



New Hire Packet

- ✓ Read all documents carefully
 - ✓ Please bring completed forms with required documentation (driver's license, social security card, etc.) when you come to the Central Office.
 - ✓ If you have any questions, Please call (205) 280-3000.
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SICK LEAVE BANK ENROLLMENT FORM

**CHILTON COUNTY BOARD OF EDUCATION
Clanton, Alabama**

The enrollment period shall be the month of January each year.

Employee Name: _____ Social Security #: ___/___/_____
Please Print

Name of School/Work Site: _____

Position: _____

- I wish to deposit five (5) days of my earned sick leave in the Non-certified Certified Sick Leave Bank.
- I do not wish to participate in the Sick Leave Bank

EMPLOYEE SIGNATURE

DATE



System Transferring To:

System Name: _____

Contact Name: _____

Address: _____

Phone: _____

I, _____, have been employed by the Chilton County Board of Education. Please transfer the following information to the previously stated system:

_____ Accumulated Sick Leave (*See additional necessary information below.)

_____ Original Teaching Certificate

_____ E.X.P. Form-Verifying Experience

Thank you in advance for your prompt attention to this matter.

*Please complete the following in regards to accumulated sick leave available for transfer:

_____ has _____ sick leave days accumulated and available for transfer.

Verified by: _____ Date: _____

School System Verifying: _____

Remit to:

Chilton County Board of Education
Attn: Payroll Processing
1705 Lay Dam Rd
Clanton, AL 35045



SUPPLEMENT IMG

**DECLARATION OF CITIZENSHIP OR NATIONAL STATUS OF
APPLICANT FOR TEACHER CERTIFICATION**

Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM.

Applicant: _____
Title (e.g., Mr., Mrs.) First Middle Maiden Last Name Suffix (e.g., Jr., Sr.)

Social Security Number _____ - _____ - _____

I declare that I am a citizen of the United States. (*check one*) Yes No

OR

I declare that I am an alien lawfully present in the United States. (*check one*) Yes No

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

Applicant's Signature

Date



TRS Enrollment Member Information Record

Teachers' Retirement System of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Check One: New Member Transfer from another TRS Agency

Your Information

No initials please

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Daytime Telephone _____ Email Address _____

Date of Birth _____ Sex Male Female

Status Married Single Widowed Divorced

Employing Agency _____

Position You Will Hold: 1 Teacher 3 Superintendent 5 Clerical 7 Maintenance 9 Mechanic
2 Principal 4 Administrative 6 Lunchroom 8 Bus Driver 10 Other (Specify) _____

Have you ever been employed by a state agency other than in public education in Alabama? Yes No

Have you ever been a member of the Teachers' Retirement System of Alabama? Yes No

Were you a member before beginning employment with your current employer? Yes No

Have you ever withdrawn contributions from the Retirement Systems? Yes No

If you answered yes to any of the preceding four questions, please provide the information requested below, listing most recent employment first.

Employing Agency	City	Year	Under What Name	Date Terminated

Sign Here → Your Signature _____ Date _____

Employer Certification

To be completed by the employing agency

Employing Agency _____ Employment Date _____

Annual Contract Salary _____ Number of Days Contracted _____

Number of Pay Periods Per Year _____ % of Full Time _____

Sign Here → Employer Signature _____ Date Submitted _____

Employer

Title _____

THIS BOX IS FOR TEACHERS' RETIREMENT SYSTEM USE ONLY

Comments: _____

TRS Enrollment Member Information Record

Name _____ SSN

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Designation of Primary Beneficiary(ies)

Please give complete information

I, the undersigned, do hereby designate the following individuals as my primary beneficiary(ies) to whom I instruct the Board of Control of the Teachers' Retirement System of Alabama to pay, in the event of my death before retirement on pension, any preretirement death benefit and/or group term life insurance payments due upon my death.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Designation of Contingent Beneficiary(ies)

Please give complete information

In the event the primary beneficiary(ies) designated above does not survive me, I hereby authorize the Teachers' Retirement System of Alabama to pay the benefits to the beneficiary(ies) named below.

