



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.
- Oath of Allegiance** (*notarized*): *Can be notarized here at the board office for your convenience.* Please notice there is one for citizen and one for non-citizen. Please choose the right one for you and discard the other.
- I-9 Form** (Please complete and sign front page of 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*). Please make sure to completely fill out form and don't forget to put down what you are claiming.
- New Jersey State Form** (*Must be signed and dated*). Please make sure to completely fill out form and don't forget to put down what you are claiming.
- Pension Enrollment Form:** If you have been enrolled in the pension system from a previous job you will need to complete this form. If you are not currently enrolled in the pension system you will not need to complete this form.
- Direct Deposit Form** (Optional): Just include a voided check and sign form and we will take the information from your check. *As this is optional we ask you to consider this as we would like to be as paperless as possible.*
- Criminal History Check:** All must have this done... As of July 1, 2010 all new applicant must apply for a Criminal History Check. This is an online process that is available through <http://www.nj.gov/education/educators/crimhist/>. Cost is \$11.00 new applicants and archiving is \$32.55. Methods of payment are Visa, MasterCard, American Express and Discover credit cards. Just follow the instructions and when you have completed everything please make sure you print out a receipt and include a copy in this paperwork when you return to our office.
ARE YOU CURRENTLY A SUBSTITUTE TEACHER IN ANOTHER NJ DISTRICT? If so you can TRANSFER your information for free on the above website as well.
- Fingerprinting:** All must have this done... If you have done this with another **Public School District** then we can use those fingerprints and you do not have to have it done again. The instructions to register online for an appointment are enclosed. After you have been fingerprinted you must provide the Hillsborough BOE a copy of the form with the receipt attached to it. Do not leave the facility without this form with the receipt as it is very important you have it. **Fee \$67.50 is paid directly to the facility.**
- Substitute Certificate:** *Substitute Teachers, Instructional Aides, and Nurses Only.* Somerset County Certification Application. Certification is good for 5 years. Cost is \$125.00 Check or Money Order. Made payable to: COMMISSIONER OF EDUCATION.
Not needed if you have a New Jersey Teaching Certificate or current Substitute Certificate.
- Mantoux (TB Test):** All must have this done... Please make an appointment with your doctor to have this test administered.
- Additional Items Needed:** Copies of Drivers License & Social Security Card.
Official Transcripts should you need a Substitute Certificate.
Copy of Teaching or Substitute Certification if you already have them.
Copy of State letter when received.

Please call or email Pinky Nielsen at pnielsen@https.us or (908) 431-6600 Ext. 2999 with any questions you may have. All Substitute paperwork is returned to her at the board office.

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: ____/____/____

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

DO NOT WRITE BELOW THIS LINE

SUBSTITUTES

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Teacher
(\$90.00 Daily) | <input type="checkbox"/> Nurse
(\$135.00 Daily) | <input type="checkbox"/> Instr. Asst.
(\$90.00 Daily) | <input type="checkbox"/> Lunch Aide
(\$9.40 Hourly) |
| <input type="checkbox"/> Secretary
(\$10.25 Hourly) | <input type="checkbox"/> Bus Driver
(\$25.00 Hourly) | <input type="checkbox"/> Bus Aide
(\$19.90 Hourly) | <input type="checkbox"/> Custodian
(\$13.50 Hourly) |

BOE Approval Date: _____

Paperwork to Payroll Date: _____

OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY

IMPORTANT: 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

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.

Circle whichever applies

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

NON-CITIZEN OATH OF ALLEGIANCE

IMPORANT: This form is to be completed by only those individuals who are NOT U.S. citizens.

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

Last Name	First Name	Middle Name/Initial
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Street Address

City	State	Zip
------	-------	-----

Social Security Number	Date Of Birth	Month	Day	Year
------------------------	---------------	-------	-----	------

E-mail Address	Phone Number	Area Code
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Endorsement Information. Please enter the code and print the name of the endorsement for which you or applying.

Endorsement Code	Endorsement Name
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B. Oath of Allegiance

Oath to support the institutions of the United States (to be subscribed to by non-citizens pursuant to N.J.S.A. 18A: 26-9).

I, _____ do solemnly swear, (or affirm) that, during the period of my employment, I will support the Constitution of the United States and the Constitution of the State of New Jersey.

C. Certification

Responses to the following two questions are mandatory. Failure to complete these items will result in rejection of the candidate's application for certification.

