

# Herscher Community Unit School District #2



## New Employee Paperwork Transportation

Complete and return all documents to:  
Nichole Mathews/Unit Office

### Don't forget to attach:

- ☐ Voided Check for Direct Deposit Form
- ☐ Proof of Physical Exam (*must be within 90 days of hire date*)
- ☐ Copies of TWO forms of government-issued ID  
(see I-9 form for acceptable forms of ID)

Position: \_\_\_\_\_ School: \_\_\_\_\_

# Herscher Community Unit School District #2

501 N. Main St. PO Box 504  
Herscher, IL 60941-0504

## **Employee Information Form**

Please complete the following information relating to your current status. Anytime this information changes please notify the Unit Office.

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Name	First	Middle	Last
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Address	Street	City	State	Zip
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Social Security #	Telephone #	Date of Birth
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Email address: \_\_\_\_\_

### **GENDER.** Check One

☐ Male ☐ Female

### **ETHNICITY.**

Is this employee, Hispanic/Latino?

Check One

☐ No, Not Hispanic ☐ Yes, Hispanic/Latino

### **RACE.** Choose one or more

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ Black or African American

☐ White or Caucasian

☐ Middle Eastern or North African

## **EMERGENCY CONTACT INFORMATION**

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Name	Phone #	Relation to you
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Name	Phone #	Relation to you
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Is there any information you would like to provide in case of an emergency? *ex. allergies*

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Are you working as a full-time or part-time teacher at another school district? (*this includes certified subbing or coach-only duties*) Check One ☐ Yes ☐ No

## **LEGAL INFORMATION**

Check one

Have you ever been arrested or convicted of any crime, including misdemeanors and felonies, which have not been sealed or expunged? ☐ Yes ☐ No

If yes, explain, giving dates: \_\_\_\_\_

# Memorandum

Bus Drivers

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**FROM:** Herscher Community Unit School District  
**RE:** Information Required for Fingerprinting

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As a requirement of your employment, you will need to complete the attached “Fingerprint Applicant Form”, which means you consent to a background check (via fingerprints) by the State of Illinois and the FBI.

As soon as you are able, you will need to be fingerprinted.

The company we use for our fingerprinting, background checks etc., is Accurate Biometrics. For our area, the most commonly used printing location is at the Kankakee Public Library on the 3rd floor which is located at 201 E. Merchant St. Kankakee, IL 60901. They are open on Wednesdays from 10-2. For more locations and schedule information, please visit their website at [www.accuratebiometrics.com](http://www.accuratebiometrics.com) to find the location which best works for you.

Please know that while NO APPOINTMENT IS REQUIRED, you must bring the attached form as well as a valid Government-Issued Photo I.D. with you.

If you have any questions, please feel free to contact me at 815-426-2162.

Welcome to the Herscher CUSD #2 Staff!

## Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

## Herscher School District-Bus Drivers



### Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth: ( State or Country if outside USA): \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

**ORI- SB0460002**

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# \_\_\_\_\_ Date Printed \_\_\_\_\_

Client ID 

13001
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# Herscher C.U.S.D. #2

501 N Main Street - PO Box 504

Herscher Illinois 60941

## ACH Participant (DIRECT DEPOSIT) Authorization Form

### Authorization Agreement for Preauthorized Payments – ACH Credits

I hereby authorize Herscher School District, to initiate credit entries for *(Employee Printed Name)* \_\_\_\_\_, and initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below and the depository named below, hereinafter called depository, to credit and/or debit the same to such account.

Account 1:

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type *(Check One)*:    Checking ☐    Savings ☐

Percent: \_\_\_\_\_ or Amount: \$ \_\_\_\_\_ \*

(\* If you enter an amount, a second account MUST be entered below for remaining balance and 'remaining balance' box checked.)

Account 2 *(if applicable)*:

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type *(Check One)*:    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Percent: \_\_\_\_\_ or Remaining Balance ☐

(Note: Total % must equal 100.)

***This authority is to remain in full force and effect until HCUSD#2 has received written notification from me of its termination in such time and in such manner as to afford HCUSD#2 and depository a reasonable opportunity to act on it.***

Email Address: **X** \_\_\_\_\_

Signature: **X** \_\_\_\_\_

Date: **X** \_\_\_\_\_

**Voided check or Account Verification Letter is required for each account listed above.**

**RETURN TO THE UNIT OFFICE**

# Direct Deposit / Pay Stub Info

Keep for Reference

1. You will receive an email from our Payroll department

Crane, Heather

Direct Deposit Notification

2. Open your email and the attachment.

3. Your password is always the last 4 of your SSN. then click OK.



4. Your pay stub will be displayed. You can print or save for future reference.



## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_, understand that when I am employed as a  
(Employee Name)

\_\_\_\_\_, I will become a mandated reporter under the  
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

CANTS 22  
Rev. 8/2013

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701  
[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)

Return to Unit Office



## New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

### EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

### EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

### NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

### NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Note:** These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

### Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of a Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to [tax.illinois.gov](http://tax.illinois.gov).

**Note** If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

### When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

### When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

**Example:** If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

### How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

### What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

### What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will

receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

**Note:** For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

### How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

**Note** If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

### How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$1,000 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) to obtain a copy.

### Where do I get help?

- Visit our website at [tax.illinois.gov](http://tax.illinois.gov)
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to  
**ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19044  
SPRINGFIELD IL 62794-9044**

# Illinois Withholding Allowance Worksheet

## General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.
- ☐ I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:


- ☐ I am 65 or older.
- ☐ I am legally blind.
- ☐ My spouse is 65 or older.
- ☐ My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.



----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----





Illinois Department of Revenue  
**IL-W-4 Employee's Illinois Withholding Allowance Certificate**

Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024****Step 1:**  
**Enter**  
**Personal**  
**Information**

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

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

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

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

**Step 5:**  
**Sign**  
**Here**

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

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)\_\_\_\_\_  
**Date****Employers**  
**Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

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

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

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

## Specific Instructions

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

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

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) – Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

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

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

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately	}	. . . . .	<b>2</b> \$ _____
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- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

## 2024 Percentage Method Tables for Automated Payroll Systems and Withholding on Periodic Payments of Pensions and Annuities