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Name _____ Relationship _____ Date of Birth _____

Address _____
Street or P.O. Box City State ZIP Code

Signature Certification

I agree on behalf of myself, my heirs, and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he/she been living shall be paid to my estate or to such other beneficiary as I shall hereafter nominate by written designation filed with the Teachers' Retirement System of Alabama in accordance with the rules and regulations prescribed by the Board of Control. Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by RSA.

Sign Here → Your Signature _____ Date _____

Please have your signature acknowledged before a Notary Public.

STATE OF _____, COUNTY OF _____

On this _____ day of _____, 20_____, personally appeared before me, the above named individual and made oath that the statements made are true.

Signature of Notary Public _____

Seal My Commission Expires _____



Chilton County Board of Education
1705 Lay Dam Road
Clanton, AL 35045
Phone: 205.280.3000
Fax: 205.755.6549

Memo to Teachers Concerning Teaching Experience

In order to receive credit on the Teacher Salary Schedule for your PUBLIC education experience, please complete the following form. The payroll department will use this information until your Teaching Experience Verification form(s) is (are) received. A salary adjustment will be made if total number of years listed below cannot be verified.

Name (please print) _____

Degree (BS, MA, AA or DR) _____

Number of years in public education in Alabama _____

Number of years in public education out of state _____

TOTAL number of years in public education _____

Signature

Date



TO ALL NEW TEACHING PERSONNEL:

In order to receive credit on the Teacher Salary Schedule for Chilton County Schools, you must provide the Office of the Superintendent with verification of prior length of service from former employing public boards of education or public supported colleges or institutions of higher learning. This form is for this purpose. It is the responsibility of the new employee seeking experience credit on the salary scale to secure this completed form from each previous employer. You should complete the blanks in Part I ONLY.

TEACHING EXPERIENCE VERIFICATION
CHILTON COUNTY BOARD OF EDUCATION
1705 Lay Dam Road, Clanton, AL 35045

TO RECEIVING SUPERINTENDENT/INSTITUTION OF HIGHER LEARNING/COLLEGE:

The individual named below has been employed by Chilton County Board of Education. In order for this individual to receive credit for prior experience on our salary schedule, it is necessary for us to have the information requested below in Part II. Your prompt reply will aid us greatly and certainly will be of benefit to your former employee.

PART I

I hereby authorize you as former employer to furnish to the Chilton County Board of Education the following information pertaining to me:

Name: (Please Print) _____

Name Taught Under, if different from above: _____

Signature: _____

Social Security Number: _____ Date of Birth _____

Part II

This is to certify the above named individual was a regular full-time employee of the

Table with 5 columns: School System/College, Address, City, State, Zip

For the period(s) listed below:

Table with 4 columns: School Year, From Month/Day, To Month/Day, #Days Taught

Did employee gain tenure in your system? Yes or No

I certify that all information pertaining to the above is true and correct to the best of my knowledge.

Signature of School Official

Sworn to and submitted before me this _____ day of _____, 20__

SEAL and Signature of Notary Public



RSA-1 Deferred Compensation Plan

P.O. Box 302150
Montgomery, Alabama 36130-2150

334.517.7000 or 877-517-0020
www.rsa-al.gov

Enrollment Forms

- ◆ **RSA-1 ENROLLMENT (Submit to RSA-1)**
 - ◆ **BENEFICIARY DESIGNATION (Submit to RSA-1) – Can also be used for change of beneficiary.**
 - ◆ **INVESTMENT OPTION ELECTION FOR NEW ACCOUNTS (Submit to RSA-1)**
 - ◆ **AUTHORIZATION TO DEFER COMPENSATION (Submit to your payroll office)**
-
-

AUTHORIZATION TO DEFER COMPENSATION RSA-1 DEFERRED COMPENSATION PLAN

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

- Use this form to begin, restart, increase/decrease, or stop deferral amounts.
- **Complete and submit to your Payroll Officer to begin deferrals.**
- **Do not submit this form to RSA-1 or the Retirement Systems of Alabama.**
- If enrolling in RSA-1, please make certain that your RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION and INVESTMENT OPTION ELECTION forms have been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your Payroll Officer.
- **Note the following exception:** If stopping deferrals due to financial hardship, your Payroll Officer must sign verifying that deferrals have been stopped. A copy of this form must then be submitted to RSA-1 with your FINANCIAL HARDSHIP DISTRIBUTION REQUEST.