	Circle which applies below
Have you ever had a certificate revoked or suspended in this or any state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the action taken and provide the pertinent details.	Yes No
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 name of the municipality where this occurred and provide the pertinent details.	Yes No

PLEASE COMPLETE SECTIONS ON NEXT PAGE

D. Verification of Accuracy

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

Applicant's Signature (in ink)

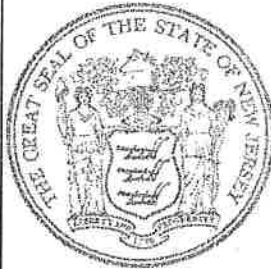
Date

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: Non-Citizen Oath of Allegiance



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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.

<p align="center">LIST A</p> <p align="center">Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">OR</p>	<p align="center">LIST B</p> <p align="center">Documents that Establish Identity</p>	<p align="center">AND</p> <p align="center">LIST C</p> <p align="center">Documents that Establish Employment Authorization</p>
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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
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. Native American tribal document
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		6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion 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



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 **Subtract** line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

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	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384		\$ 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	\$ 15.28 + 6.1%	\$ 769		\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000	
\$ 1,442		\$ 56.34 + 7.0%	\$ 1,442		\$ 75,000		\$ 2,930.00 + 7.0%	\$ 75,000	
\$ 9,615		\$ 628.45 + 9.9%	\$ 9,615		\$ 500,000		\$ 32,680.00 + 9.9%	\$ 500,000	

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	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 961	\$ 5.76 + 2.0%	\$ 384		\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000	
\$ 961	\$ 1,346	\$ 17.30 + 2.7%	\$ 961		\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000	
\$ 1,346	\$ 1,538	\$ 27.70 + 3.9%	\$ 1,346		\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000	
\$ 1,538	2,884	\$ 35.18 + 6.1%	\$ 1,538		\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000	
\$ 2,884		\$ 117.29 + 7.0%	\$ 2,884		\$ 150,000		\$ 6,100.00 + 7.0%	\$ 150,000	
\$ 9,615		\$ 588.46 + 9.9%	\$ 9,615		\$ 500,000		\$ 30,600.00 + 9.9%	\$ 500,000	

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	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 769	\$ 5.76 + 2.3%	\$ 384		\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000	
\$ 769	\$ 961	\$ 14.62 + 2.8%	\$ 769		\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000	
\$ 961	\$ 1,153	\$ 19.99 + 3.5%	\$ 961		\$ 50,000	\$ 60,000	\$ 1,040.00 + 3.5%	\$ 50,000	
\$ 1,153	\$ 2,884	\$ 26.71 + 5.6%	\$ 1,153		\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000	
\$ 2,884		\$ 123.65 + 6.6%	\$ 2,884		\$ 150,000		\$ 6,430.00 + 6.6%	\$ 150,000	
\$ 9,615		\$ 567.90 + 9.9%	\$ 9,615		\$ 500,000		\$ 29,530.00 + 9.9%	\$ 500,000	

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	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 769	\$ 5.76 + 2.7%	\$ 384		\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000	
\$ 769	\$ 961	\$ 16.16 + 3.4%	\$ 769		\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000	
\$ 961	\$ 1,153	\$ 22.68 + 4.3%	\$ 961		\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000	
\$ 1,153	\$ 2,884	\$ 30.94 + 5.6%	\$ 1,153		\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000	
\$ 2,884		\$ 127.88 + 6.5%	\$ 2,884		\$ 150,000		\$ 6,650.00 + 6.5%	\$ 150,000	
\$ 9,615		\$ 565.40 + 9.9%	\$ 9,615		\$ 500,000		\$ 29,400.00 + 9.9%	\$ 500,000	

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	\$ 384	1.5%	\$ 0		\$ 0	\$ 20,000	1.5%	\$ 0	
\$ 384	\$ 673	\$ 5.76 + 2.0%	\$ 384		\$ 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		\$ 84.04 + 6.5%	\$ 1,923		\$ 100,000		\$ 4,370.00 + 6.5%	\$ 100,000	
\$ 9,615		\$ 584.20 + 9.9%	\$ 9,615		\$ 500,000		\$ 30,370.00 + 9.9%	\$ 500,000	

NEW JERSEY DIVISION OF PENSIONS AND BENEFITS
REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM
See reverse side for instructions on completing this form.