STANDARD Withholding Rate Schedules (Use these if the Form W-4 is from 2019 or earlier, or if the Form W-4 is from 2020 or later and the box in Step 2 of Form W-4 is NOT checked. Also use these for Form W-4P from any year.)					Form W-4, Step 2, Checkbox, Withholding Rate Schedules (Use these if the Form W-4 is from 2020 or later and the box in Step 2 of Form W-4 IS checked)				
If the Adjusted Annual Wage Amount on Worksheet 1A or the Adjusted Annual Payment Amount on Worksheet 1B is:					If the Adjusted Annual Wage Amount on Worksheet 1A is:				
At least—	But less than—	The tentative amount to withhold is:	Plus this percentage—	of the amount that the Adjusted Annual Wage or Payment exceeds—	At least—	But less than—	The tentative amount to withhold is:	Plus this percentage—	of the amount that the Adjusted Annual Wage exceeds—
A	B	C	D	E	A	B	C	D	E
<b>Married Filing Jointly</b>					<b>Married Filing Jointly</b>				
\$0	\$16,300	\$0.00	0%	\$0	\$0	\$14,600	\$0.00	0%	\$0
\$16,300	\$39,500	\$0.00	10%	\$16,300	\$14,600	\$26,200	\$0.00	10%	\$14,600
\$39,500	\$110,600	\$2,320.00	12%	\$39,500	\$26,200	\$61,750	\$1,160.00	12%	\$26,200
\$110,600	\$217,350	\$10,852.00	22%	\$110,600	\$61,750	\$115,125	\$5,426.00	22%	\$61,750
\$217,350	\$400,200	\$34,337.00	24%	\$217,350	\$115,125	\$206,550	\$17,168.50	24%	\$115,125
\$400,200	\$503,750	\$78,221.00	32%	\$400,200	\$206,550	\$258,325	\$39,110.50	32%	\$206,550
\$503,750	\$747,500	\$111,357.00	35%	\$503,750	\$258,325	\$380,200	\$55,678.50	35%	\$258,325
\$747,500		\$196,669.50	37%	\$747,500	\$380,200		\$98,334.75	37%	\$380,200
<b>Single or Married Filing Separately</b>					<b>Single or Married Filing Separately</b>				
\$0	\$6,000	\$0.00	0%	\$0	\$0	\$7,300	\$0.00	0%	\$0
\$6,000	\$17,600	\$0.00	10%	\$6,000	\$7,300	\$13,100	\$0.00	10%	\$7,300
\$17,600	\$53,150	\$1,160.00	12%	\$17,600	\$13,100	\$30,875	\$580.00	12%	\$13,100
\$53,150	\$106,525	\$5,426.00	22%	\$53,150	\$30,875	\$57,563	\$2,713.00	22%	\$30,875
\$106,525	\$197,950	\$17,168.50	24%	\$106,525	\$57,563	\$103,275	\$8,584.25	24%	\$57,563
\$197,950	\$249,725	\$39,110.50	32%	\$197,950	\$103,275	\$129,163	\$19,555.25	32%	\$103,275
\$249,725	\$615,350	\$55,678.50	35%	\$249,725	\$129,163	\$311,975	\$27,839.25	35%	\$129,163
\$615,350		\$183,647.25	37%	\$615,350	\$311,975		\$91,823.63	37%	\$311,975
<b>Head of Household</b>					<b>Head of Household</b>				
\$0	\$13,300	\$0.00	0%	\$0	\$0	\$10,950	\$0.00	0%	\$0
\$13,300	\$29,850	\$0.00	10%	\$13,300	\$10,950	\$19,225	\$0.00	10%	\$10,950
\$29,850	\$76,400	\$1,655.00	12%	\$29,850	\$19,225	\$42,500	\$827.50	12%	\$19,225
\$76,400	\$113,800	\$7,241.00	22%	\$76,400	\$42,500	\$61,200	\$3,620.50	22%	\$42,500
\$113,800	\$205,250	\$15,469.00	24%	\$113,800	\$61,200	\$106,925	\$7,734.50	24%	\$61,200
\$205,250	\$257,000	\$37,417.00	32%	\$205,250	\$106,925	\$132,800	\$18,708.50	32%	\$106,925
\$257,000	\$622,650	\$53,977.00	35%	\$257,000	\$132,800	\$315,625	\$26,988.50	35%	\$132,800
\$622,650		\$181,954.50	37%	\$622,650	\$315,625		\$90,977.25	37%	\$315,625



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution - as well as your employee contribution to employment-based coverage - is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

# When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either - submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

The following document is pursuant with Board Policy 6:235

**Please read this document carefully and completely before signing.**

### **Acceptable Use:**

All Users of the District Technology ("System") must comply with this Acceptable Use Policy and Guidelines contained within, as amended from time to time.

The System shall be defined as any and all computer hardware and software, owned or operated by the district, the district electronic mail, the district web site, and the district online services and bulletin board system. "Use" of the System shall include use of or obtaining access to the System from any computer terminal whether or not it is owned or operated by the district.

Users have no expectation of privacy in their use of the System. The district has the right to access, review, copy, delete, or disclose, as allowed by law, any message sent, received, or stored on the district's electronic mail system. The district has the right to and does monitor the use of the system maintenance and to determine whether the use is consistent with Federal and State laws and district policies and guidelines.

### **Prohibited Use:**

The System shall not be used to:

1. Engage in activities which are not related to district educational purposes or which are contrary to the instructions from supervising district employees;
2. Access, retrieve, or view obscene, profane, or indecent materials.  
("Indecent materials" are those materials which, in context, depict or describe sexual activities or organs in terms blatantly offensive, as measured by contemporary standards. "Obscene materials" are those materials which, taken as a whole, appeal to the voyeuristic interest in sex, which portray sexual conduct in a blatantly offensive way in which taken as a whole, do not have any serious literary, artistic, political or scientific value.)
3. Access, retrieve or disseminate any material in violation of any Federal or State laws or regulation or district policy or rule. This includes, but is not limited to, improper use of copyrighted material, improper use of the System to commit fraud, improper use of passwords or access codes, or disclosing the full name, home address or phone number of any student, staff member or System user.
4. Transfer any software to or from the System without authorization from System administrator.
5. Engage in for profit or non school-sponsored commercial activities, including advertising or sales.
6. Harass, threaten, intimidate, or otherwise demean an individual or group of individuals based on sex, color, race, religion, disability, national origin or sexual orientation.
7. Disrupt the education process, including use that is reasonably foreseeable to result in a disruption, or interfere with the rights of others at any time, either before, during or after school hours.
8. Disrupt or interfere with the System.
9. Gain unauthorized access to or vandalize the data or files of another System user.
10. Gain unauthorized access to or vandalize the System or the technology system of any other individual or organization.
11. Forge or improperly alter e-mail messages, use an account owned by another user, or disclose another user's password.
12. Invade the privacy of any individual, including Federal or State laws regarding limitations on the disclosure of student records.
13. Download, copy, print or otherwise store or possess any data which violates Federal or State copyright laws or these enclosures guidelines.
14. Send nuisance e-mail or other online messages such as chain letters, pyramid schemes, or obscene, harassing or other welcoming messages.
15. Send nuisance e-mail to multiple users without prior authorization by the appropriate district administrator.
16. Conceal or misrepresent the user's identity while using the System.
17. Post material on the district's website without the authorization of the appropriate district administrator.

The use of the System for any of the above may result in discipline or other consequences as provided in these guidelines and the district's Discipline Code and Rules.

Please note that while extensive, the above list is not all-inclusive.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

### **Privileges:**

Access to the System is provided as a privilege by the district and may be revoked at any time. Inappropriate use may result in discipline, including loss of System use privileges.

The System, including all information and documentation contained therein is the property of the district except as otherwise provided by law.

### **Personnel Handling Credit Card Information:**

All cardholder hardcopy data should be destroyed once it is no longer needed.

- The hardcopy materials should be destroyed (e.g. shredded, incinerated, pulped, etc.) such that reconstruction is not practically possible.
- Any materials that are not immediately destroyed (e.g. are placed in a to-be-shredded container), need to be secured.

### **Student Created Websites/Photo Release:**

Any website created by a student using the System must be part of a district- or school- sponsored activity, or otherwise authorized by the appropriate district administrator.

All content, including links, of any website created by a student using the System must receive prior approval by the classroom teacher or an appropriate district administrator. All contents of a website created by a student using the System must conform to this policy and these guidelines.

At various times, photographs are taken of students while they are in educational setting at the school. These pictures may be used in district publications including electronic formats and may also be released to local news media. Parents should notify the school in writing if they do NOT want their child's photograph used for such purposes.

### **Security and User Reporting Duties:**

Security in the System is high priority and must be treated as such but all users. Students are prohibited from sharing their log-in IDs and/or passwords with any other individual. Any attempt to log-in as another user may result in discipline. A user who becomes aware of any security risk or misuse of the System, should immediately notify a teacher, administrator or other staff member.

### **Vandalism:**

Vandalism or attempted vandalism to the System is prohibited and may result in discipline as set forth in these guidelines and potential legal action. Vandalism includes, but is not limited to, knowingly downloading, uploading, or creating computer viruses as well as physically damaging district hardware (e.g. computers, keyboards, mouse, etc.)

### **Disclaimer:**

The Herscher CUSD#2 makes no warranties of any kind, expressed or implied for the System. The district is not responsible for any damages incurred, including the loss of data resulting in delays, non-deliveries, mis-deliveries, or service interruptions. Use of any information obtained via the System is at the user's risk. The district is not responsible for the accuracy or quality of information obtained through the System. The district is not responsible for any user's intentional or unintentional access of material on the internet which may be obscene, indecent or of inappropriate nature.

### **Discipline/Consequences for Violations:**

A student or staff member who engages in any of the prohibited acts listed shall be subject to:

1. suspension or revocation of System privileges,
2. other discipline including suspension or expulsion from school (students),
3. referral to the law enforcement authorities or other action in appropriate cases.

