

# GEORGE COUNTY SCHOOL DISTRICT EMPLOYEE CONTACT FORM

NEW HIRE SUBSTITUTE / PART-TIME / SCHOOL BUS DRIVER

EMPLOYEE INFORMATION- Please complete the following:

- Full Name: \_\_\_\_\_
- Social Security Number (Last 4 Digits): \_\_\_\_\_
- School/Department: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Personal Email Address: \_\_\_\_\_

## EMERGENCY CONTACT #1

- Full Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Personal Email Address: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Relationship: \_\_\_\_\_

## EMERGENCY CONTACT #2

- Full Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Personal Email Address: \_\_\_\_\_
- Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_

## EMERGENCY CONTACT #3

- Full Name: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_
- Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Personal Email Address: \_\_\_\_\_
- Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_

## AUTHORIZATION

I have voluntarily provided the above contact information and authorize George County Schools and its representatives to contact any of the above on my behalf in the event of an emergency.

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

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

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# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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.

# 2026

**Step 1: Enter Personal Information**

(a) First name and middle initial \_\_\_\_\_ Last name \_\_\_\_\_ (b) Social security number \_\_\_\_\_

Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

(c)  Single or Married filing separately  
 Married filing jointly or Qualifying surviving spouse  
 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.)

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).**

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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 the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

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

**Step 3: Claim Dependent and Other Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . . **3(a) \$**

(b) Multiply the number of other dependents by \$500 . . . . . **3(b) \$**

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3 \$**

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**Step 4: Other Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a) \$**

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . **4(b) \$**

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . . **4(c) \$**

**Exempt from withholding** I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

**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) \_\_\_\_\_

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

**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. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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. Submit a separate Form W-4 for each job.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

**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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**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 when you file your tax return.

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



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

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . 1a \$ \_\_\_\_\_

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . 1b \$ \_\_\_\_\_

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . 1c \$ \_\_\_\_\_

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . 2 \$ \_\_\_\_\_

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year . . . . . 3a \$ \_\_\_\_\_

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . 3b \$ \_\_\_\_\_

4 Add lines 3a and 3b. Enter the result here . . . . . 4 \$ \_\_\_\_\_

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . 5 \$ \_\_\_\_\_

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . 6a \$ \_\_\_\_\_

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . 6b \$ \_\_\_\_\_

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . 6c \$ \_\_\_\_\_

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . 6d \$ \_\_\_\_\_

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . 6e \$ \_\_\_\_\_

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . 7 \$ \_\_\_\_\_

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . 8a \$ \_\_\_\_\_

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . 8b \$ \_\_\_\_\_

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse } . . . . . 9 \$ \_\_\_\_\_  
 { • \$640,600 if you’re single or head of household }  
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . 10 \$ \_\_\_\_\_

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse } . . . . . 11 \$ \_\_\_\_\_  
 { • \$24,150 if you’re head of household }  
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . 12 \$ \_\_\_\_\_

13 Add lines 11 and 12. Enter the result here . . . . . 13 \$ \_\_\_\_\_

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . 14 \$ \_\_\_\_\_

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . 15 \$ \_\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person 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               | \$480             | \$850             | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,020             |
| \$10,000 - 19,999                              | 0   | 480               | 1,480             | 1,850             | 2,050             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220               | 2,620               |
| \$20,000 - 29,999                              | 480   | 1,480             | 2,480             | 3,050             | 3,250             | 3,420             | 3,420             | 3,420             | 3,420             | 3,420             | 3,820               | 4,820               |
| \$30,000 - 39,999                              | 850   | 1,850             | 3,050             | 3,620             | 3,820             | 3,990             | 3,990             | 3,990             | 3,990             | 4,390             | 5,390               | 6,390               |
| \$40,000 - 49,999                              | 850   | 2,050             | 3,250             | 3,820             | 4,020             | 4,190             | 4,190             | 4,190             | 4,590             | 5,590             | 6,590               | 7,590               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,420             | 3,990             | 4,190             | 4,360             | 4,360             | 4,760             | 5,760             | 6,760             | 7,760               | 8,760               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,420             | 3,990             | 4,190             | 4,360             | 4,760             | 5,760             | 6,760             | 7,760             | 8,760               | 9,760               |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,420             | 3,990             | 4,190             | 4,760             | 5,760             | 6,760             | 7,760             | 8,760             | 9,760               | 10,760              |
| \$80,000 - 99,999                              | 1,020   | 2,220             | 3,420             | 4,240             | 5,440             | 6,610             | 7,610             | 8,610             | 9,610             | 10,610            | 11,610              | 12,610              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,270             | 7,840             | 9,040             | 10,210            | 11,210            | 12,210            | 13,210            | 14,210            | 15,360              | 16,560              |
| \$150,000 - 239,999                            | 1,870   | 4,100             | 6,500             | 8,270             | 9,670             | 11,040            | 12,240            | 13,440            | 14,640            | 15,840            | 17,040              | 18,240              |
| \$240,000 - 319,999                            | 2,040   | 4,440             | 6,840             | 8,610             | 10,010            | 11,380            | 12,580            | 13,780            | 14,980            | 16,180            | 17,380              | 18,580              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,840             | 8,610             | 10,010            | 11,380            | 12,580            | 13,860            | 15,860            | 17,860            | 19,860              | 21,860              |
| \$365,000 - 524,999                            | 2,720   | 5,920             | 9,390             | 12,260            | 14,760            | 17,230            | 19,530            | 21,830            | 24,130            | 26,430            | 28,730              | 31,030              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,540            | 13,610            | 16,310            | 18,980            | 21,480            | 23,980            | 26,480            | 28,980            | 31,480              | 33,980              |

