



# HR-ED

## Employee Data

(Please print)

Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

Sex:  Male  Female Email address \_\_\_\_\_

### Racial /Ethnic Category: (Please check the appropriate one)

1. Are you Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino--A person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture or origin, regardless of race.

2. What is your race? (Please mark all that apply, however mark at least one)

**American Indian or Alaskan Native:** A Person having origins in any of the original people of North America (including Central America) and who maintain tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to the "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.

**White:** A person having origins in any of original people of Europe, the Middle East or North Africa.

Country of Citizenship: \_\_\_\_\_

### Handicap Status: (Please Check All That Apply)

(P) Physically Handicapped  (V) Visually Impaired  (S) Speech Impaired

(H) Hearing Impaired  (Z) Not Applicable

(O) Other Health impairment: \_\_\_\_\_

### Veteran Status: (Please check one)

(V) Veteran if so, how many years of military service: \_\_\_\_\_  (Z) Not applicable

**Exemption from Public Records Disclosure:**

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*\* OR SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER 119.07, F.S.?  Yes  No

\*\*OTHER EMPLOYEES include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collections and enforcement of child support enforcement, human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local contract negotiating duties or other personnel related duties, and certain investigations in the Department of Children and Families {see 119.07,F.S.}.

**Felon Convictions**

Have you ever been charge or convicted forfeited bond, or plead guilty or no contest to, or had adjudication withheld on a criminal offense?  Yes  No

**Retirement Status**

Please complete **Part I** or **Part II** as applicable: (Please Check One)

- I.  I am not retired from any Florida State-Administered Retirement Plan.
- II.  I am retired from \_\_\_\_\_ Retirement System. The effective date of my retirement was \_\_\_\_\_. I understand that if I retired under a State of Florida administered retirement system and (1) I am employed in any type of position (temporary, part-time or regular established) during the first month of retirement, my retirement is void and all benefits received must be repaid. I must re-apply for retirement benefits before retirement will be effective; (2) If employed during the 2<sup>nd</sup> thru 12<sup>th</sup> months, my monthly retirement benefits must be suspended during these months of my retirement, unless I am eligible for a 780 hour exemption to the limitation as provided by law. If eligible for the exemption, my benefits must be suspended after my employment reaches 780 hours during the limitation period.

**Signature**

All statements in this application are true and accurate. I agree that any purposeful omission of false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered, I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

# New Employee Checklist



# HR-NEW

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Please read and follow directions for completion of each of the enclosed documents. This information must be completed within (5) days of your effective date of employment.

1. **Employee Data Form:** Please supply the information requested for data into your county and state personnel tracking systems.
2. **W-4 Form:** Complete this form and return the bottom portion only.
3. **Fingerprint Information Sheet:** required for Florida Statute 231.02
  - Once you have filled out all pertinent portions of the information sheet and paid the fee of \$57.25 (using debit/credit or money order), your fingerprints will be scanned for submission to FDLE and FBI for clearance.
4. **Pre-Existing Medical Questionnaire:** requested by the worker's compensation insurance carrier.
5. **Form I-9:** required by the U.S. Department of Justice
  - Complete the top section, through employee signature and date. Please supply us with a copy of your driver's license and social security card as proof of your citizenship. *(This can be copied by the district office personnel when you return your packet, at no charge to you).*
6. **Oath of Loyalty:**
  - Print your name in the first blank, read and sign *(Notaries are available at the district office for your convenience at no charge to you)*
7. **Insurance Forms:**
  - Please refer to insurance packets for completion of enrollment forms. Please complete carefully, sign, and return appropriate forms.
8. **Verification of Previous Experience:** *(Instructional Personnel Only)*
  - If you previously taught in a public school, in the United States of America or in a school operated by the government of the United States of America for citizens of the United States of America, please submit a request for verification form to previous employer for verification of such experience. These forms may be obtained from the personnel office. Failure to request verification of previous teaching experience will affect your salary, so please make sure that all verifications are submitted promptly.
  - It is the teacher's responsibility to mail these forms to the appropriate school district(s) for verification before your salary is adjusted.
9. **Statement of Drug Free Workplace Policy:**
  - My initials indicate that I have been given a memorandum entitled Statement of Drug Free Workplace
  - \_\_\_\_\_ (Please initial in the space provided).
10. **Direct Deposit** is available through all area banks. If you are interested in this service, please ask when you return packet and we will supply you with the correct forms.