Misuse of the System by a student may be considered gross misconduct and a student may be subject to discipline pursuant to the Student Discipline Policy. A student who believes his/her privileges have been wrongfully limited may request a meeting with the building principal to review the limitation.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

### **Employee Use of Social Media Sites, including personal sites**

Because of the unique nature of social media sites, such as Facebook and Twitter, and because of the district's desire to protect its interest with regard to its electronic records, the following rules have been established to address social media site usage by all employees:

### **KEEP PERSONAL AND PROFESSIONAL ACCOUNTS SEPARATE**

Staff members who decide to engage in professional social media activities will maintain separate professional and personal email addresses. Staff members will not use their district email address for personal social media activities. Use of district email for this purpose is prohibited and will be considered a violation of district policy that may result in disciplinary action.

### **CONTACT WITH STUDENTS**

Although it is desired that staff members have a sincere interest in students as individuals, partiality and the appearance of impropriety must be avoided. All staff shall maintain a professional relationship with all students, both inside and outside of the classroom. Listing current students as friends on networking sites wherein personal information is shared or available for review is not recommended. Contacting students through electronic means is to be school-related and generic. Inappropriate contact of any kind, including via electronic media is prohibited.

Nothing in this policy prohibits district staff and students from the use of education websites and/or use of social networking websites created for curricular, co-curricular, or extra-curricular purposes where professional relationship is maintained with the student. Failure to maintain a professional relationship with students, both inside and outside of a classroom setting, including interaction via social networking websites of any nature, e-mailing, texting, communication-specific apps, or other electronic methods may result in disciplinary action up to and including termination.

### **RULES CONCERNING DISTRICT-SPONSORED SOCIAL MEDIA ACTIVITY**

If an employee wishes to use Facebook, Twitter, or other similar social media sites to communicate meetings, activities, games, responsibilities, announcements, etc. for a school-sponsored club or a school-based activity or an official school-based organization, the employee shall comply with the following procedures and rules:

#### **Notify the District**

Employees that have or would like to start a social media page should contact their building administrator and/or superintendent. All district pages must have an appointed employee who is identified as being responsible for content. The building administrator and/or superintendent should be aware of the content on the site, arrange for periodic monitoring of the site, and for the receipt and response to complaints about the content on the site. The superintendent reserves the right to shut down or discontinue the site if he/she believes it is in the best overall interest of the students and/or district.

#### **Have a Plan**

District staff will consider their messages, audiences, and goals, as well as strategy for keeping information on social media sites up to date, accurate, and in the best interest of the students.

#### **Protect the District**

Posts on district-affiliated social media sites should protect the district by remaining professional in tone and in good taste. Carefully consider the naming of pages or accounts, selection of pictures or icons, compliance with district policy, state, and federal laws with regard to student and employee confidentiality, and the determination of content. The employee must also comply with the following rules

1. The employee must set up the club, etc. as a group list that will be closed and moderated.
2. The employee must set up mechanisms for delivering information to students that are not members of the group via non-electronic means.
3. Members will not be established as friends but as members of the group list.
4. Anyone who has access to the the communications conveyed through the site may only gain access by the permission of the employee (e.g. teacher, administrator, or supervisor). Persons desiring to access the page may join only after the employee invites them and allows them to join.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

5. Parents shall be permitted to access any site that their child has been invited to join. Parents shall report any communications they believe to be inappropriate by students or school personnel to administration.
6. Access to the site may only be permitted for educational purposes related to the club, activity, organization or team.
7. The employee responsible for the site will monitor it regularly.
8. They employee's supervisor shall be permitted access to any site established by the employee for a school-related purpose.
9. Employees are required to maintain appropriate professional boundaries in the establishment and maintenance of all district-sponsored social media activity. This includes maintaining a separation between the school activity pages and employees personal social media profiles and pages.
10. Postings made to the site must comply with all other district policies pertaining to district web sites, internet usage, technology and confidentiality of student information.

### **Personal Sites**

The board respects the right of employees to use social media as a medium of self expression on their personal time. As role models for students, however, employees are responsible for their public conduct even when they are not performing their job duties as employees of the district. Employees will be held to the same professional standards in their public use of social media and other electronic communications as they are for any other public conduct. Further, school employees remain subject to applicable state and federal laws, board policies, administrative regulations and applicable code of ethics, even if communicating with others concerning personal and private matters. If an employee's use of social media interferes with the employee's ability to effectively perform his or her job duties, the employee is subject to disciplinary action, up to and including termination of employment.

Employees are responsible for the content on their social media sites, including content added by the employee, the employee's friends or members of the public who an access the employee's site, and for web links on the employee's site. If you identify your yourself as a district employee online, it should be clear that the views expressed, posted, or published are personal views, not necessarily those of the district, it's Board, employees, or agents.

Opinions and/or other content expressed or posted by staff on a social networking website have the potential to be disseminated far beyond the speaker's desire or intention, and could undermine the public perception of the individual's fitness to educate students, and thus undermine teaching effectiveness. In this way, the effect of the expression and publication of opinions or other content could potentially lead to disciplinary action being taken against the staff member, up to and including termination or non-renewal of the contract of employment.

### **Posting to Social Media Sites**

Employees who use social media for personal purposes must be aware the content they post may be viewed by anyone, including students, parents and community members. Employees shall observe the following principles when communicating through social media:

1. Employees shall not post confidential information about students, employees or school system business;
2. Employees are encouraged not to accept current students as friends or 'followers' or otherwise connect with students on social media sites, unless the employee and student have a family relationship or other type of appropriate relationship that originated outside of the school setting.
3. Employees shall be professional in all internet postings related to or referencing the school system, students, and other employees.
4. Employees shall not use profane, pornographic, obscene, indecent, lewd, vulgar or sexually offensive language, pictures or graphics or other communication that could reasonably be anticipated to cause a substantial disruption to the school environment.
5. Employees shall not use the school system's logo or other copyrighted material of the system without express, written consent from the board.
6. Employees shall not post identifiable images of a student or student's family without permission from the student and the student's parent or legal guardian.
7. Employees shall not use internet postings to libel or defame the board, individual board members, students or other school employees.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

8. Employees shall not use internet postings to harass, bully or intimidate other employees or students in violation of district policy.
9. Employees shall not post inappropriate content that negatively impacts their ability to perform their jobs.
10. Employees shall not use internet postings to engage in any other conduct that violates board policy and administrative procedures or state and federal laws.
11. Employees are strongly discouraged from communicating with students, or parents regarding a student, from a personal e-mail account.
12. Employees shall be responsible for all content posted on their site by themselves and others and shall regularly monitor their site and remove any content that could reasonably be anticipated to cause a substantial disruption to the school environment.

Consequences – School system personnel shall monitor online activities of employees who access the internet using school technological resources. Any employee who has been found by the superintendent or his/her designee to have violated this policy may be subject to disciplinary action, up to and including dismissal.

Protect Confidential and Proprietary Information – Employees shall not post confidential or proprietary information about the district, its employees, students, agents, or others. The employee shall adhere to all applicable privacy and confidentiality policies adopted by the district or as provided by state or federal law.

Do Not Use District Name, Logos or Images – Employees shall not use the district logos, images, iconography, etc. on personal social media sites; nor shall employees use the district name to promote a product, cause or political party, or political candidate; nor shall employees use personal images of students, names or data relating to students, absent written authority of the parent of a minor or authority of an adult or emancipated student.

# *Herscher Community Unit School District #2*

## Computer/Internet Acceptable Use Policy

### Signature Page

#### PARENT/STUDENT

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Grade

I have read and understand the above AUP. I understand that when I am using the internet or any other communication environment any day or time (24/7), I must adhere to all rules of the Acceptable Use Agreement.