Name _____
 First Middle/Maiden Last

Social Security Number _____

Specify one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Restart | <input type="checkbox"/> Increase Deferrals |
| <input type="checkbox"/> Decrease Deferrals | <input type="checkbox"/> Sick/Annual Leave | <input type="checkbox"/> Stop Deferrals |

Specify the following:

1. Please defer \$ _____ per pay period from my salary and remit this amount to the RSA-1 Deferred Compensation Plan. If stopping deferrals, enter zero (0) for the dollar amount.
2. Effective Date* _____ Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.
3. If you are deferring payments for Sick or Annual Leave (must be enrolled), please indicate the amounts below:
Please defer \$ _____ of my payment for unused Sick Leave to RSA-1.
Please defer \$ _____ of my payment for unused Annual Leave to RSA-1.

Signature of Employee _____ Date _____

Signature of Payroll Officer _____
(Only if submitting a FINANCIAL HARDSHIP DISTRIBUTION REQUEST
OR A DISTRIBUTION REQUEST) _____
Date Deferrals Stopped _____

Name of Payroll Officer _____

Payroll Officer Daytime Phone _____ Email _____

***Payroll Officer: Do not send deferrals to RSA-1 for at least two weeks from the date employee submitted enrollment forms to RSA-1.**



RSA-1 Deferred Compensation Plan Enrollment

Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama 36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

Your Information

Name _____
First Middle/Maiden Last

Address _____
Street or P.O. Box City State ZIP Code

Daytime Telephone (_____) _____ Email Address _____

Date of Birth _____ Sex Male Female

Employer Information

Employer _____
Agency Name

Address _____
Street or P.O. Box City State ZIP Code

Daytime Telephone (_____) _____ Email Address _____

My current status is:
 Employees' Retirement System (ERS) member Judicial Retirement Fund (JRF) member
 Teachers' Retirement System (TRS) member I am not a member of ERS, TRS, or JRF

Signature Certification

Please read carefully as the following statements will apply to your RSA-1 account

- I have designated my beneficiaries on the separate BENEFICIARY DESIGNATION form (return to RSA-1).
- I have completed an INVESTMENT OPTION ELECTION form (return to RSA-1).
- I will complete an AUTHORIZATION TO DEFER form and deliver it to **my payroll officer** to begin deferrals. It takes at least two weeks for RSA-1 to process the RSA-1 ENROLLMENT, BENEFICIARY DESIGNATION, and INVESTMENT OPTION ELECTION FORMS. **This does not apply to DROP accounts.**
- I understand that I may not withdraw this account unless I meet one of the following conditions:
 1. Separation from service through retirement or termination from employment
 2. The attainment of age 70 ½
 3. Unforeseeable emergency (must be approved by Plan Administrator)
 4. Small Balance Distribution

Your signature affirms your understanding of each of these statements and is your agreement to be bound by the terms and conditions set forth in the amended and restated RSA-1 Plan Document, which is located on the RSA website.

Sign Here → Your Signature _____ Date _____



PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PROGRAM

info



www.rsa-al.gov

email: peehipinfo@rsa-al.gov

Ph 877.517.0020



May 15, 2017

- Interested in learning more about PEEHIP'S Team Up for Health Wellness Program? View the latest Active Health Wellness video here <https://vimeo.com/216236445>.
- Looking for a previous *PEEHIP Advisor*? All previous issues are available online [here](#).

Retiree Information:

- **Medicare-Eligible PEEHIP Members:** Get your annual wellness visit by **June 30** to receive a **\$50 gift card** to your choice of selected merchants. More information is available in the [May PEEHIP Advisor](#).

Register Online!

- **For access to your medical and prescription drug plan information:** UnitedHealthcare offers its Medicare Advantage plan members a convenient way to access their health plan information any time they want through a safe and secure member website. To register, go to www.UHCRetiree.com/peehip.
- **For virtual doctor visits:** Visit the link above for more information. Once you log into your member account, scroll to the bottom of the page and view My Resources. There, you will see a link for virtual doctor visits. Click on the link and you will see more information including what providers are available, how to request a visit, and a Frequently Asked Questions section.