<p><b>I UNDERSTAND THAT I CANNOT BE PAID BY GADSDEN COUNTY SCHOOL BOARD UNTIL ALL THE NECESSARY DOCUMENTS (Official College Transcripts, i.e.) AND ALL OF THE ABOVE HAVE BEEN COMPLETED AND SUBMITTED TO THE PERSONNEL DEPARTMENT.</b></p>
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**THE SCHOOL DISTRICT OF GADSDEN COUNTY**  
**HUMAN RESOURCES DEPARTMENT**

**Statement on the Collection, Use or Release of Social Security Numbers of  
Employees and others\*\*\***

Read this information below, sign and return this document to the person who provided you the form.

The Gadsden County School Board is authorized to collect, use or release social security numbers (SSN) of employees and other individuals\*\*\* for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is wither specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. §119.07(5) (a) 2 & 3].

- Completing and processing the Federal I-9, including for W-4's [Required by federal statue and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and [Fla. Stat. §119.071(5) (a) 6].
- Completing, processing and distributing Federal W2, 1042 and 1099. [Required by federal statue and regulation 26 U.S.C. 3402 and 26 C.F.R. 31.6051-1, 26 C.F.R. 31.3406-0 and 301.6109-1, and [Fla. Stat. §119.07(5) (a) 6].
- Completing and processing Social Security contributions. [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 2 & 6].
- Completing and processing quarterly Unemployment Reports. [Required by Fla. Statue Ch. 443, including 443.1116, and Fla. Stat. §119.07(5) (a) 6]
- Completing and processing Florida Retirement Contribution reports. [Authorized by Fla. Stat. § 238.01 et seq., including 238.07, and Required by Fla. Admin Code 19-11.010, 19-11.006 and 19-11.007 and Fla. Statue §119.071(5) (a) 2 & 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. §119.071(5) (a) 2 & 6]
- Reporting work-related injuries. [Required by Fla. Stat. § 440.185 and Fla Admin. Code 69L-3.003 et seq. and 60Q-6.103 Fla. Stat. § 119.071(5) (a) 6]
- Completing and processing Direct Deposit files if applicable. {Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. §119.071(5) (a) 6]
- Completing and processing group health, life and dental coverage enrollment, various supplemental insurance deduction reports, if applicable.[Required by Fla. Stat. §119.071(5) (a) 6]
- Completing and processing immigration related documents, if applicable. [Authorized by 8 U.S.C. 1324 a (b) and 8 C.F.R. 274a.2]
- Criminal history, Level 1 and level 2 background checks/identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available [Required by Fla. Admin. Code 11C-6.003 and Fla. Stat. § 119.071(5) (a) 6]
- Registration information regarding sexual predators and sexual offenders [Authorized by Fla. Stat. §943.04351 and required by Fla. Stat. § 119.071(5) (a) 2 & 6]
- Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay [Required by Fla. Stat. §§ 1012.56, and 119.071(5) (a) 6, and/or authorized by Fla. Stat. §§ 1012.21 and 119.071(5) (a) 6]

**Providing your Social Security number to GCSB is a required condition of employment.**

*I understand the above information and have been given a copy of this document.*

Print Name

Signature

Date

*Revised 10/2011*

# HR-HQ



## Gadsden County School Board

Roger P. Milton-Superintendent of Schools  
"Putting Children First"

### Health Questionnaire

(Please print)

<b>NAME:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>	
<b>CITY:</b>	<b>STATE:</b>
<b>PHONE #:</b>	<b>ZIP:</b>
<b>PHONE #:</b>	<b>SECONDARY #:</b>

#### Personal Information

Sex  Male  Female    Height \_\_\_\_\_    Weight \_\_\_\_\_    Blood Type \_\_\_\_\_

#### Questionnaire

Please check any that apply. Include any additional information in the section provided below.