I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

I understand that Herscher CUSD #2 is not responsible for any damage or loss associated with a device which is not the property of the Herscher CUSD#2. Technology devices within the School building will be used to promote educational excellence and within the guidelines of this policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

#### TEACHER/STAFF

\_\_\_\_\_  
Teacher/Staff (Print)

\_\_\_\_\_  
Building

\_\_\_\_\_  
Title

I have read and understand the above AUP. I understand that when I am using the internet or any other communication environment any day or time (24/7), I must adhere to all rules of the Acceptable Use Agreement.

I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be instituted.

I understand that Herscher CUSD #2 is not responsible for any damage or loss associated with a device which is not the property of the Herscher CUSD#2. Technology devices within the School building will be used to promote educational excellence and within the guidelines of this policy.

\_\_\_\_\_  
Teacher/Staff Signature

\_\_\_\_\_  
Date

# *Herscher Community Unit School District #2*

## Drug- and Alcohol-Free Workplace

The following document is pursuant with Board Policy 5:50

**Please read this document carefully and completely before signing.**

All District workplaces are drug- and alcohol-free workplaces.

All employees are prohibited from engaging in any of the following activities while on District premises or while performing work for the District:

1. Unlawful manufacture, dispensing, distribution, possession, or use of an illegal or controlled substance, or being impaired by or under the influence of any illegal substance or any detectible use of any illegal substance regardless of when or where the use occurred.
2. Distribution, consumption, use, possession, or being impaired by or under the influence of an alcoholic beverage; being present on District premises or while performing work for the District when alcohol consumption is detectible, regardless of when and/or where the use occurred.
3. Distribution, consumption, possession, use, or being impaired by or under the influence of cannabis; being present on District premises or while performing work for the District when impaired by or under the influence of cannabis, regardless of when and/or where the use occurred, unless distribution, possession, and/or use is by a school nurse or school administrator pursuant to *Ashley's Law*, 105 ILCS 5/22-33. The District considers employees impaired by or under the influence of cannabis when there is a good faith belief that an employee manifests specific articulable symptoms while working that decrease or lessen the employee's performance of the duties or tasks of the employee's job position.

Upon the Superintendent or designee's reasonable suspicion of an employee's violation of any of the prohibited activities stated above, the Superintendent or designee may direct the employee to undergo a drug and/or alcohol test to corroborate or refute the alleged violation. State law protects the District from liability when it takes actions pursuant to a reasonable workplace drug policy, including but not limited to subjecting an employee or applicant to reasonable drug and alcohol testing, reasonable and nondiscriminatory random drug testing, discipline, termination of employment, or withdrawal of a job offer due to a failure of a drug test.

For purposes of this policy a controlled substance means a substance that is:

1. Not legally obtainable,
2. Being used in a manner different than prescribed,
3. Legally obtainable, but has not been legally obtained, or
4. Referenced in federal or State controlled substance acts.

For purposes of this policy, *District premises* means workplace as defined in the Cannabis Regulation and Tax Act (CRTA) in addition to District and school buildings, grounds, and parking areas; vehicles used for school purposes; and any location used for a Board of Education meeting, school athletic event, or other school-sponsored or school-sanctioned events or activities. *School grounds* means the real property comprising any school, any conveyance used to transport students to school or a school-related activity, and any public way within 1,000 feet of any school ground, designated school bus stops where students are waiting for the school bus, and school-sponsored or school-sanctioned events or activities. "Vehicles used for school purposes" means school buses or other school vehicles.

As a condition of employment, each employee shall:

1. Abide by the terms of this Board policy respecting a drug-and alcohol-free workplace; and
2. Notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than five calendar days after such a conviction.

Unless otherwise prohibited by this policy, prescription and over-the-counter medications are not prohibited when taken in standard dosages and/or according to prescriptions from the employee's licensed health care provider, provided that an employee's work performance is not impaired.

To make employees aware of the dangers of drug and alcohol abuse, the Superintendent or designee shall perform each of the following:

# Herscher Community Unit School District #2

## Drug- and Alcohol-Free Workplace

1. Provide each employee with a copy of this policy.
  2. Post notice of this policy in a place where other information for employees is posted.
  3. Make available materials from local, State, and national anti-drug and alcohol-abuse organizations.
  4. Enlist the aid of community and State agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees.
  5. Establish a drug-free awareness program to inform employees about:
    - a. The dangers of drug abuse in the workplace,
    - b. Available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
    - c. The penalties that the District may impose upon employees for violations of this policy.
- 
1. Remind employees that policy 6:60, *Curriculum Content*, requires the District to educate students, depending upon their grade, about drug and substance abuse prevention and relationships between drugs, alcohol, and violence.

### E-Cigarette, Tobacco, and Cannabis Prohibition

All employees are covered by the conduct prohibitions contained in policy 8:30, *Visitors to and Conduct on School Property*. The prohibition on the use of e-cigarettes, tobacco, and cannabis products applies both (1) when an employee is on school property, and (2) while an employee is performing work for the District at a school event regardless of the event's location.

*Tobacco* has the meaning provided in 105 ILCS 5/10-20.5b.

*Cannabis* has the meaning provided in the CRTA, 410 ILCS 705/1-10.

*E-Cigarette* is short for electronic cigarette and includes, but is not limited to, any electronic nicotine delivery system (ENDS), electronic cigar, electronic cigarillo, electronic pipe, electronic hookah, vape pen, or similar product or device, and any components or parts that can be used to build the product or device.

### District Action Upon Violation of Policy

An employee who violates this policy may be subject to disciplinary action, including termination. In addition or alternatively, the Board may require an employee to successfully complete an appropriate drug- or alcohol-abuse rehabilitation program.

The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate State or federal agency from which the District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: 42 U.S.C. §12114, Americans With Disabilities Act.; 21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15, Controlled Substances Act.; 41 U.S.C. §8101 et seq., Drug-Free Workplace Act of 1988.; 20 U.S.C. §7101 et seq., Safe and Drug-Free School and Communities Act of 1994.; 30 ILCS 580/, Drug-Free Workplace Act.; 105 ILCS 5/10-20.5b.; 410 ILCS 82/, Smoke Free Illinois Act.; <410 ILCS 130/, Compassionate Use of Medical Cannabis Program Act.; 410 ILCS 705/1-1 et seq., Cannabis Regulation and Tax Act.; 720 ILCS 675, Prevention of Tobacco Use by Persons under 21 Years of Age and Sale and Distribution of Tobacco Products Act.; 820 ILCS 55/, Right to Privacy in the Workplace Act.; 21 C.F.R. Parts 1100, 1140, and 1143.; 23 Ill.Admin.Code §22.20.

X

Teacher/Staff (Print)

X

Teacher/Staff Signature

X

Date

RETURN PAGE TO THE UNIT OFFICE

# Herscher Community Unit School District #2

## Harassment and Sexual Misconduct Policy

Please read this document carefully and completely before signing.

It is the policy of Herscher CUSD#2 to provide an environment free from harassment and sexual misconduct of any kind (including sexual harassment). Verbal or physical conduct by any employee or individual, which harasses, disrupts, or interferes with another's work performance or a student's education environment or which creates an intimidating, offensive or hostile environment will not be tolerated. Herscher CUSD#2 is committed to maintaining a workplace where each employee / student's privacy and personal dignity are respected and protected from offensive or threatening behavior.

District employees shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conducts of a sexual nature when 1) submission to such conduct is made either explicitly a term or condition of employment or a student's ability to participate in or benefit from an educational program, 2) submission to or rejection of such conduct by an individual or student is used as the basis for employment or educational decisions affecting such individual or student, 3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or a student's ability to participate or benefit from an educational program or creating an intimidating, hostile, or offensive working or educational environment. The terms intimidating, hostile, or offensive include but are not limited to, conduct which has the effect of humiliation, embarrassment, or discomfort. Sexual harassment will be evaluated in light of all the circumstances, but is understood to include a wide range of behaviors, including but not limited to the actual coercing of sexual relation, verbal or physical sexual advances, sexually explicit or derogatory statement, and physical aggressiveness. Such behavior may offend the aggrieved party, cause discomfort or humiliation and interfere with job performance and/or the educational environment.

