLLA PUBLIC SCHOOLS

EMPLOYEE INFORMATION FORM

PERSONAL INFORMATION

Full Name: _____
Last First Middle Maiden / Other

Address: _____
Physical Mailing

_____ City State Zip

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____ Marital Status: Single Married

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Work Phone: _____ Cell Phone: _____

U. S. Veteran: Yes No Active Military: Yes No If yes, please list branch of service: _____

Ethnicity: White African American Hispanic American Indian Asian Other: _____

EMERGENCY INFORMATION (IF OTHER THAN SPOUSE LISTED ABOVE)

Emergency Contact (Full Name): _____

Address: _____

Phone: _____ Relationship: _____

OTHER

Total college credit hours: _____ Degree held: _____

Have you previously been employed by this school district? Yes No

If yes, please state last year employed and position held: _____

If yes, did you participate in 403B? Yes No

Do you hold a valid Missouri teaching certificate? Yes No

Are you a PSRS or PEERS retiree? Yes No

If yes, by signing below, I agree to track my hours worked (not to exceed 550 hours per fiscal year).

Signature: _____ Date: _____



MISSOURI DEPARTMENT OF
REVENUE
Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee	Full Name		Social Security Number			
	Home Address (Number and Street or Rural Route)		City or Town	State	ZIP Code	
	1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household					
	2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....					
3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....						3
4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.						4
<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.						
<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.						
<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.						

Signature	Under penalties of perjury, I certify that the information provided on this form is true and accurate.	
	Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) ____/____/____

Employer	Employer's Name Rolla Public Schools		Employer's Address 500A Forum Drive			
	City Rolla		State Missouri	ZIP Code 65401		
	Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____		Federal Employer I.D. Number 4 3 6 0 0 3 0 5 1		Missouri Tax Identification Number 1 4 12 16 19 14 12 12	

Notice to Employer:
 Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

- **Email:** withholding@dor.mo.gov
- **Fax:** 877-573-6172
- **Mail to:** Missouri Department of Revenue
P.O. BOX 3340
Jefferson City, MO 65105-3340

Please visit dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Notice to Employee:
 Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator mytax.mo.gov/rptp/portal/home/withholding-calculator.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the non-resident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website dor.mo.gov/military/.
- Additional information can be found at mo.gov/business/withhold/.

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.**

2022

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do only one of the following.

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

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

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

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

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

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

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

Employers Only	Employer's name and address Rolla Public Schools 500A Forum Drive Rolla, MO 65401	First date of employment	Employer identification number (EIN) 436003051
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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 10/31/2022

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





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
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List A OR List B AND List C
 Identity and Employment Authorization Identity 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	
Issuing Authority		
Document Number	QR Code - Sections 2 & 3 Do Not Write In This Space	
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 Executive Secretary Assistant HR	
Last Name of Employer or Authorized Representative Martin	First Name of Employer or Authorized Representative Brandi	Employer's Business or Organization Name Rolla Public Schools #31	
Employer's Business or Organization Address (Street Number and Name) 500A Forum Drive	City or Town Rolla	State MO	ZIP Code 65401

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)

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

FAMILY CARE SAFETY REGISTRY (FCSR)

RELEASE OF INFORMATION FORM

The Rolla Public School District is committed to providing a safe environment for students to learn. As part of this effort, the District requires criminal background checks of employees, as well as volunteers, chaperones, and others in positions where they will be left alone with a child in accordance with Policy GBEC Critical. Information received by the District pursuant to a criminal background check is confidential. Except as allowed by law, the District will only use this information for internal purposes. The District will keep this information in a location that is only accessible to person who need to know the information to carry out their responsibilities with the District.

Registration can be completed in 3 easy steps!

- Step 1:** Register with FCSR online at <https://health.mo.gov/safety/fcsr/>.
A one-time registration fee of \$15.25 applies (this includes a registration fee of \$14 plus a \$1.25 processing fee).
- Step 2:** Complete and sign this "Release of Information" form. If you are a chaperone or volunteer, you may also return it to any school office.
- Step 3:** Your letter of approval will be mailed to you from FCSR.

PERSONAL INFORMATION

Please print. Provide all registered names possibly used with FCSR.

Last name: _____

First name: _____ Middle name: _____ Suffix (if applicable): _____

Other names use (including other last names, other first names, nicknames): _____

Date of birth: ____ / ____ / ____ Social Security number: ____ - ____ - ____

CONTACT INFORMATION

Street address: _____ PO Box: _____

City, state, zip code: _____

Email: _____ Home/Cell phone: ____ - ____ - ____

AUTHORIZATION

I certify that I am registered with the Missouri Department of Health and Senior Services - Family Care Safety Registry (FCSR). I hereby authorize Rolla Public School District to conduct a check of records to verify background information on the FCSR website. I understand that my social security number will only be utilized to verify background information with the FCSR. I also understand I must inform the Rolla Public School District if I am subsequently convicted of any criminal offense during my affiliation with the school district and its programs. I understand I will only have to register once with FCSR, however I must contact the Rolla Public School District's Human Resources or Volunteers office to have a background check run annually. I grant permission for the Rolla Public School District to conduct a background check on me either by verbal or electronic communication authorized by me.

I hereby release and discharge the Rolla Public School District, its employees, and any individual obtaining information for the Rolla Public Schools, from any liability whatsoever as a result of inquiries or disclosures related to my background check.

Signature: _____ Date: _____

OFFICE USE ONLY

Employee Substitute Teacher Volunteer Chaperone Recruiter Other _____

Date cleared: _____

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____ Employee ID# _____
Employer Name ROLLA #31 SCHOOL DISTRICT Employer ID# 479

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____