Statement of Nondiscrimination: PEEHIP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-Language Interpreter Services: Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.517.0020 Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1.877.517.0020

Phone: 334.517.7000 or 877.517.0020
Website: www.rsa-al.gov

Mailing Address: P.O. Box 302150 Montgomery, AL 36130-2150
Office Location: 201 South Union Street Montgomery, AL

Public Education Employees' Health Insurance Plan



"New Employees" Web Page

The PEEHIP New Employee web page was designed to make it easy for new employees to find the information they need to make informed decisions about the health insurance plans offered by PEEHIP. It contains the insurance policies and type of coverage available to new employees with PEEHIP (Public Education Employees' Health Insurance Plan).

IMPORTANT

30-day Deadline to Enroll in Health Insurance Coverage

When to Enroll - Enrollment in any of the plans must be completed within 30 days of your employment by using the Member Online Services (MOS) system instead of a paper enrollment form. If you miss the 30-day deadline, you must wait until the next Open Enrollment period to enroll in coverage(s) with PEEHIP.

How to Enroll -

- Go to www.rsa-ai.gov and click "Member Online Services."
- Log in using your USER ID and Password. If you do not have a User ID and Password, click "Register Now" and follow the onscreen prompts to create a User ID and Password.
- Select the "New Enrollment" option and click Continue.
- Follow the onscreen prompts until you receive a Confirmation page, confirming your enrollment requests were saved and submitted to PEEHIP. Be sure to print and keep a copy of the Confirmation Page for your records. The Confirmation Page will show the coverage(s), and the monthly premiums for each coverage.

Initial Premium Payment

- New Employees must submit their initial premium payment electronically by selecting the "Pay Now" button at the end of the online enrollment process. New employees who elect coverage to start on their date of employment will not yet have a paycheck for payroll deduction of the initial premium; therefore, they must submit the initial payment electronically to PEEHIP at the time of enrollment. Failure to do so will result in your enrollment not processing and a claim hold on your account.

Please complete the form attached to this packet to confirm you have read and understand PEEHIP enrollment procedures. Thank you!

Public Education Employees' Health Insurance Plan



Member Online Services

1. How do I register to use the online system? Go to Member Online Services. Click "Register Now" and follow the onscreen prompts to create your own User ID and Password. You will use your User ID and Password each time you log into the online system.

2. Can I enroll online in new coverage or make changes to my existing coverage during the Open Enrollment period? Yes, you can enroll or make changes to your coverage online during the entire Open Enrollment period of July 1 through midnight of Sept. 10.

3. How do I enroll online during Open Enrollment? Go to Member Online Services and enter your User ID and Password. Once logged in, click the "Enroll or Change PEEHIP Coverage" link, select Open Enrollment and follow the onscreen prompts until you receive a Confirmation page confirming that your change requests were saved and submitted to PEEHIP. We redesigned the online system to make the process of enrolling in or changing coverage faster and easier for our members!

4. Is the Member Online Services system secure? Yes, the Member Online Services system is secure. PEEHIP is committed to ensuring your personal information remains confidential. We have taken steps to safeguard the integrity of our communications and computing infrastructure, including, but not limited to: User ID and password authentication, monitoring, auditing, and encryption.

How do I know my personal information will not be accessed by other online users? No one can access your member information unless they know both your User ID and your Password. Protect your personal online information by **not revealing your User ID and Password to anyone**. Prevent others from viewing your information on your computer screen by logging out and completely shutting down your browser if you have to walk away from your computer in the middle of a session.

5. What services are available online? New employees can enroll in PEEHIP coverage online. Enrollment must be completed within 30 days of the new employee's date of hire.

➤ PEEHIP members can do the following online during **Open Enrollment**:

- Enroll, Change, or Cancel your Hospital Medical Plan
- Enroll, Change, or Cancel your Optional Coverage Plans (Cancer, Dental, Indemnity & Vision)
- Enroll or Re-enroll in Flexible Spending Accounts
- Add or Update your Medicare Information
- Update your and/or your Spouse's Tobacco Usage Status
- Add/Cancel Dependent(s) to Coverage

➤ PEEHIP members can do the following online **year-round**:

- View Current PEEHIP Coverage
- View and/or Update Contact Info (i.e. address, phone number, e-mail address, and marital status)

➤ PEEHIP members can make changes outside of Open Enrollment for the following **qualifying life events (QLE)**:

- Adoption of a child
- Birth of a child
- Legal custody of a child
- Marriage of a spouse

6. Why should I use the online system instead of using a paper form?

Using **Member Online Services** is easy, fast, secure, free of charge to you, and it eliminates the need for paper forms, stamps, envelopes and last minute runs to the post office. It also allows our members as well as PEEHIP to save time and costs, while maintaining the privacy of your information.