A violation of this policy may result in discipline, up to and including discharge. Any person who makes a knowingly false accusation regarding harassment or sexual misconduct will likewise be subject to disciplinary action, up to and including discharge.

### Compliant Procedure:

Aggrieved persons, who feel comfortable doing so, should directly inform the person engaging in harassing conduct or communication that such conduct or communication is offensive and must stop.

Employees should report claims of harassment or sexual misconduct to the Nondiscrimination Coordinator and/or use the Uniform Grievance Procedure. Employees may choose to report to a person of the employee's same sex. Initiating a complaint of harassment or sexual misconduct shall not adversely affect the complainant's employment, compensation or work assignment.

There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

Contact with a Report or Compliant: **Superintendent or Non-Discrimination Coordinator**

### Discipline:

The district will discipline any individual who retaliates against any person who reports alleged harassment or sexual misconduct or who retaliates against any person who testifies, assists or participates in an investigation, a proceeding or a hearing relating to a harassment or sexual misconduct complaint. Retaliation includes, but is not limited to, any form of intimidation, reprisal or harassment.

### THIS POLICY IS TO BE REVIEWED AND SIGNED BY ALL EMPLOYEES

The undersigned hereby acknowledges that he/she has read this Harassment and Sexual Misconduct Policy, understands the contents thereof and agrees to abide by all terms set forth in this Policy.

X

Teacher/Staff (Print)

X

Teacher/Staff Signature

X

Date

# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT

JILL FULTON, SPECIAL SERVICES DIRECTOR

DR. PETE FALK, CURRICULUM DIRECTOR

## **AUTHORIZATION FOR RELEASE OF FAITH'S LAW / SEXUAL MISCONDUCT-RELATED INFORMATION** **and CURRENT / FORMER EMPLOYER RESPONSE FORM**

This form is based on a template developed by the Illinois State Board of Education (ISBE) pursuant to 105 ILCS 5/22-94 of the Illinois School Code. This completed form and any information or records received by Herscher Community Unit School District No. 2 shall not be considered public records.

### **Instructions for Applicant:**

1. Complete Sections 2, 3, and 4 on page 2 for your current/former employer(s) that fit any category below:
  - A public or non-public elementary or secondary school.
  - An employer that, at the time of your employment, contracted with a public or non-public elementary or secondary school to provide services, including, but not limited to, employers that provided food services, bus services, or other transportation services. **This category applies only if**, as part of your employment with the employer, you had engaged in - or there was the possibility that you would engage in - the care, supervision, guidance, control of, or routine interaction with children or students.
  - Any other employer for which you, as part of your employment with the employer, did engage in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with children or students.
2. Herscher CUSD No. 2 will send the document on page 3 to any current/former employers. **DO NOT COMPLETE PAGE 3.**
3. Complete Section 6 on page 4 with your information. Section 7 shall be completed by inputting any additional current/former employers that fits any categories above. If you do not have any current/former employers that fit the categories, check the box stating there are none. Sign the bottom of the page.
4. Complete the Disclosure form on page 5.

Please be advised that if you are licensed by ISBE, the hiring entity is required to verify the employment history you report by checking ISBE's educator licensure database. The responses Herscher CUSD No. 2 receives from your current and former employers will be used to evaluate your fitness to be hired or for continued employment. An applicant who provides false information or willfully fails to disclose information shall be subject to denial of employment, or if already hired, shall be subject to discipline, up to and including termination.

### **Section 1: Hiring Entity Information (to be completed by Herscher CUSD No. 2)**

Hiring Entity's Name: <b>Herscher Community Unit School District No. 2</b>	Contact Person: <b>Richard S. Decman, Superintendent</b>
Address: <b>501 N Main Street, PO Box 504</b>	City, State, ZIP: <b>Herscher, Illinois 60941</b>
Telephone Number: <b>815-426-2162</b>	Email: <a href="mailto:decmanr@hcusd2.org">decmanr@hcusd2.org</a>
Sent to Current/Formal Employer  By: _____ Date: _____	Received at Herscher CUSD No. 2:  By: _____ Date: _____

**THIS PAGE COMPLETED BY EMPLOYER – DO NOT SEPARATE FROM PACKET**

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District Office: 501 North Main Street, PO Box 504, Herscher Illinois 60941-0504

District Phone: 815-421-5000 – District Fax: 815-426-2872

# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT

JILL FULTON, SPECIAL SERVICES DIRECTOR

DR. PETE FALK, CURRICULUM DIRECTOR

**THIS PAGE COMPLETED BY APPLICANT – DO NOT SEPARATE FROM PACKET**

## Section 2: Applicant Information *(to be completed by Applicant)*

Name: (First, Middle, Last):	Any former names by which the Applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP:

## Section 3: Current/Former Employer Information *(to be completed by Applicant)*

Employer:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Position Held:	Approximate Dates of Employment:

## Section 4: Authorization for Disclosure of Employment Information and Release of Employer Liability *(to be completed by Applicant)*

By signing this form, I do hereby authorize my current/former employer identified in Section 3, above, to disclose to the hiring entity identified in Section 1, above, the following information and any records related to that information:

1. The dates of my current/former employment.
2. A statement as to whether I have ever been the subject of an allegation of "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
3. A statement as to whether I have ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by the employer; or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
4. A statement as to whether I have ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated); and
5. Any other pertinent records, documentation, or information related to items 2 through 4 above.

Further, by signing this form, I do hereby release my current/former employer identified in Section 3, above, from any criminal or civil liability that may arise from the disclosure of information and records authorized under this Section 4 to the extent such release is permitted by law.

Applicant Signature

Printed Name

Date

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DR. RICHARD S. DECMAN, SUPERINTENDENT  
JILL FULTON, SPECIAL SERVICES DIRECTOR  
DR. PETE FALK, CURRICULUM DIRECTOR

Section 5: Information Request (to be completed by Applicant's current or former employer)

Position held by Applicant:	Dates of Employment:
Person Completing Form:	Title:
Telephone Number:	Email:

1. Applicant committed as an employee or agent of a school district, charter school, or nonpublic school during which time Applicant engaged in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with students; and
2. Was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to, any of the following:
  - a. A sexual or romantic invitation;
  - b. Dating or soliciting a date;
  - c. Engaging in sexualized or romantic dialog;
  - d. Making sexually suggestive comments that were directed toward or with a student;
  - e. Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
  - f. A sexual, indecent, romantic, or erotic contact with the student.

<p>To the best of your knowledge, has Applicant ever been the subject of an allegation of Sexual Misconduct? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.</p>	<p><input type="checkbox"/> Yes*      <input type="checkbox"/> No      OR  <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify him/her from employment.</p>
<p>To the best of your knowledge, has Applicant ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by you (the employer); or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.</p>	<p><input type="checkbox"/> Yes*      <input type="checkbox"/> No      OR  <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify him/her from employment.</p>
<p>To the best of your knowledge, has Applicant ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against Applicant was pending or under investigation? Check no if a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.</p>	<p><input type="checkbox"/> Yes*      <input type="checkbox"/> No      OR  <input type="checkbox"/> I have no records or other evidence pertaining to this question. I have no knowledge of information pertaining to the Applicant that would disqualify him/her from employment.</p>

---

Date \_\_\_\_\_

District Office: 501 North Main Street, PO Box 504, Herscher Illinois 60941-0504  
District Phone: 815-421-5000 – District Fax: 815-426-2872

# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT

JILL FULTON SPECIAL SERVICES DIRECTOR

DR. PETE FALK, CURRICULUM DIRECTOR

**THIS PAGE COMPLETED BY APPLICANT – DO NOT SEPARATE FROM PACKET**

## Section 6: Applicant Information (to be completed by applicant)

Applicant Name: (First, Middle, Last):	Any former names by which the Applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP:

## Section 7: Information Request

The Authorization for Release of Faith's Law / Sexual Misconduct-Related Information and Current/Former Employer Response form should be forwarded to the following current/former employer(s) for completion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**

☐

I do not have a current or former employer that fits the above listed categories requiring the completion of this form.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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District Phone: 815-421-5000 – District Fax: 815-426-2872

# Herscher Community Unit School District No. 2

DR. RICHARD S. DECMAN, SUPERINTENDENT

JILL FULTON, SPECIAL SERVICES DIRECTOR

DR. PETE FALK, CURRICULUM DIRECTOR

## FAITH'S LAW / SEXUAL MISCONDUCT DISCLOSURE FOR APPLICANT

**Instructions to Applicant:** To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form.

**You must complete this form promptly** and return it to Herscher CUSD#2 District Office. A copy of this form will be retained by the District but the information provided on this form shall not be deemed a public record.

