



Hillsborough Township Public Schools



PLEASE READ ALL INFORMATION BELOW - VERY IMPORTANT!

All required paperwork must be handed in before you can be added to the School Board Agenda for approval.

- Employee Record:** Complete top portion only.
- I-9 Form** Please complete and sign this form. We ask for a copy of your Driver's License and Social Security Card for this form.
- W-4 Form** (*Must be signed and dated*).
- New Jersey State W-4 Form** (*Must be signed and dated*). Please make sure to completely fill out the form and don't forget to put down what you are claiming.
- Direct Deposit Form** (Optional): Please attach a voided check and/or banking information and sign form. *Although this is optional, we ask you to consider this as we would like to be as paperless as possible. Please keep the Doculivity form, as it contains directions to access your online paystubs.*
- Criminal History Record Check:** As of July 1, 2010 all new applicants must apply for a Criminal History Check. This is an online process and detailed instructions are included in this packet. Please be sure to print the confirmation page and include a copy in this paperwork when you return to our office. **If you are CURRENTLY A SUBSTITUTE IN ANOTHER NJ DISTRICT, you may be able to archive your information for a lesser fee, directions are included.**
- Fingerprinting:** If you have already been fingerprinted for another *New Jersey Public School District*, you do not have to do this again. If you have not, the instructions to register online for an appointment are included with the Criminal History Instructions. After you have been fingerprinted you must provide the Hillsborough BOE with a copy of the form with the receipt attached to it. Do not leave the facility without this form with the receipt attached.
- Substitute Certificate:** *Substitute Teachers, Instructional Aides, and Nurses Only.* Certification is good for 5 years, the cost is \$125.00. This application is done completely online. Please follow the instructions listed in the attached guide. If you have already completed the steps for Criminal History Record Check and Fingerprinting above, please go straight to Step 3 on that guide. ****Not needed if you have a NJ Teaching Certificate or a current Substitute Certificate.**
- Mantoux (TB Test):** Please make an appointment with your doctor to have this test administered. If you have had a test administered within the last 6 months, please attach a copy of those results.
- Additional Items Needed:** Copies of your Driver's License & Social Security Card. A copy of your Teaching or Substitute Certification if you already have them.
- Online Application:** Please be sure to go to www.https.us >Human Resources>Current Openings/Apply Online and complete the application for the substitute position(s) you are seeking.

Please call or email Kym Lo Presti at klopresti@https.us or (908) 431-6600 Ext. 2970 with any questions you may have. All Substitute paperwork should be returned to the BOE office, 379 So. Branch Road, Hillsborough, NJ 08844

Employee No: _____

HILLSBOROUGH TOWNSHIP PUBLIC SCHOOLS
379 South Branch Road
Hillsborough, NJ 08844

EMPLOYEE RECORD

Full Name of Employee: _____

Street Address: _____

City, State, Zip Code: _____

Phone No: (____) _____ Social Security No: ____/____/____

Cell No: (____) _____

Ethnic Background: _____ Male/Female: _____ DOB _____

Email: _____

Do you work in other districts? **Y** or **N** (circle one)

Please list other districts you work in: _____

Are you registered in Pensions? **Y** or **N** Pension # _____
(circle one)

Marital Status: **M** () **S** () _____
Name of Spouse Maiden Name

Emergency Contact Name & Phone Number: _____

DO NOT WRITE BELOW THIS LINE

SUBSTITUTES

Position: Teacher (\$115.00 Daily) Nurse (\$255.00 Daily) Instr. Asst. (\$97.50 Daily) Lunch Aide (\$15.13 Hourly)
 Secretary (\$15.13 Hourly) Bus Driver (\$30.00 Hourly) Bus Aide (\$19.90 Hourly) Custodian (\$15.00 Hourly)

BOE Approval Date: _____

Paperwork to Payroll Date: _____



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

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

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> ● Receipt for a replacement of a lost, stolen, or damaged List A document. ● Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. ● Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<ul style="list-style-type: none"> ● Receipt for a replacement of a lost, stolen, or damaged List B document. 	AND	<ul style="list-style-type: none"> ● Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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.**

2024

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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

(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

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 employment _____	Employer identification number (EIN) _____
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, 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 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 2024 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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2024 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: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

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.