INDICATE TYPE OF ACTION:

REPORT OF TRANSFER or MULTIPLE ENROLLMENT (PERS and TPAF Only)

INDICATE RETIREMENT SYSTEM:

Public Employees' Retirement System (PERS) Teachers' Pension and Annuity System (TPAF)
 Police and Firemen's Retirement System (PFRS)

THIS SECTION TO BE COMPLETED BY THE MEMBER:

Social Security Number: _____ Pension Membership Number: _____

Name: _____
Last First Middle Maiden

Address: _____
Street
City State ZIP Code

Daytime Telephone: _____
Area Code

THIS SECTION TO BE COMPLETED BY NEW EMPLOYER:

Name of Former Employer: _____

Date of Last Pension Deduction Reported by Former Employer: _____
Month/Year or Pay Period/Year

Name of New Employer: _____

New Employer Location/Payroll Number: _____ Is New Employer a Board of Education? Yes No

Title of New Position: _____ Hire Date: _____

To be completed for TPAF applications only

Date Employment Began: ____/____/____ (Do not include temporary or substitute service)
Month Day Year

Does position require a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education? Yes No

Does the applicant hold a certification issued by the State Board of Examiners within the NJ Department of Education? Yes No

For NJ Department of Education Only: Is the position Unclassified Professional? Yes No

Current Annual Base Salary: \$_____ Employee is paid on: 10 month basis 12 month basis

Are the work hours fixed at 32 hours (Local) or 35 hours (State) or more per week pursuant to Ch.1, P.L.2010? Yes No

Is employee currently employed by more than one public agency? Yes No

I certify that this employee and position meets the eligibility criteria for the retirement system as provided by law. I acknowledge that I am subject to penalty for falsifying or permitting to be falsified any record, application, form, or report of the retirement system in an attempt to defraud the system pursuant to N.J.S.A. 43:3C-15. (Two Signatures Required)

Signature of Certifying Officer Date Telephone Number Extension

Street Address City County State Zip

Signature of Certifying Officer's Supervisor Date Telephone Number Extension

Please keep - for direct deposit only.

FOR PAYROLL STUBS - Electronic Pay

DOCULIVERY

Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

Getting Started

1. Point your internet browser to the following url:

www.doculivery.com/Systems3000-Hillsb

2. Enter your User ID. **1**

Your USER ID is:

You last name followed by the last 4 digits of your SSN.

3. Enter your initial Password. **2**
You will be required to change your password upon initial log in.

Your initial PASSWORD is:

The last four digits of your SSN.

4. Click the Log In button. **3**

5. Once you have logged in and changed your password, please make a note of your new password for future reference.
6. Once logged in, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab **4** to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. **5**

Setting Up Notification Options

1. Click on the Pay Stubs tab **4**. On the right side of the screen, select the appropriate bar **6** to setup email or text message notifications.

PLEASE LOG-IN TO THE DOCULIVERY SYSTEM.

User ID help information will appear here when you visit the url noted in step one.

User ID: **1**

Password help information will appear here when you visit the url noted in step one.

Password: **2**

3
Log In

4

CLICK TO VIEW	PAY DATE	PAY BEGIN DATE	PAY END DATE
	01/21/2006	01/19/2006	01/21/2006
	01/10/2006	01/06/2006	01/10/2006
	06/28/2006	06/12/2006	06/23/2006
	04/12/2006	01/21/2006	06/09/2006
	05/29/2006	05/15/2006	05/26/2006
	05/01/2006	04/17/2006	04/28/2006

5

CURRENT NOTIFICATION OPTIONS

Email me new paystub (mailto:hr@pay.com) (via HTML) **Remove**

Send me new paystub: (mailto:hr@pay.com) (via HTML) **Remove**

Text Message of Categories by sending a text message to the phone number: (612) 322-9333 (AT&T) **Remove**

Email me new paystub (123@doc.com) (via HTML) **Remove**

Notify me when my paystub is delivered by sending a text message to the phone number: (260) 432-3439 (VERIZON WIRELESS) **Remove**

Notify me when my paystub is delivered by sending an email to the email address: test@lax.com **Remove**

6

Add Another Email Delivery Option

Add Another Email Notification

Add Another Text Message Notification

Add Detailed Text Messaging

Please follow these directions to complete the Criminal History Record check process for all new applicants:

1. Access the Criminal History Review Unit's direct web address to begin the process. The web address is: <http://www.nj.gov/education/educators/crimhist>. Click on "File Authorization and Make Electronic Payment for Criminal History Record Check."

2. Select Option #1: "**New Administration Fee Request (New Applicants Only)**" - This screen displays four (4) options as to the job position(s) and employer. Please select the appropriate option and proceed to next screen.

1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools
2. All School Bus Drivers and Bus Aides for Public Schools, Private Schools for Children with Disabilities, Charter Schools and Authorized School Bus Contractors
3. All Job Positions, except School Bus Drivers and Bus Aides, for Non Public Schools
4. All School Bus Drivers and Bus Aides for Non Public Schools and Other Agencies

3. Complete the requested applicant information (to include the county/district/school/contractor code names furnished to you by your employer - **35-2170**) 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.