### Section 1: Applicant Information

Name: (First, Middle, Last):	Other Names (if applicable):
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP

### Section 2: Questionnaire

For purposes of the three questions below, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

- 1) A sexual or romantic invitation;
- 2) Dating or soliciting a date;
- 3) Engaging in sexualized or romantic dialog;
- 4) Making sexually suggestive comments that were directed toward or with a student;
- 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
- 6) A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No

### Section 3: Applicant Certification

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity's policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Applicant Printed Name

Applicant Signature

Date Signed

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# *Herscher Community Unit School District No. 2*

DR. RICHARD S. DECMAN, SUPERINTENDENT  
JILL FULTON, SPECIAL SERVICES DIRECTOR  
PETE FALK, CURRICULUM DIRECTOR

---

## **Application Signature Page**

Please read the following statements carefully and sign below.

I hereby declare that the information provided by me is true, factual and complete. I understand that false or incomplete statements or misrepresentations may qualify me for employment or cause my subsequent dismissal. If employed by Herscher CUSD #2, I understand that I may be required to supply additional personal information for the purpose of determining my eligibility for benefits etc.

I acknowledge that nothing in this application or in the Herscher CUSD #2 hiring process creates a contract of employment and that Herscher CUSD #2, should I obtain employment, retains it's right to terminate my employment in accordance with the law.

I hereby authorize Herscher CUSD #2 to verify my credentials and investigate me (including a ISP and FBI criminal background search) as allowed by law. This verification process may include discussions with references I have listed, co-workers, friends and business associates and others who Herscher CUSD #2, in its sole judgment, believes has relevant information.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

*"Education... The Ultimate Investment."*

---

District Office: 501 North Main Street, PO Box 504, Herscher Illinois 60941-0504  
District Phone: 815-421-5000 – District Fax: 815-426-2872

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

Whenever people gather together to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively, and harmoniously. We must hold ourselves to a high standard of quality, so that students are encouraged to learn to the limits of their abilities. Rules and authority assure that students and employees have a safer, more effective, and more efficient place to learn and work.

As an employee, you have a responsibility to the District, parents, students, taxpayers and to your fellow employees to adhere to certain rules of behavior and conduct. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct is expected and necessary.

Generally speaking, we expect each employee to act in a mature and responsible way at all times. When each person is aware that he/she can fully depend upon fellow workers to follow the rules of conduct, then our school district will be a better place to work and a better place for students to learn.

If you have any questions concerning any work or safety rule, or any of the unacceptable activities listed, please see your Principal or Superintendent for an explanation.

**GENERAL EMPLOYMENT EXPECTATIONS/INFORMATION** - The building/department administrator shall provide and review all rules with new employees. It shall be the duty of each employee to read, understand, and apply all work rules.

1. Applicants shall not falsify employee applications.
2. Each employee shall report all work-related injuries immediately to his/her supervisor who will then notify the Insurance Claims Secretary, Heather Crane, in the Unit Office. The supervisor will complete a First Report of Injury. (This form is available on our district website under Staff Forms.)
3. Any employee receiving worker's compensation benefits who is eligible to receive the following benefits shall have said benefits affected as indicated below:
  - A. Insurance – Board share of the group health insurance premium will be paid by the District until the exhaustion of earned and available Sick Leave, Family Medical Leave, Vacation Leave and Personal Leave, if the employee chooses these leaves.
  - B. Sick leave does not accrue for a successor school year unless and until the employee returns to work.
  - C. Seniority accrues as though the employee is working.
4. Employees shall call in before their assigned starting time when ill or injured, and shall not engage in unauthorized absences. Please call your direct supervisor/ building principal prior to 7:00 a.m. the day of or before 10:00 p.m. the night prior to an anticipated absence.

**Bonfield Grade School:** 815-933-6995

**Herscher Intermediate School:** 815-426-2242

**Limestone Middle School:** 815-933-2243

**Herscher High School:** 815-426-2103

**Michelle Armstrong,** Food Service & Transportation Director: 815-426-2162 x. 6112

**Bryan Carlson,** Maintenance Director: 815-426-2162 x. 1020

**Jill Fulton,** Special Services Director: 815-426-2162 x. 1021

Employees who become ill/injured during the workday shall report to the immediate supervisor or designee before leaving. Employees shall not arrange for their own substitute unless directed to do so by their supervisor.

5. Employees who miss work because of a prolonged illness/injury that requires a physician's care shall be required to obtain verification of non-employability signed by their physician. In order to return to work, employees must obtain a work release, signed by their physician, stating any restrictions or limitations.
6. Employees shall not make improper use of sick leave or unpaid personal leave. Sick leave may only be used as defined in the applicable collective bargaining agreement. Unpaid personal leave must be used for the purpose for which it was granted.
7. Employees shall be required to use sick leave and personal leave before unpaid medical leave or

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

disability leave will be granted. Sick and Personal leave may be used in half- or full-day increments.

8. Employees shall be required to use personal leave before approved, unpaid leave will be granted. Requests for unpaid leave must be made in writing to the Superintendent at least 10 working days prior to the beginning of the leave period, unless it is an emergency. There is no right to take unpaid (sometimes called "dock day") leave.
9. Employees whose sick leave or other leave is exhausted, and who desire to continue as an employee, must apply for a leave of absence within 7 days of exhaustion of such leave. Otherwise, the employee shall be deemed absent without leave and subject to discharge. For probationary employees, absence for 15 working days beyond the exhaustion of sick leave, and every absence thereafter, shall constitute a break in service, restarting the probationary period.
10. A disability that lasts longer than 90 working days after the exhaustion of sick leave shall not be deemed temporary. The Board of Education may require any employee applying for disability leave to submit to an examination by a physician of the Board's choosing, at Board expense, to verify the disability and its likely duration. This provision shall not be interpreted as waiving any rights of an employee or the Board of Education under the Americans with Disabilities Act. This provision does not limit the right of the Board to dismiss "at will" employees. This provision does not require the Board of Education to grant any leave of absence without pay, after exhaustion of sick leave when the disability is permanent.
11. Employees should provide at least 30 days' notice to the Superintendent of the date that a family and medical leave is to begin. If 30 days' notice is not possible, notice must be given within two business days of when the need becomes known to the employee. Employees shall provide at least a verbal notice sufficient to make the District aware that he/she needs a family and medical leave, and the anticipated timing and duration of the leave. Failure to give the required notice may result in a delay in granting the requested leave.
12. Employees who qualify for IMRF benefits shall be entitled to sick leave benefits. Sick leave shall be calculated on the basis of an employee's length of contract (9 mo., 10 mos., 11 mos., 12 mos.).
13. Non-certified employees personal days and holiday pay are addressed in the Non-Certified contract.
14. Each employee shall report to work at the designated time and promptly attend to work assigned, and complete such work in a timely manner except as is permitted for breaks. Any employee's regularly scheduled workday may be reasonably extended to achieve organizational objectives, if authorized by the Superintendent and approved by the Principal or appropriate supervisor (e.g. emergency situations, important informational meetings, etc.). Any hourly employee who works overtime hours (actual work hours that exceed forty in a single work week) is entitled to one and one-half times his/her rate of pay for those additional hours.
15. Non-Certified employees are not to take extra breaks or breaks in excess of those authorized. Employees who work at least 7.5 continuous hours shall receive a minimum 30-minute duty-free meal break that begins within the first 5 hours of the employee's work day. The principal or supervisor will determine the length of the lunch break. In the event any provision of this rule is in conflict with a collective bargaining agreement, the terms of the collective bargaining agreement shall control.
16. Bus drivers, bus aides, paraprofessionals, food service personnel, student supervisors and substitute employees shall work only on days when students are in attendance. These employees shall not work on institute days unless authorized by the Superintendent and approved by the Principal or appropriate supervisor.
17. Non-certified employees, at the discretion of administration, may be reassigned permanently to other positions. Pay rate, benefits, and seniority will not be affected by this temporary reassignment. A temporary assignment is one that is not anticipated to last more than one year. Personnel may be assigned to perform duties in other job categories, if they are able, in order to ensure productive employment.
18. Certified employees may, in case of emergency, be assigned outside their areas of certification.