7. If I use the online system, how will I know that you received my changes? You will receive a **Confirmation page** at the end of the online session confirming change requests were successfully saved and submitted to PEEHIP. The Confirmation page provides:

- **Date and Time Stamp** of when your change requests were submitted to PEEHIP
- **Copy of your PEEHIP Coverage** which includes any changes or new enrollments
- **Premium Calculation** of your total monthly out-of-pocket premium

Public Education Employees' Health Insurance Plan



Frequently Asked Questions

1. I am a new employee. How can I enroll in PEEHIP coverage?

You can enroll online through Member Online Services within the 30-day period of your hire date. Once logged in, click "Enroll or Change PEEHIP Coverage," then click the newly eligible for PEEHIP coverage option. Follow the onscreen prompts until you receive a Confirmation page confirming your enrollment requests were saved and submitted to PEEHIP. Or, you can enroll by properly completing the HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION form and mailing the form to PEEHIP.

2. Does a new employee have a deadline to enroll in the PEEHIP insurance coverage?

Yes. You have **30 days from your date of hire** to enroll in the PEEHIP Hospital Medical and the Optional Coverage Plans. Otherwise, you are only allowed to enroll in single Hospital Medical coverage effective the date the enrollment application is completed and submitted to PEEHIP. You must wait until the next Open Enrollment period to enroll in family coverage and the Optional Coverage Plans.

3. Will I have a pre-existing waiting period if I enroll in PEEHIP coverage as a new employee?

A new employee hired after **July 1 and before October 1** is given a waiver on the waiting period for pre-existing conditions. However, a new employee hired after **October 1** is required to serve a 270-day waiting period on pre-existing conditions unless proof of previous coverage is received and approved by PEEHIP. When enrolling, PEEHIP will require a Certificate of Creditable Coverage from your previous insurance plan proving you had previous insurance without a 63-day or longer lapse in coverage.

4. As a new employee, can I choose the effective date I want my coverage to begin?

Yes. A new employee hired during the Open Enrollment period of **July 1 through September 30** can choose his or her effective date of coverage to be either the **date of hire**; the **first of the month following the date of hire**; or **October 1**. A new employee hired outside of the Open Enrollment period can choose his or her effective date of coverage to be either the **date of hire** or the **first of the month following the date of hire**.

5. I am a new employee. Can I enroll in the Flexible Spending Accounts? If so, what will the effective date be?

Yes. The Flexible Spending Accounts for a new employee hired during the Open Enrollment period of **July 1 through August 30** will have an effective date of **October 1**. The Flexible Spending Accounts for a new employee hired outside of the Open Enrollment period will have an effective date beginning the first day of the first full month after the date of hire. The Flexible Spending Accounts will cancel at the end of the Program Year on **September 30**. Re-enrollment is required each year if a member desires to participate in Flexible Spending Accounts.

6. Am I considered a new employee if I am rehired after having resigned last year?

An employee who is hired for the first time or rehired with a prior break in PEEHIP coverage is considered a new employee with respect to the policies regarding enrolling in PEEHIP coverage(s).

7. I am a new employee hired on August 1. Can I enroll in the Optional Coverage Plans on my date of hire then cancel the plans during Open Enrollment?

No. New employees employed during the Open Enrollment period cannot enroll in the Optional Plans on their date of hire and cancel the plans **October 1** of that same year. You must wait until the next Open Enrollment period to cancel.

ATTENTION:

In order to open the PEEHIP enrollment site for you, Chilton County Schools is required to provide PEEHIP with the following information:

- Social Security Number
 - (documentation used: copy of social security card)
- Date of Birth
 - (documentation used: copy of Driver's License)

Please bring the original documents or a color copy of the original documents.

If you bring original documents, a copy will be made for you.