Do you or have you ever had:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Epilepsy                           | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Amputation(s)      | <input type="checkbox"/> Cardiac Disease (Heart Condition) |
| <input type="checkbox"/> Loss of Sight                      | <input type="checkbox"/> Poliomyelitis     | <input type="checkbox"/> Cerebral Palsy     | <input type="checkbox"/> Multiple Sclerosis                |
| <input type="checkbox"/> Parkinson's Disease                | <input type="checkbox"/> Vascular Disorder | <input type="checkbox"/> Hemophilia         | <input type="checkbox"/> Psychoneurotic Disorder           |
| <input type="checkbox"/> Ankylosis (Stiffness of the joint) | <input type="checkbox"/> Hypoglycemia      | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Chronic Osteomyelitis             |
| <input type="checkbox"/> Muscular Dystrophy                 | <input type="checkbox"/> Total Deafness    | <input type="checkbox"/> Asthma             | <input type="checkbox"/> Surgically removed vertebral disc |
| <input type="checkbox"/> Thrombophlebitis                   | <input type="checkbox"/> Allergies         | <input type="checkbox"/> Hay Fever          | <input type="checkbox"/> Mental Retardation                |
| <input type="checkbox"/> Skin Disorder                      | <input type="checkbox"/> Tuberculosis      | <input type="checkbox"/> Rheumatic Fever    | <input type="checkbox"/> Kidney/Bladder Disorder           |
| <input type="checkbox"/> Ulcer(s)                           | <input type="checkbox"/> Cancer            | <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Varicose Veins/Leg Ulcer          |
| <input type="checkbox"/> Physical Impairment                | <input type="checkbox"/> Chest Pain        | <input type="checkbox"/> Knee Injury        | <input type="checkbox"/> High Blood Pressure               |
| <input type="checkbox"/> Neck/Back Injury                   | <input type="checkbox"/> Head Injury       | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Vertigo                           |
| <input type="checkbox"/> Other _____                        |  |   |  |

Are you unable to perform certain body motions or assume certain body positions?  Yes  No

Do you wear  Glasses  Contact Lenses

Have you ever had to state claim for industrial injury?  Yes  No

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Date of last examination? (Include physician name)

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**Signature**

All statements in this application are true and accurate. I agree that any purposeful omission or false statements will be constitute grounds for immediate dismissal. I also understand that unless this application is completed in detail it will not be considered. I authorize GCSB to conduct a thorough background check to include, but not limited to, criminal history records.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

# Florida Retirement System (FRS) - Certification Form

This form is **not** an offer of employment or an enrollment form. If hired, a Retirement Choice kit may be mailed to your home with an enrollment form.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Agency Name \_\_\_\_\_

Previous or Current FRS Employer \_\_\_\_\_

## PLEASE COMPLETE SECTION I, II, III, OR IV

I. I have **never** been a member of a State of Florida administered retirement plan.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**STOP HERE**

II. I was or currently am a member of the following State of Florida administered retirement plan (also complete Section III or IV)<sup>1</sup>

- FRS Pension Plan (incl. DROP)     FRS Investment Plan     State University System Optional Retirement Program (SUSORP)  
 State Community College Optional Retirement Program (SCCORP)     Senior Management Service Optional Annuity Program (SMSOAP)  
 Other

III. I am **not retired** from any State of Florida administered retirement plan. I understand that if it is later determined that I was a retiree and was reemployed during the first 6 calendar months after I retired or after my DROP termination date, or at any time during the 7<sup>th</sup> through 12 months after I retired or after my DROP termination date, I **must repay** all unauthorized benefits received (see Section IV for details), or, if in the Investment Plan, terminate my employment. **My employer may also be liable for repaying any unauthorized benefits I received.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### Retiree Definition

You are considered retired if:

1. You have received any benefits under the FRS Pension Plan (including DROP), or
2. You have taken any distribution (including a roll-over) from the FRS Investment Plan, or alternative retirement programs offered by state universities (SUSORP), state community colleges (SCCORP), state government for senior managers (SMSOAP), or local governments for senior managers.

IV. I am **retired** from a State of Florida administered retirement plan. My FRS Pension Plan retirement effective date, DROP termination date, or date I received my first distribution from the FRS Investment Plan, SUSORP, SCCORP, SMSOAP, or other plan was \_\_\_\_\_.

**If I am initially reemployed by an FRS-covered employer on or after July 1, 2010, I will not be permitted to participate in a State of Florida administered retirement plan to earn an additional retirement benefit.**

**I understand that as a Pension Plan retiree:**

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired or after my DROP termination date, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**,<sup>3</sup> and I must reapply for retirement in order to receive future benefits.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after I retired or after my DROP termination date, my monthly retirement benefit must be suspended<sup>4</sup> and any unauthorized benefits received must be repaid.<sup>3</sup> **My employer may also be liable for repaying any unauthorized benefits I received.**

**I understand that as an Investment Plan, SUSORP, SCCORP, or SMSOAP retiree:**

- a. If I am employed by an FRS-covered employer in **any type of position**<sup>2</sup> during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.
- b. If I am reemployed by an FRS-covered employer at any time during the 7<sup>th</sup> through the 12<sup>th</sup> months after my retirement, I will not be eligible for additional distributions until I terminate employment or complete 12 calendar months of retirement.<sup>4</sup>

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, alternative retirement programs are available to certain employees. Contact your employer for deadline and other information.