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
YOUR WAGES	0 10,000	B	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	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	

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (CREDITS)

CHECK ONE

() New Authorization () Authorization to Transfer () Change of Account Number () Cancellation to Another Depository

COMPANY NAME

Hillsborough Township Board of Education

COMPANY ADDRESS

379 South Branch Road, Hillsborough, NJ 08844

I hereby authorize the Company to initiate by electronic means direct deposits (credit entries) of my net earnings to my () Checking or () Savings account in the entity named below ("Depository") and to initiate, if necessary, debit entries and adjustments for any credit entries in error. I authorize the Depository to accept and to credit and/or debit the amount of such entries to my account.

DEPOSITORY NAME

City

State

Zip Code

Account Number (Enter only numbers, letters and hyphens)

Grid for Account Number

Transit/ABA Number (Must be 9 digits)

Grid for Transit/ABA Number

Leave blank if not known. If direct deposit is to a checking account, attach a voided blank personalized check. If direct deposit is to a savings account, enter account number only. Please contact your financial institution for your Transit/ABA number.

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Depository a reasonable opportunity to act on it and in no event shall a termination notice be effective with respect to entries processed by the Company or the Depository prior to its receipt.

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

DATE

ATTACH VOIDED CHECK

Instructions for New Applicants

1. Access the Office of Student Protection's direct web address to begin the process. Click on Office of Student Protection. Click on **"File Authorization and Make Electronic Payment."**
<https://www.nj.gov/education/crimhist>.
2. Select the first option: **"New Administration Fee Request (New Applicants Only)"** and enter your Social Security number to ascertain if you are eligible for the process. The screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.
3. Complete the requested applicant information to include the county, district, school or contractor code names 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 by checking the box.

Hillsborough BOE Codes:

County Code: 35 (if form requires three digits enter 035)

District Code: 2170

4. Please 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. Methods of payment are Visa, MasterCard, American Express or Discover credit cards.

You must click the **"Make Payment"** button only one time to complete the transaction.

5. 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. View and/or print your IdentoGO NJ Universal Fingerprint Form
 - c. Click here to schedule your fingerprinting appointment with Idemia
6. 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.
7. Next select the second option **"View and/or print your IdentoGO NJ Universal Fingerprint Form."** You must print the IdentoGO NJ Fingerprint Form to use when making your fingerprint appointment and to present it to Idemia at the time of LiveScan fingerprinting.
8. Access the Idemia web page by selecting the third option **"Click here to schedule your fingerprinting appointment with Idemia"** or calling 1-877-503-5981 to schedule a fingerprinting appointment. Effective February 17, 2020, you must use the chart below to choose your Service Code to schedule the appointment.

REASON FOR FINGERPRINTING (Box 4 on the NJ Universal Fingerprint Form)	SERVICE CODE
PUBLIC SCHOOL EMPLOYMENT	2F1FB1
NONPUBLIC SCHOOL EMPLOYMENT	2F19ZQ
SCHOOL BUS DRIVER EMPLOYMENT	2F1GSH
SCHOOL BOARD MEMBER/TRUSTEE	2F1GN4
DOE VOLUNTEER	2F151N
DOE VOLUNTEER NONPUBLIC	2F14XX

* **In about two weeks after you get fingerprinted, you will be able to view and print your "Applicant Approval Employment History" by accessing the Office of Student Protection website. Give a copy to your employer.**

Archive Application Requests Information

1. Access the Office of Student Protection's direct web address to begin the process. The web address is: <https://www.nj.gov/education/crimhist>.
2. Click on "**File Authorization and Make Electronic Payment for Criminal History Record Check.**"
3. Select the second option: "**Archive Application Request {Applicants Previously Fingerprinted for the Department of Education and Approved Subsequent to February 2003}.**"
4. Please enter your Social Security number to ascertain if you are eligible for the process. Click "**Continue.**"
5. Select the appropriate Applicant Authorization and Certification form that is suitable to your job position and employer.
6. Complete the requested applicant information to include the county, district, school or contractor code names 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 by checking the box. Click "**Next**"

Hillsborough BOE Codes:

County Code: 35 (if form requires three digits enter 035)

District Code: 2170

7. 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.
8. The Payment Confirmation page will state "**Your ePayment transaction has been processed successfully.**" You should print a copy of this receipt.
9. 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. Please give a copy to your employer.