Employee Self Service

Employee Self Service (ESS) is available and immediately replaces the need to use *Document Services* as a means to view and/or print copies of paychecks or W2's. Please read the list of features ESS has to offer. Below ESS Features you'll find a link to and directions for ESS to help you get started.

ESS Features

- Access ESS
 - Log in from work or your home computer.
 - Google Chrome (web browser of choice).
 - Other compatible web browsers.
 - Mozilla Firefox.
 - Internet Explorer (IE) Version 10 or 11 – earlier versions of IE are not compatible.
- Demographics
 - View name, address, phone number, and email information.
 - Request a change** of address, phone number, email information, etc.
 - A color copy of your new Social Security card must be provided before the change request will be approved.
 - You may use your school email, or your personal email account.
- Tax Withholdings
 - View Federal and State Tax Withholding Status.
 - Request a change** for Federal and/or State Tax Withholding Status.
 - If making a change type your name exactly as it appears on the form. This will serve as your electronic signature.
- Direct Deposit (DD)
 - Request a change** for Direct Deposit.
 - DD change form and 'void' check should be submitted for new DD deductions.
- Deductions
 - View current payroll deductions (no changes allowed at this time).
- Leave
 - View Leave balances (as shown on your paycheck).
 - View detailed report of leave taken.
- Paychecks
 - View / Print paychecks.
- Earnings & W2's
 - View annual earnings summary (by calendar year)
 - View / Print W2's

**Change requests will be acknowledged by an automatic email from ESS to the email account listed with ESS when the change request is received and again when the change request is approved.

Employee Self Service

Create an ESS account -

Name _____ Emp# _____

- Type or click on the link <https://ess-chiltonco.asc.edu/EmployeeSelfService/Account/Login?ReturnUrl=/EmployeeSelfService>
 1. The ESS page will look similar to the one shown below.
 2. Add the page to your “favorites” for future use.
- Click “Register” to create your account (see green arrow in the picture below)
 1. Write down your user id and password and keep in a safe place.
- ESS is user friendly. However, if you encounter a problem trying to create an account please ask for help.
- A black message appears at the top right of the screen after you click “submit”.
- Momentarily you will receive an email. Click the “confirmation” link to finalize your account.
 - a. You MUST follow the confirmation link to complete registration of your account.

Employee Self Service Account Help Register Login

Log in

User name

Password



Employee 403(b) Plan Eligibility Notice

CHILTON COUNTY BOARD OF EDUCATION

(Name of Employer)

We are pleased to offer employees the opportunity to participate in the CHILTON COUNTY BOARD OF EDUCATION 403(b) Plan ("the Plan"). The opportunity for eligible employees to participate is offered on a voluntary basis.

What is a 403(b) Plan?

A 403(b) Plan allows eligible employees the opportunity to save for retirement. Amounts contributed to the Plan are, in general, contributed on a tax-deferred basis. This means that the contribution is not subject to federal income tax or, in most cases, state income tax until distributed by the plan. This tax deferral also applies to any earnings on the contributions. Because the Plan is intended as a means of saving for retirement, distributions are limited to certain events.

Who is eligible to participate?

All employees are eligible to participate in the Plan unless specifically excluded by the written plan.

Any exclusion(s) in our Plan will be indicated below. If no exclusions are checked, all employees are eligible for Plan participation.

- Employees who participate in a 401(k) plan, 457(b) plan or another 403(b) plan of the employer.
- Students performing services at the Employer institution.
- Employees who normally work fewer than 20 hours per week.
- Employees who are non-resident aliens.

How much may be contributed to the Plan?

The amount that may be contributed to the Plan is set by federal tax law. The limit set is an annual contribution limit.

For the 2017 tax year, the contribution limits are:

- Basic limit for all employees \$18,000.00
- Additional Contribution for age 50+ catch-up \$6,000.00

- An additional catch-up contribution will be permitted for employees with 15 years of service with the employer. This additional catch-up limit, if permitted, requires the completion of a worksheet to determine eligibility for the additional catch-up contribution.
(If not checked, NO additional catch-up contribution will be permitted.)
- After tax Roth 403(b) contributions are permitted under the Plan. If Roth 403(b) contributions are permitted, see your provider for more information.
(If not checked, After tax Roth 403(b) contributions are NOT permitted.)

When is a distribution allowed under the Plan?