<sup>2</sup>Positions include OPS, temporary, seasonal, substitute teachers, part-time, full-time, regularly established, etc.

<sup>3</sup>Florida law requires a return of all unauthorized Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to unauthorized SUSORP, SCCORP, or other state-administered plan distributions – contact that plan's administrator for details.

<sup>4</sup>There are no reemployment exemptions/exceptions for Pension Plan members whose effective date of retirement or DROP termination date is on or after July 1, 2010 or Investment Plan, SUSORP, SCCORP, or SMSOAP members who retire on or after July 1, 2010.



# Gadsden County School Board

Roger P. Milton-Superintendent of Schools

"Putting Children First"

# HR-00L

## Oath of Loyalty

(Please print)

NAME:		DATE OF BIRTH:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE #:		SECONDARY #:	

### Oath of Loyalty

I, \_\_\_\_\_, a citizen of the State of Florida and the United States of America, and being employed by an officer of the School Board of Gadsden County, Florida and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States of American and the State of Florida.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public, State of Florida at large \_\_\_\_\_

Notary Seal or Stamp:





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	<u>        </u>
{	<ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>        </u>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>			
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note:</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>			
<b>G</b>	<b>Child Tax Credit</b> (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 <b>less</b> "1" if you have two to four eligible children or <b>less</b> "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.	<b>G</b>	<u>        </u>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 5px 0 0 20px;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2017</span>
<b>1</b> Your first name and middle initial	Last name	<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		<b>4</b> 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"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> <u>        </u>
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ <u>        </u>
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> <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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)
<b>10</b> 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.

<b>1</b>	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 . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**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.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	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 . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> 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.



"Putting Children First"

# The School Board of Gadsden County

**Roger P. Milton**  
SUPERINTENDENT OF SCHOOLS

35 Martin Luther King Jr. Blvd  
Quincy, Florida 32351  
Office: (850) 627-9651  
Fax: (850) 627-2760  
Website: <http://www.gcps.k12.fl>

### *Adult User: Terms and Conditions for Technology and Internet Use in the Gadsden School Public School District*

Internet access is now available to all employees in the Gadsden County Public School. *Adult users are not to use this technology for personal reasons or business.* We believe that the Internet offers vast, diverse and unique resources to our employees. We believe that providing this access to the Internet will help employees develop Information Skills that they will need in the workplace to be more productive. With access, comes the availability of materials that may not be considered acceptable in the work environment. We, the Gadsden School District, believe that the valuable information far outweighs the possibility that users may find materials that are not consistent with our educational purposes. End users of the Internet must adhere to strict guidelines and thereby, the Gadsden School Public District establishes the following guidelines for all Internet users within our organization:

**Acceptable Use** – The Internet will be used for communication, research, and collaborative work supporting the Educational objectives of the school district.

**Transmission of the following is prohibited:**

- Unauthorized Copyrighted material
- Threatening or obscene material
- Material protected by trade secret
- Commercial activities
- Political lobbying or advertisement

**Privileges** - The use of the Technology and Internet is a privilege, NOT a right. Inappropriate use will cancel all privileges.

**Training** - It is the responsibility of each school/department to ensure that faculty and staff are trained in effective use of Technology and Internet Use.

**Permission** – Employees must sign and return an **Acceptable Use Form** to have access to the Internet.

**Netiquette** - All users are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:

- Be polite. Do not use abusive language when communicating over the Internet.
- Use appropriate language. No swearing or vulgarities
- Never reveal personal information (address, telephone, etc.)
- Remember that e-mail is not private.
- Please check your grammar before sending an e-mail.

**Security** - Security on any network is a high priority. The Superintendent's office must be notified if any security breach is detected.