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

Principals and appropriate supervisors may reassign employees temporarily to satisfy immediate organizational needs. In the event any provision of this rule is in conflict with a collective bargaining agreement, the terms of the collective bargaining agreement shall control.

19. Employees shall maintain accurate records, if any, for their assigned position and are required to keep accurate time sheets or work time records approved by the Principal.
20. Hourly employees are paid only for hours worked unless otherwise authorized. Holiday pay, sick leave, vacation leave, etc. must be indicated on time sheets. Time in excess of an employee's approved schedule must be authorized by the Superintendent and approved by the Principal. Overtime is *not* permitted unless authorized by the Superintendent.
21. While at school, its sponsored events, or during working hours, employees shall not engage in personal dress or grooming which causes, or the administration reasonably anticipates will cause, interference with the educational process.
22. Employees shall not engage in unauthorized use of district equipment including, but not limited to, telephones, photocopiers, scanners, computers, tools, motor vehicles, fuel and the like. Personal use of telephones is discouraged and should occur on off-duty time (lunch, breaks, etc.).
23. Employees shall not make modifications in equipment or buildings including heating, cooling, electrical, water, or sewer systems unless authorized by job descriptions or supervisors.
24. Employees shall not have an unauthorized use or possession of district keys, including master keys.
25. It is highly recommended that employees not bring personally owned equipment or furniture to school without written authorization from building administration. If permission is granted, the district assumes no liability for lost, damaged, or stolen personal property.
26. Employees shall be truthful to the Board of Education and administration in regard to matters relating to employment or directly related to the employee's work duties.
27. Employees shall not falsify documents, or create documents which are substantially misleading.
28. Employees shall not make false claims for insurance or any other benefits.
29. Employees shall not misrepresent to any person the extent of his/her job authority, or purport to act on behalf of the district when not authorized to do so. Employees shall not incur expenses or enter into contracts on behalf of the district without authority to do so.
30. Employee shall not smoke or otherwise use tobacco on school property or while engaged in work.
31. Employees shall conduct themselves in a safe manner at all times. Employees shall read, understand and apply all safety instructions related to procedures or equipment. Employees shall use safety glasses, ear protection, seat belts, and all other safety devices supplied by the employer. Safety devices must be in working order and all guards in place before any machine is operated. Employees shall not defeat any safety device.
32. Employees shall not work when under the influence of any intoxicating liquor or illegal drug. When taking medication prescribed by a physician or medication obtained over-the-counter, or from any other source, an employee shall not operate any equipment, machine or vehicle when unable to do so in a safe and alert fashion. The employee shall notify the immediate supervisor if any medication causes the employee to have diminished alertness or which substantially alters the employee's ability to perform work. An employee shall not conceal or maintain any intoxicating liquor or illegal drug in or on any school property or at any school-sponsored activity. An employee shall not consume alcoholic beverages on any workday between the beginning and end of his/her work assignment. No employee shall work bearing the odor of alcohol or illegal drugs, such as marijuana, or be under the influence of any alcohol or illegal drugs while performing any duty or activity for Herscher Community Unit School District No. 2.
33. Employees shall not at any time during working hours engage in acts that are dangerous to the property, health, safety, or welfare of the district, students, other employees, or the general public.

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

This rule shall not be deemed violated by accidental acts that are not intended by the employee; but employees shall act with prudence and ordinary caution at all times. Employees shall not engage in activities during non-school hours that intentionally cause injury or harm or attempt to cause injury or harm to other employees, children, their property, or the school district or its property. Any employee who has been convicted of any felony offense or who has committed any criminal acts involving substantial risk of harm to other persons or property may be unsuitable for school employment and is subject to discharge, at the discretion of the Board of Education.

34. No employee may bring onto school property or to any school activity firearms, ammunition, explosives, fireworks, or other substance or devices likely or capable of causing harm to persons or property. This does not include approved equipment or machinery necessary for the employee's duties.
35. Each employee shall report to their immediate supervisor any damaged or broken equipment or other school property in his/her assigned area of responsibility.
36. The loss of driving rights or privileges for any position requiring a current driver's license may be cause for dismissal. The employee must advise the district of lost driving privileges if driving is required as part of the position.
37. The failure to maintain or the loss of any certificate, license, or other document issued by any governmental entity or office necessary or required for the employee's position may be cause for dismissal.
38. No employee shall fail to promptly deposit, report or account for any funds, gate receipts, or other money or property of the school district, students, or others coming into the employee's hands as a result of the employee's work, responsibilities, duties, or employment. Sponsors/coaches may keep up to \$10.00 to be used for change.
39. An employee shall not use, retain without authorization, or steal money or property of students, other employees, or others.
40. Employee shall not release, disclose, or grant access to information found in any student record except in the exercise of job responsibilities, or when such disclosure would constitute a violation of the Illinois School Student Record Act or the Family Educational Right to Privacy Act. Employees may seek clarification of their responsibilities under this rule from their immediate supervisor. In no event shall an employee disclose the contents of student records to anyone other than a student's parents or legal guardian, the student, or certificated employees without advance consultation with the Principal.
41. An employee shall not disclose the contents of any employee file or disclose confidential information about other employees without advance authorization from a supervisor. Employees may seek clarification of their responsibilities under this rule from their immediate supervisor. This rule does not prevent access to an employee file by an employee or his/her authorized representative.
42. Fighting and physical alterations of all kinds are prohibited. However, employees may take reasonable steps to protect themselves from physical violence, and may reasonably restrain a student to protect the employee, another employee, other students, or district property.
43. Employees shall not engage in any behavior while at school, at its sponsored events, or during working hours, which constitutes gross disrespect for the property or rights of others. For example, employees shall not engage in insensitive remarks about another person's race, color, religion, creed, national origin, sex, age, ancestry, or marital status. Such remarks will result in employee discipline.
44. Due to the sensitive nature of public and student employment, employees shall not use profanity when speaking to parents or other employees utilizing profanity. Employees shall not argue in the presence of students or parents.
45. Employees shall not make unwelcome sexual advances toward or request sexual favors from other employees. Employees shall not engage in any verbal or physical conduct or communication of a sexual nature, which constitutes sexual harassment or otherwise creates an intimidating, hostile, or

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

offensive working environment. Any employee who is the recipient of any unwelcome sexual advance, sexual favor or other form of sexual harassment is strongly encouraged to contact the Principal or Superintendent immediately.