The 403(b) Plan is intended as a source of retirement income so there are withdrawal restrictions on the funds, including earnings. A withdrawal or distribution may be taken only for the following reasons:

- Attainment of age 59 ½
- Severance from employment
- Total and permanent disability
- Death
- A "qualified reservist" distribution
- Financial hardship (if checked below)

Hardship distributions are available under the Plan from accounts with Investment Providers listed in Appendix I and in Appendix II-A (if applicable). Hardship Distributions are not allowed from accounts with Investment Providers listed in Appendix II-B (if applicable). If a hardship is taken, contributions to the Plan must cease for six (6) months following the distribution.
(If not checked, Hardship distributions are NOT permitted.)

Reasons for hardship distributions are limited to the following:

- Unpaid medical bills for participant or participant's spouse or dependents
- Expenses including tuition, room and board and any other related fees for the next 12 months of post secondary education for the participant or participant's spouse or dependents
- Purchase of a primary residence (excluding mortgage payments)
- Prevent eviction from or foreclosure of primary residence
- Funeral expenses for immediate family members
- Expenses to repair damage to a primary residence if those expenses qualify for deduction on the participant's income tax return

May I change investment options under the Plan?

Employees are permitted to move all or a portion of the value of one investment option under the plan for another approved investment option under the plan. This transaction is called an exchange. These exchanges may be subject to withdrawal or contingent deferred sales charges.
(If not checked, exchanges are NOT permitted.)

What other transactions are permitted under the Plan?

Other transactions may be permitted under the Plan. The following list will indicate what options are available:

- Transfers into the Plan from another employer's 403(b) Plan Yes No
- Rollovers into the Plan from another eligible qualified plan Yes No
- Roth 403(b) or 401(k) direct rollovers into the Plan Yes No
- Loans are available under the Plan subject to availability and any additional conditions that may apply under a Participant's 403(b) Individual Agreement(s)* Yes No

* Loans are available under the Plan from accounts with Investment Providers listed in Appendix I and in Appendix II-A (if applicable). Loans are not allowed from accounts with Investment Providers listed in Appendix II-B (if applicable).

Who are the approved investment option providers under the Plan?

The attached list, Appendix I, indicates the providers that are approved investment option providers under the Plan. If you are participating in the 403(b) Plan and your current provider is listed on the Appendix I, no action is required and your contributions will continue until changed by you. If your contributions were temporarily stopped, you must complete a new salary reduction agreement in order for your contributions to resume. If you are participating and your current provider is NOT listed on Appendix I, you must contact a provider on the list and complete the proper forms to continue 403(b) contributions. Deductions for accounts with providers who are not on Appendix I will be discontinued.

If you are not a current 403(b) Plan participant and you wish to participate in the Plan, you will need to contact a provider listed on Appendix I and complete the proper paperwork to establish an account with that entity. You must also complete a salary reduction agreement authorizing your employer to reduce your salary for the contribution amount.

If my current 403(b) provider is not on the list, am I required to move my account balance to an approved provider?

No. There is no requirement that you transfer any existing account balances to a provider on the list. In fact, you should be very careful about entering into any transaction that would transfer balances to another provider. No transaction should be entered into unless you have all of the information needed to determine if such a transaction is suitable for you and your retirement planning needs.

Is Plan approval required for transactions?

The Plan has contracted with AFPlanServ® for selected plan administrative services. Among the services provided by AFPlanServ® is approval of salary reduction agreements for beginning or changing amounts and/or providers. Salary reduction agreement forms can be found on the website listed below.

The regulations require Plan approval of plan distributions and loans. Forms for these transactions are available and can be downloaded from www.afplanserv.com, or may be requested by calling 1-866-560-6415 (toll-free). The proper form must be completed. Certain transactions may require additional documentation. You should follow the instructions on the form. The form with requested documentation should then be sent to AFPlanServ®. The mailing address is:

AFPlanServ
P.O. Box 269008
Oklahoma City, OK 73126-9008

If approval is granted for the transaction, this approval should be forwarded to the provider. The provider may or may not require that the provider's forms also be completed to effect the transaction.

Who do I contact if I have questions?

If you have questions concerning account balances, the status of approved transactions, or investment option details, contact your investment provider.

If you have questions on changing your contribution amount, contact your employer or investment provider.