*Every user must sign on to the network before accessing the Internet. He/she must use his/her assigned username and password. The use of another's username/password is strictly prohibited.*

**Vandalism** – Vandalism will result in permanent cancellation of privileges! Vandalism will include:

- Malicious attempt to harm, destroy, or change data, hardware, or software
- Creating and/or uploading computer viruses
- Altering desktop configuration to bypass the use of usernames/passwords
- Attempts to "hack" into unauthorized areas of a network or computer/laptop
- Attempts to bypass the web filtering service or other methods to obtain Internet access.

*All terms and conditions as stated in this document are applicable to the Gadsden School District. These terms and conditions shall be governed and interpreted in accordance with the laws of the State of Florida and the existing policies of this school board.*

Yes, I accept the terms and conditions as set forth in the Gadsden County District Internet Use policy.

Adult User's Printed Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Adult User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BOARD MEETS FOURTH TUESDAY  
OF EACH MONTH EQUAL  
OPPORTUNITY EMPLOYER**

AUDREY LEWIS  
DISTRICT NO. 1  
HAVANA, FL 32333

STEVE SCOTT  
DISTRICT NO. 2  
QUINCY, FL 32351

ISAAC SIMMONS, JR  
DISTRICT NO. 3  
CHATTAHOOCHEE, FL 32324  
GREENSBORO, FL 32330

CHARLIE D. FROST  
DISTRICT NO. 4  
GRETNA, FL 32332  
QUINCY, FL 32352

T YRONNE SMITH  
DISTRICT NO. 5  
QUINCY, FL 32363

of guilt nor shall such notice be admissible for any purpose in any proceeding, civil or criminal, administrative or judicial, investigatory or adjudicatory. In addition, shall self-report any conviction, finding of guilt, withholding of adjudication, commitment to a pretrial diversion program, or entering of a plea of guilty or Nolo Contendere for any criminal offense other than a minor traffic violation within 48 hours after the final judgement. When handling sealed and expunged records disclosed under this rule, school districts shall comply with the confidentiality provisions of Sections 943.0585(4)(c) and 943.059(4)(c), Florida Statutes.

- (n) Shall report to appropriate authorities any known allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 1012.795(1), Florida Statutes.
- (o) Shall seek no reprisal against any individual who has reported any allegation of a violation of the Florida School Code or State Board of Education Rules as defined in Section 1012.795(1), Florida Statutes.
- (p) Shall comply with the conditions of an order of the Education Practices Commission.
- (q) Shall, as the supervising administrator, cooperate with the Education Practices Commission in monitoring the probation of a subordinate.

State Board of Education Rule 6B-1.001, FAC

## The Code of Ethics of The Education Profession in Florida

- (1) The educator values the worth and dignity of every person, the pursuit of truth, devotion to excellence, acquisition of knowledge, and the nurture of democratic citizenship. Essential to the achievement of these standards are the freedom to learn and to teach and the guarantee of equal opportunity for all.
- (2) The educator's primary professional concern will always be for the student and for the development of the student's potential. The educator will therefore strive for professional growth and will seek to exercise the best professional judgement and integrity.
- (3) Aware of the importance of maintaining the respect and confidence of one's colleagues, of students, of parents, and of other members of the community, the educator strives to achieve and sustain the highest degree of ethical conduct.

Adams v. State of Florida Professional  
Practices Council, 406 So 2nd 1170 Fla.  
1st DCA 1981

*“By virtue of their leadership  
capacity, teachers are  
traditionally held to a high  
moral standard in  
a community.”*

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For further information call or write:  
**Bureau of Educator Recruitment,  
Development and Retention**  
325 West Gaines Street, Suite 124  
Tallahassee, FL 32399  
(850)245-0441, SUNCOM 205-0441

## The Code of Ethics and The Principles of Professional Conduct of The Education Profession in Florida

*Professionalism Through Integrity*



Florida Department of Education  
[www.fldoe.org](http://www.fldoe.org)