* *In about two weeks after you get fingerprinted, you will be able to view and print your "Applicant Approval Employment History" by accessing the Office of Student Protection website. Give a copy to your employer.*

SUBSTITUTE TEACHER CERTIFICATE

For information on obtaining a Substitute Teacher certificate and to apply online please go to the following NJDOE website <https://www.nj.gov/education/certification/> or scan the QR code below:



FINGERPRINTING

To schedule your fingerprint appointment and criminal history background check please go to the following website <https://www.nj.gov/education/crimhist/> or scan the QR code below and scroll down to **Applicants Online System**:



If you have been fingerprinted for another New Jersey Public School district then you can request to archive those fingerprints for Hillsborough BOE. You do not have to go back to a IDENTO site and be re fingerprinted.

MANTOUX TEST RECORD

NAME _____

DATE OF BIRTH _____ PHONE NUMBER _____

ADDRESS _____
Street City State Zip

POSITION _____ SCHOOL _____

Please read the items below and check the appropriate line. Note: If you are pregnant, please get a note from your obstetrician stating whether or not you can be tested.

- YES NO
1. Have you ever had a positive TB skin test or a family history of TB infection?
2. Are you allergic to tubersol or tuberculin purified protein derivative?
3. Have you ever received the BCC vaccine?

In the last 4-6 weeks, have you:

- 4. Received an immunization for measles, mumps, rubella or influenza?
5. Had the flu, mumps or measles?
6. Taken corticosteroids or other immunosuppressives?

THIS TEST MUST BE READ IN 48-72 HOURS AFTER RECEIVING IT. FAILURE TO RETURN WITHIN THIS TIME FRAME WILL RESULT IN YOU BEING RETESTED.

Date _____

Employee's Signature _____

Date Mantoux Administered

Injection Site

Manufacturer / Lot Number

Expiration Date

Printed Name of Nurse Administering Test

Signature of Nurse Administering Test

Date Mantoux Read

Result

mm induration

Printed Name of Nurse Reading Test

Signature of Nurse Reading Test

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release
P.L. 2018, c. 5
Effective June 1, 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 school, 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 and Section 1 of this form and return it to the hiring entity. Please complete additional 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

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

_____, is under consideration for a position with Hillsborough Public Schools. 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 Applicant's Social Security Number: _____

Approximate dates of employment with the entity listed above: _____

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.

[Redacted Signature]

Signature of Applicant

[Redacted Date]

Date

Section 2: Current/Former 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 provisions of N.J.S.A. 18A:6-7.7(a) and collecting the information requested below.

Employing Entity receipt date: [Redacted]

Received by: [Redacted]

Applicant's dates of employment: [Redacted]

Contact phone #: [Redacted]

To the best of your knowledge, has the 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 while allegations of child abuse or sexual misconduct were pending or under investigation, or 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 while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Current/Former Employer Representative Signature

Date

Current/Former Employer Representative Title

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: Hillsborough Township Public Schools

Kym Lo Presti

Address: 379 South Branch Road

Phone #: 908-431-6600 Ext. 2970

City: Hillsborough

State: NJ

Zip: 08844

Fax or Email: klopresti@https.us

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.



HILLSBOROUGH TOWNSHIP BOARD OF EDUCATION

379 South Branch Road · Hillsborough · NJ · 08844-3443 · (908) 431-6600 · www.htps.us

Payroll Department: 908-431-6600 ext. 2386 or email payroll@htps.us

**Substitute Payroll Schedule
Payroll Schedule 2023-2024**

DATE WORKED BEGINNING	DATE WORKED ENDING	DATE TO BE PAID
09/01/2023	09/15/2023	09/29/2023
09/16/2023	09/30/2023	10/13/2023
10/01/2023	10/15/2023	10/31/2023
10/16/2023	10/31/2023	11/15/2023
11/01/2023	11/15/2023	11/30/2023
11/16/2023	11/30/2023	12/15/2023
12/01/2023	12/15/2023	12/22/2023
12/16/2023	12/31/2023	01/12/2024
01/01/2024	01/15/2024	01/31/2024
01/16/2024	01/31/2024	02/15/2024
02/01/2024	02/15/2024	02/29/2024
02/16/2024	02/28/2024	03/15/2024
03/01/2024	03/15/2024	03/28/2024
03/16/2024	03/31/2024	04/15/2024
04/01/2024	04/15/2024	04/30/2024
04/16/2024	04/30/2024	05/15/2024
05/01/2024	05/15/2024	05/31/2024
05/16/2024	05/31/2024	06/11/2024
06/01/2024	06/18/2024	06/28/2024
06/19/2024	06/30/2024	7/15/2024