If you have questions on transaction approval, contact AFPlanServ® at:

Mailing Address: AFPlanServ
P.O. Box 269008
Oklahoma City, OK 73126-9008
Phone Number (toll free): 1-866-560-6415
Fax Number (toll free): 1-866-578-0962



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

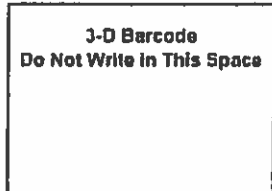
2. Form I-94 Admission Number: _____

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

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

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 <i>Mandy Lowery</i>		Date (mm/dd/yyyy) <i>1/3/2017</i>	Title of Employer or Authorized Representative <i>Bookkeeper / Accts Pay. / Rec.</i>	
Last Name (Family Name) <i>Lowery</i>	First Name (Given Name) <i>Mandy</i>	Employer's Business or Organization Name <i>CCBOE</i>		
Employer's Business or Organization Address (Street Number and Name) <i>1705 Lay Dam Road</i>		City or Town <i>Clanton</i>	State <i>AL</i>	Zip Code <i>35045</i>

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)

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)

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:

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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're single and have only one job; or • You're married, have only one job, and your spouse doesn't 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 (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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>▶ 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 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div>
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. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2017, 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 ▶ <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.) CCBOE - 1705 Lay Dam Rd, Clanton		9 Office code (optional) 35045
For Privacy Act and Paperwork Reduction Act Notice, see page 2. AL		10 Employer identification number (EIN) 63-6000303

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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: { \$12,700 if married filing jointly or qualifying widow(er) }
 { \$9,350 if head of household }
 { \$6,350 if single or married filing separately } 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2017 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 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2017 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 2017. 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 2017. 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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 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 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 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 - 95,000	10	140,001 and over	10				
95,001 - 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.



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME		EMPLOYEE SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
- If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption. _____
- If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. _____
- Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See dependent qualification below. _____
- Additional amount, if any, you want deducted each pay period. _____ \$
- This line to be completed by your employer: Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables). _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME		EMPLOYER IDENTIFICATION NUMBER (EIN)	
Chilton Co. Board of Ed.		63-60000803	
ADDRESS	CITY	STATE	ZIP CODE
1705 Lay Dam Road	Clanton	AL	35045

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:
 Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
 Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
 Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
 Your uncle, aunt, nephew, or niece (but only if related by blood).

To: Chilton County Board of Education
Attention: PAYROLL DEPARTMENT



The Chilton County Board of Education requires all payroll checks to be set up as direct deposit. Please provide the requested information along with your signature giving us authorization to deposit your check. A voided check is required. The form will be processed the current month if received by the 15th. The first check will pre-note to verify the account information is accurate which means you will receive a live check the first month. Direct deposits will begin the following month.

Employee Name: _____

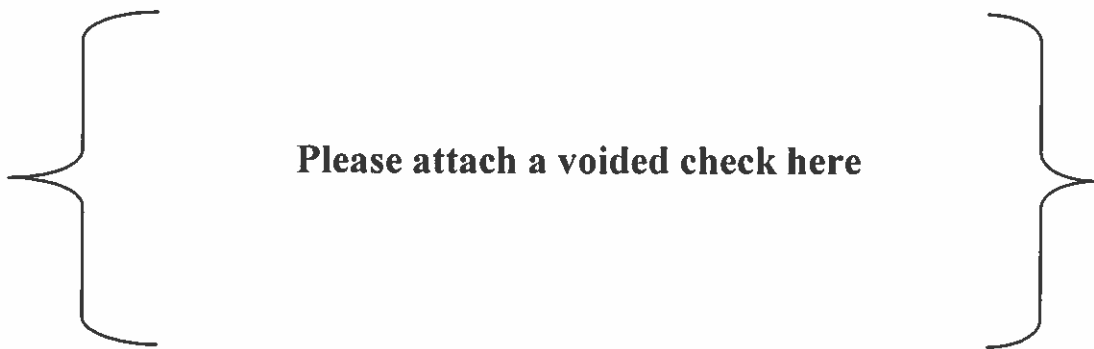
Bank Name: _____

Account Number: _____

Account Type: Checking Savings

Signature: _____

Date: _____

 **Please attach a voided check here**