## The Principles of Professional Conduct of The Education Profession in Florida

- (1) The following disciplinary rule shall constitute the Principles of Professional Conduct of the Education Profession in Florida.
- (2) Violation of any of these principles shall subject the individual to revocation or suspension of the individual educator's certificate, or the other penalties as provided by law.
- (3) **Obligation to the student requires that the individual:**
  - (a) Shall make reasonable effort to protect the student from conditions harmful to learning and/or to the student's mental and/or physical health and/or safety.
  - (b) Shall not unreasonably restrain a student from independent action in pursuit of learning.
  - (c) Shall not unreasonably deny a student access to diverse points of view.
  - (d) Shall not intentionally suppress or distort subject matter relevant to a student's academic program.
  - (e) Shall not intentionally expose a student to unnecessary embarrassment or disparagement.
  - (f) Shall not intentionally violate or deny a student's legal rights.
  - (g) Shall not harass or discriminate against any student on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background and shall make reasonable effort to assure that each student is protected from harassment or discrimination.
  - (h) Shall not exploit a relationship with a student for personal gain or advantage.
  - (i) Shall keep in confidence personally identifiable information obtained in the course of professional service, unless disclosure serves professional purposes or is required by law.
- (4) **Obligation to the public requires that the individual:**
  - (a) Shall take reasonable precautions to distinguish between personal views and those of any educational institution or organization with which the individual is affiliated.
  - (b) Shall not intentionally distort or misrepresent facts concerning an educational matter in direct or indirect public expression.
  - (c) Shall not use institutional privileges for personal gain or advantage.
  - (d) Shall accept no gratuity, gift, or favor that might influence professional judgement.
  - (e) Shall offer no gratuity, gift, or favor to obtain special advantages.
- (5) **Obligation to the profession of education requires that the individual:**
  - (a) Shall maintain honesty in all professional dealings.
  - (b) Shall not on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition if otherwise qualified, or social and family background deny to a colleague professional benefits or advantages or participation in any professional organization.
  - (c) Shall not interfere with a colleague's exercise of political or civil rights and responsibilities.
  - (d) Shall not engage in harassment or discriminatory conduct which unreasonably interferes with an individual's performance of professional or work responsibilities or with the orderly processes of education or which creates a hostile, intimidating, abusive, offensive, or oppressive environment; and further, shall make reasonable effort to assure that each individual is protected from such harassment or discrimination.
- (e) Shall not make malicious or intentionally false statements about a colleague.
- (f) Shall not use coercive means or promise special treatment to influence professional judgement of colleagues.
- (g) Shall not misrepresent one's own professional qualifications.
- (h) Shall not submit fraudulent information on any document in connection with professional activities.
- (i) Shall not make any fraudulent statement or fail to disclose a material fact in one's own or another's application for a professional position.
- (j) Shall not withhold information regarding a position from an applicant or misrepresent an assignment or conditions of employment.
- (k) Shall provide upon the request of the certificated individual, a written statement of specific reason for recommendations that lead to the denial of increments, significant changes in employment, or termination of employment.
- (l) Shall not assist entry into or continuance in the profession of any person known to be unqualified in accordance with these Principles of Professional Conduct of the Education Profession in Florida and other applicable Florida Statutes and State Board of Education Rules.
- (m) Shall self-report within 48 hours to appropriate authorities (as determined by district) any arrests/charges involving the abuse of a child or the sale and/or possession of a controlled substance. Such notice shall not be considered an admission



# The School Board of Gadsden County



"Putting Children First"

ROGER P. MILTON  
SUPERINTENDENT OF SCHOOLS

35 MARTIN LUTHER KING, JR. BLVD  
QUINCY, FLORIDA 32351  
TEL: (850) 627-9651  
FAX: (850) 627-2760  
<http://www.gcps.k12.fl.us>

## MEMORANDUM

TO: All Employees

FROM: Roger P. Milton, Superintendent

SUBJECT: Drug Free Workplace

## NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED THAT it is a violation of the policy of the Gadsden County School Board for any employee to unlawfully manufacture, distribute, dispense, possess or use on or in the workplace alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance. Furthermore, it is also a violation for any Gadsden County School Board employee to use any illegal drug at any time.

"Workplace" is defined as the site for the performance of work done for Gadsden County Schools. This includes any place where work for the school district is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.

YOU ARE FURTHER NOTIFIED THAT it is a condition of your continued employment with Gadsden County Schools that you will comply with the policy of the school district and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace. Such notification shall be no later than five (5) days after such conviction.