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:

1. View and/or print your New Administration Fee Payment Request confirmation page
2. Complete and/or print your Identogo NJ Universal Fingerprint Form
3. Click here to schedule your fingerprinting appointment with MorphoTrust

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.

Next select the second option "**Complete and/or print your Identogo NJ Universal Fingerprint Form**" to complete the Identogo NJ Universal Fingerprint Form. After the form is complete, you must click on the "**Submit**" button at the bottom of the page. When the form has been submitted, you must view and print the Identogo NJ Fingerprint Form and present it to MorphoTrust at the time of LiveScan fingerprinting.

Access the MorphoTrust web page by selecting the third option "**Click here to schedule your fingerprinting appointment with MorphoTrust**" to schedule a fingerprinting appointment and submit to LiveScan Fingerprinting.

(REV. 5/10)
STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION
DIVISION OF FIELD SERVICES AND OFFICE OF LICENSURE AND CREDENTIALS
SUBSTITUTE CREDENTIAL APPLICATION

COUNTY: SOMERSET

This credential will be issued for a five-year period, but the holder may serve for no more than 20 total instructional days in the same position in one school district during the school year unless approved by the executive county superintendent for an additional 20 instructional days pursuant to N.J.A.C. 6A: 9-6.5(b). Such credentials, which are issued by the executive county superintendent of schools under the authority of the State Board of Examiners, are designed only for emergency purposes when the supply of properly certificated substitutes is inadequate to staff a school. They are intended only for persons temporarily performing the duties of a fully certificated and regularly employed teacher.

TO BE COMPLETED BY APPLICANT -- Please Type or Print Clearly

Name _____ Social Security # _____
(First) (Middle/Maiden) (Last)

Address _____
(street) (city) (state) (zip)

Date of Birth _____ E-Mail Address _____ Telephone _____

Are you a citizen of the United States? Yes No
If no, have you filed an Affidavit of Intent to Become a Citizen? Yes No If yes, Alien Registration # _____

NOTE: The Affidavit of Intent to Become a Citizen is **not** a requirement for the substitute credential.

Have you ever been convicted of a crime in this or any other state? Yes No
If yes, give the name of the municipality and attach statement giving details.

Have you ever had an educator's certificate revoked or suspended in this or any other state? Yes No
If yes, attach statement giving details.

Have you taken the Oath of Allegiance? Yes No

EDUCATION

Regionally-Accredited College Name	Location	Degree / Degree Date	Major	# Credits

WORK EXPERIENCE (teaching)

I certify that the above statements and data are correct: _____
(Signature of Applicant) (Date)

FOR DISTRICT USE
DESIGNATED DISTRICT REPRESENTATIVE'S SIGNATURE AFFIRMING TRANSMITTAL OF APPLICATION
MICHAEL VOLPE
Print Name _____ Signature _____
HILLSBOROUGH TOWNSHIP
District _____ Date _____

FOR COUNTY USE: REGULAR SUBSTITUTE APPLICATION <input type="checkbox"/> Application <input type="checkbox"/> Oath <input type="checkbox"/> Transcripts <input type="checkbox"/> Fee Date of Criminal History Approval if applicable _____ or Date of Emergent Hire Approval if applicable _____ CERTIFICATE # _____ DATE OF ISSUE _____	VOCATIONAL / SCHOOL NURSE APPLICATION <input type="checkbox"/> For vocational applicants/notarized statement of previous employment or valid occupational license. <input type="checkbox"/> RN License # _____ Exp. Date _____
---	---

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 BCG 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

mm induration

Result

Printed Name of Nurse Reading Test

Signature of Nurse Reading Test

New Jersey Department of Health and Senior Service
Symptom Assessment Sheet for Pulmonary Tuberculosis (TB)

Name (Last, First, MI) _____

Birthdate (mm/dd/yyyy) _____

Date of Symptom Assessment (mm/dd/yyyy) _____

Check all TB-like symptoms that apply

- Productive cough of undiagnosed cause (more than 3 weeks in duration)
- Coughing up blood (Hemoptysis)
- Unexplained weight loss (10 pounds or greater without dieting)
- Night sweats (regardless of room temperature)
- Unexplained loss of appetite
- Very easily tired (fatigability)
- Fever
- Chills
- Chest pain

If any symptoms are reported, a chest radiograph is an essential criterion for school admission.

- No TB-like symptoms reported or observed

Printed Name of Licensed MD/RN Completing Assessment

Signature of Licensed MD/RN Completing Assessment