46. Employees shall not, at any time, aide, abet, solicit or engage any student, or any employee in any activity that is illegal or immoral. Employees shall personally report evidence of illegal or immoral activity to the Superintendent. No employee shall instruct or dissuade another employee from making such a report.
47. Conviction of any felony offense involving dishonesty or violence, or that would have precluded an employee's initial employment as a matter of law irrespective of the jurisdiction, shall be cause for a hearing for dismissal.
48. No employee shall willfully refuse to obey the policies, rules and regulations of the Board of Education or attempt to violate a Board of Education policy, rule or regulation. This rule does not prohibit activities permitted by the Illinois Educational Labor Relations Act.
49. Employees shall not engage in willful behavior that interrupts the orderly process of school affairs. This rule does not prohibit activities permitted by the Illinois Educational Labor Relations Act.
50. Repeated minor incidents of misbehavior may be cause for discharge, if other disciplinary measures have failed to deter misconduct after the employee is given his/her due process rights.
51. Employees shall personally report evidence of child abuse to the DCFS Hotline (1-800-25-ABUSE or 1-800-252-2873) as mandated by the State of Illinois. No employee shall instruct or dissuade another employee from making such a report. The employee shall notify the Superintendent or Principal that a report was made.
52. Employees should immediately report to their immediate supervisor any conduct by other employees which is dangerous to the health, safety, or welfare of students or other employees, including, but not limited to violation of any rules.
53. Outside employment or activities may not interfere with performance of job duties.
54. Employees shall not accept unauthorized rebates, gifts, gratuities, premiums or promotional materials from suppliers for personal use/gain with a value of over \$25.00. Anything associated with purchasing, such as samples or volume purchase premiums is to be used for school use and is to be fully disclosed to the administration.
55. These rules may be supplemented from time to time by administrative rules. The Superintendent and Principal are authorized to adopt such additional rules as may be necessary or convenient, consistent with these rules. However, violation of such rules shall not be cause for employee discipline until employees are given copies of such rules.
56. Access to the Internet, district computers, and e-mail is a privilege and not a right. No employee shall access any of these except for work-related duties. E-mail is not secure or encrypted, and employee e-mail may be read or reviewed in the course of maintaining computers, networks, or as part of security procedures. Employee computer and network activities are subject to monitoring for appropriate use.
57. No employee shall utilize district computers, networks or Internet access to view, obtain or download any pornographic or sexually explicit material without the express written permission of the Superintendent, for purposes directly related to the employee's job duties.
58. Employees are to refrain from posting to personal social media pages (i.e. Facebook, Twitter) during the course of their paid work time, except for work-related duties.
59. No employee shall defeat or avoid any security device or procedure. Employees shall utilize, and maintain strict confidentiality of passwords or other security techniques. No employee shall access any computer, network, server, or information thereon that the employee is not authorized to access.
60. Personnel are not permitted to develop new clubs/activities for students without approval from

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

district administration.

**INTERACTING WITH STUDENTS** – The building/department administrator shall provide and review all rules with new employees. It shall be the duty of each employee to read, understand, and apply all work rules.

1. Employees shall not exploit their relationship with students by promoting the services, products, ideologies (political, religious, or organizational), or goals of non-school organizations, exclusive of educational goals.
2. Personnel are prohibited from using physical punishment in any way for behavior management of students. No form of physical discipline is acceptable. This prohibition includes spanking, slapping, pinching, hitting, or any other physical force as retaliation or correction for inappropriate behaviors by students. Other prohibited behaviors include: isolation, except when needed for student to gain self-control and even then under supervision by an adult and for no longer than 15 minutes; withholding food and/or water; degrading punishment; work assignments unrelated to a natural or logical consequence; group punishment for one student's behavior; excessive exercise; withholding ability to contact parents/guardians; withholding or using medications for punishment and mechanical restraint such as rope or tape to restrict movement.
3. Personnel must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than inappropriate competition, comparison and criticism.
4. Employees shall not engage in any sexual or romantic conversation or relationship with any student. Employees shall not make sexually suggestive remarks or engage in sexual conduct or acts on or toward students. Employees shall not illegally discriminate against students on the basis of the student's sex. Employees shall personally report evidence of any such activity to the Superintendent or his/her designee. No employee shall instruct or dissuade another employee from making such a report.
5. Any contact between personnel and students outside the context of activities or work-related duties and is unrelated to activities sponsored by the district will be permitted only with the written approval of the student's parents. Parents must be advised of the nature of the contact and that such is not associated with school district activity.
6. Employees are responsible for releasing students only to parents, legal guardians or other persons designated by parents or legal guardians. In the event the employee is uncertain, they should contact their immediate supervisor before releasing the students.
7. With the exception of emergency situations or for medical need, students should never be transported by district personnel, in their personal vehicles, without written permission.
8. Personnel will respond to students with respect and consideration and treat all students equally, regardless of sex, race, religion, culture or socio-economic status. Personnel will portray a positive role model for students by maintaining an attitude of respect, patience and maturity.
9. Personnel are prohibited from speaking to students in a way that is or could be construed by any observer as harsh, coercive, intimidating, shaming, derogatory, demeaning or humiliating. Personnel are expected to refrain from swearing in the presence of students.

**GENERAL MONITORING OF STUDENTS**– In an attempt to promote a positive, nurturing environment, while protecting students and personnel from misunderstandings, the following guidelines are to be carefully followed by all personnel working with students:

1. Childcare programs will utilize check-in and -out procedures to protect small children from unauthorized pick-ups.
2. Personnel will never leave a student unsupervised.
3. Personnel must avoid being alone with a single student where they cannot be observed by others. In special programs that require one-to-one contact, additional safeguards must be in place to protect both student and personnel.

# *Herscher C. U.S.D. #2*

## Standards and Procedures for Staff

4. At least two personnel will supervise overnight activities. When both boys and girls are taking part, male and female chaperones must be present.

**PHYSICAL CONTACT WITH STUDENTS**– In an attempt to promote a positive, nurturing environment, while protecting students and personnel from misunderstandings, the following guidelines are to be carefully followed by all personnel working with students:

1. Appropriate affection between personnel and students is important for the student's development. The following are appropriate forms of affection for most district programs and sponsored programs:

Side hugs	Pats on the shoulder, back or head
Handshakes	Holding hands while talking with small children
High-fives	Touching hands, shoulders and arms of child
Arms around shoulder	Sitting beside small children
2. Inappropriate affection between personnel and students can damage and distract a student's development. The following are examples of affections that are NOT to be used in district sponsored and affiliated programs:
  - Full body hugs
  - Kisses on the mouth
  - Tickling
  - Holding children over two years old on the lap
  - Touching bottoms, chests or genital areas
  - Showing affection in isolated areas such as coat rooms, closets etc.
  - Sleeping in bed with a student
  - Touching knees or legs of a student
  - Giving 'piggy-back' rides
  - Any type of massage given by personnel to student or student to personnel
  - Any form of unwanted touching
  - Compliments/comments relating to physique or body development

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## Standards and Procedures for Staff

### **Signature Page**

I, \_\_\_\_\_ (*Printed Name*), have received a copy of the Herscher CUSD #2 Staff Standards and Procedures.

I understand it is my responsibility to read, understand, and follow all standards and procedures. I understand that if I violate any of these standards and procedures I may be disciplined.

I further acknowledge that discipline, in some circumstances, may include my immediate discharge.

My signature acknowledges receipt of the Herscher School District's Standards and Procedures, not necessarily that I agree with them.

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Employee



## Herscher Community Unit School District No. 2

District Office: 501 N Main Street, PO Box 504, Herscher Illinois 60941

District Phone: 815-421-5000 - District Office Fax: 815-426-2872

### Pre-Employment History and Physical Examination Form

As a condition of employment in the Herscher School District, you must successfully pass an examination to determine that you are in good health.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**To be completed by examining physician (physical examination must be performed by a physician licensed in the State of Illinois to practice medicine).**

Date of Examination: \_\_\_\_\_ General Appearance: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ B/P: \_\_\_\_\_

System	Normal ?	
Skin	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Eyes	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Ears	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Nose	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Mouth/Throat	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Cardiovascular	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____
Respiratory	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, comments: _____

Current Medications: \_\_\_\_\_

(Attached additional sheet if needed)

Can applicant lift 25 lbs? Yes ☐ No ☐

Can applicant lift 50 lbs? Yes ☐ No ☐

Summary of Findings: \_\_\_\_\_

**I hereby certify that I have examined the above applicant and that the above is a complete and accurate record of my examination. I hereby state that this employee is in good physical health which is required to perform the essential functions of the position for which he/she is applying.**

Medical License #: \_\_\_\_\_

Printed Name: \_\_\_\_\_ M.D / D.O.

Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**RETURN TO THE UNIT OFFICE**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
SSN: \_\_\_\_\_ PH# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
IEIN: \_\_\_\_\_ DOB: \_\_\_\_\_