There are many agencies in Gadsden and Leon Counties that offer fast access to drug or alcohol counseling and, if needed, referral to a drug rehabilitation program. If you or your family are in need of assistance, you may contact the Director of Personnel, at (850) 627-9651, or call:

AUDREY LEWIS  
DISTRICT NO. 1  
HAVANA, FL 32333

STEVE SCOTT  
DISTRICT NO. 2  
QUINCY, FL 32351

ISAAC SIMMONS, JR.  
DISTRICT NO. 3  
CHATTAHOOCHEE, FL 32324  
GREENSBORO, FL 32330

CHARLIE D. FROST  
DISTRICT NO. 4  
GRETNA, FL 32332  
QUINCY, FL 32352

TYRONE SMITH  
DISTRICT NO. 5  
QUINCY, FL 32353

BOARD MEETS FOURTH TUESDAY OF EACH MONTH  
EQUAL OPPORTUNITY EMPLOYER

**OUPTATIEN**

Apalachee Center for Human Services, Inc.  
Quincy - 875-2422 or 875-8230  
Tallahassee (EAP) – 487-3253 or 487-0211  
Crawfordville – 1-850-926-5900

Quincy Psychological Services  
385 East Jefferson Street  
Quincy, FL 32351 . 627-6713

**INPATIENT (HOSPITAL SERVICES)**

Tallahassee Community Hospital  
Addiction Recovery Center  
2807 Capital Medical Boulevard  
Tallahassee, FL 32308 656-5112

Natural Bridge Recovery Center  
3333 West Pensacola Street, Suite 100  
Tallahassee, FL 32304 488-6520

Greenleaf Center, Inc.  
A Regional Psychiatric and Chemical Dependency Hospital  
2209 Pineview Drive 1-800-247-2747, hotline  
Valdosta, GA 31602 1-800-445-8022, business

Twelve Oaks An Alcohol and Drug Recovery Center  
2068 Health Care Avenue 1-800-622-1255, hotline  
Navarre, Fl 32566 1-800-939-1200, business

**OTHER SERVICES**

Drug Abuse, Alcoholism and Cocaine Hotline	1-800-333-4444
Drug Abuse Information	487-2930
Tallahassee/Leon County Human Services Center	488-6520
Telephone Counseling and Referral Services	224-6333
Detox: Apalachee Center for Human Services	487-0300
Alcoholics Anonymous	385-1551
AI-Anon	222-2294
Narc-Anon	599-4849
Narcotics Anonymous	681-8120
The Crack Cocaine Self-Help Group	561-1372
Parent/Family Support Group	574-6695

Through these programs you can get easy, fast access to drug counseling and, if needed, referral to a drug rehabilitation program. Contacts seeking assistance are completely confidential.

Any employee who violates the terms of the School Board's Drug Free Workplace Policy may, at the discretion of the Board, be non-renewed or employment may be suspended or terminated pursuant to Sections 230.23(5) (f) and 231.36(1) (a), Florida Statutes, and appropriate negotiated master contracts.

Alternatively, at the discretion of the Board, any employee who violates the terms of the School Board's Drug Free Workplace Policy may be required to satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program approved by the Board. If the employee fails to satisfactorily participate in such program, the employee shall be non-renewed or his or her employment shall be suspended or terminated.

The enclosed information is designed to inform you of the dangers associated with drug abuse. Please don't wait until it's too late. If you need assistance with a drug or alcohol related problem, call today.

## USE OR ABUSE?

### Diagnosing Dependency

Dependence on alcohol or other drugs is a widespread problem. Many times, people don't recognize it. Chemical dependency is simply the inability to control the use of some physical substance – not being able to limit how much is used. If you have a dependency problem, recognizing it can help you to move towards a happier and healthier life.

### Myths

You might think of a chemically dependent person as someone who can't live without their drink or drugs, who is often drunk or stoned, who uses every day, or is irresponsible, immoral, weak-willed or even evil. The fact is, a person can be chemically dependent without showing such obvious signs, and dependency can cause serious problems in a person's life. We are gradually beginning to realize that a person's genetic makeup may affect his or her chances of becoming dependent and that dependency is often a physical condition that cannot be cured by willpower alone.

### Symptoms of Dependency

Here are some signs that might indicate a chemical dependency problem in you or someone you love:

- Trying to cut down or to quit using some substance and failing at it.
- Blackouts, or lapses of memory, after use.
- Using the substance while alone, or hiding the evidence of use.
- Using the substance to forget about problems or worries.
- Doing things while "under the influence" that cause regret afterwards.
- Not being able to enjoy an event without the substance.
- Using much more than other people in a social gathering.
- Neglecting responsibilities in order to use the substance.
- Family, friends, or employer expressing concern about substance use.
- Being willing to do almost anything to get the substance.
- Financial or legal problems from using the substance.

### Problems Caused By Dependency

Chemically dependent people often act unwisely or inappropriately while under the influence of their drug. They may act in ways that will embarrass them later, such as by telling dirty jokes at a party. They may endanger their health and lives of others, by having unsafe sex, or by driving while intoxicated. They may lose their jobs or families as people around them are hurt by their actions.

## What To Do

Recognizing that there is a problem is the first step towards recovering from chemical dependency. If you think you might have a problem of this type, here are some steps you can take:

- ◆ Acknowledge the problem openly.
- ◆ Limit time spent with people who encourage drug use, or who believe that dependency is a problem of weak will.
- ◆ Seek professional help from doctors or the therapists who deal with chemical dependency and recovery. You might benefit from counseling or a recovery program at a hospital or private clinic.
- ◆ Seek out the support of people who are recovering themselves. Many 12-step programs such as Alcoholics Anonymous are available for various types of dependencies. Your personnel department can help you find these and other helpful resources.

## **GADSDEN COUNTY SCHOOL BOARD POLICY**

**DRUG-FREE WORKPLACE** – The Gadsden County School Board hereby affirms its intent to maintain a workplace that is free from alcohol, drugs and other forms of abused substances. In order to implement a drug-free workplace the Superintendent shall:

- (1) Develop, publish, and distribute to each employee a statement notifying employees that the unlawful manufacture, distribution, possession, or use of alcohol or a controlled substance in any facility or on any grounds of the Gadsden County School System is prohibited. The statement shall also advise employees of the action that will be taken for any violation of the prohibition.
  - (a) The statement shall specifically advise each employee that, as a condition of the employment, the employee must abide by the terms of the statement and notify the Superintendent, within five (5) days, of any criminal drug statute conviction resulting from a violation which occurred in the workplace.
- (2) Develop and implement a Drug-free Awareness Program, designed to inform employees about:
  - (a) The dangers of alcohol and drug abuse in the workplace;
  - (b) The School Board's policy of maintaining an alcohol and drug free workplace;
  - (c) The School Board's Drug and Alcohol Testing Program for employees;
  - (d) A listing of all available drug counseling or rehabilitation programs; and

- (e) The penalties that may be imposed for alcohol or drug abuse violations occurring in the workplace.
- (3) Initiate action against any employee who is convicted of a drug violation occurring within the workplace within 30 days of notice of such conviction. Such action shall include:
    - (a) Termination of the employee, or
    - (b) In highly unusual cases and when deemed to be in the best interest of both the individual and the School System, requiring the employee to participate in a drug abuse assistance or rehabilitation program.
  - (4) Initiate action against any employee who tests positive in the drug and alcohol testing program. Such action may include, but not limited to: counseling, rehabilitation, suspension, and/or termination.
  - (5) Conduct a biennial review of each alcohol and drug abuse prevention program operating in the School District in order to:
    - (a) Determine program effectiveness and implement appropriate changes; and
    - (b) Ensure that the prohibition against alcohol and drug use herein is being consistently enforced throughout the School System.

**FOR SELF-EVALUATION ONLY – THIS IS NOT TO BE RETURNED**  
**DO YOU HAVE A PROBLEM?**

1. Has there been a significant increase in your drinking over the last 3-5 years?
2. Have you noticed that you have begun to look forward to those occasions or time of the day when you can have that first drink?
3. Has your drinking or drug use begun to create problems at home or with friends?
4. Have you done something in relation to your drinking or drug use that you never thought you'd do?
5. Have you promised yourself or someone else that you would cut down or quit entirely?
6. Have you ever had "amnesia" or forgotten something that has happened when you've been drinking or using drugs?
7. Have you ever drank or used more than you had planned to on any given occasion?
8. Have you ever driven under the influence of drugs or alcohol?
9. Have you ever been arrested for an alcohol or drug related offense?
10. Is drinking or drugs a primary part of most of your social activities or relationships?
11. Do you avoid being around certain people when you are drinking or using?
12. Do you tell yourself or others you can stop on your own when you want to?
13. Have you stopped completely for a period of time and then resumed drinking or using?
14. Do you ever drink or use drugs to improve yourself sexually?
15. Have you ever changed doctors in order to get a particular drug?
16. Have you ever withheld information from a doctor about your drinking or drug use?
17. Have you ever wondered if your drinking or drug use was not normal or out of control?
18. Do you tend to use alcohol or another drug to help you sleep at night?
19. Do you have a history of alcohol or other drug problems in your family?