### 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                                    | \$90  | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,070           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,870             | \$1,970             |
| \$10,000 - 19,999                              | 850   | 1,780             | 1,980             | 1,980             | 2,030             | 3,030             | 3,830             | 3,830             | 3,830             | 3,830             | 3,930               | 4,130               |
| \$20,000 - 29,999                              | 1,020   | 1,980             | 2,180             | 2,230             | 3,230             | 4,230             | 5,030             | 5,030             | 5,030             | 5,130             | 5,330               | 5,530               |
| \$30,000 - 39,999                              | 1,020   | 1,980             | 2,230             | 3,230             | 4,230             | 5,230             | 6,030             | 6,030             | 6,130             | 6,330             | 6,530               | 6,730               |
| \$40,000 - 59,999                              | 1,020   | 2,880             | 4,080             | 5,080             | 6,080             | 7,080             | 7,950             | 8,150             | 8,350             | 8,550             | 8,750               | 8,950               |
| \$60,000 - 79,999                              | 1,870   | 3,830             | 5,030             | 6,030             | 7,100             | 8,300             | 9,300             | 9,500             | 9,700             | 9,900             | 10,100              | 10,300              |
| \$80,000 - 99,999                              | 1,870   | 3,830             | 5,100             | 6,300             | 7,500             | 8,700             | 9,700             | 9,900             | 10,100            | 10,300            | 10,500              | 10,700              |
| \$100,000 - 124,999                            | 2,030   | 4,190             | 5,590             | 6,790             | 7,990             | 9,190             | 10,190            | 10,390            | 10,590            | 10,940            | 11,940              | 12,940              |
| \$125,000 - 149,999                            | 2,040   | 4,200             | 5,600             | 6,800             | 8,000             | 9,200             | 10,200            | 10,950            | 11,950            | 12,950            | 13,950              | 14,950              |
| \$150,000 - 174,999                            | 2,040   | 4,200             | 5,600             | 6,800             | 8,150             | 10,150            | 11,950            | 12,950            | 13,950            | 14,950            | 16,170              | 17,470              |
| \$175,000 - 199,999                            | 2,040   | 4,200             | 6,150             | 8,150             | 10,150            | 12,150            | 13,950            | 15,020            | 16,320            | 17,620            | 18,920              | 20,220              |
| \$200,000 - 249,999                            | 2,720   | 5,680             | 7,880             | 10,140            | 12,440            | 14,740            | 16,840            | 18,140            | 19,440            | 20,740            | 22,040              | 23,340              |
| \$250,000 - 449,999                            | 2,970   | 6,230             | 8,730             | 11,030            | 13,330            | 15,630            | 17,730            | 19,030            | 20,330            | 21,630            | 22,930              | 24,240              |
| \$450,000 and over                             | 3,140   | 6,600             | 9,300             | 11,800            | 14,300            | 16,800            | 19,100            | 20,600            | 22,100            | 23,600            | 25,100              | 26,610              |

### 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   | \$280             | \$850             | \$950             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,560           | \$1,870           | \$1,870             | \$1,870             |
| \$10,000 - 19,999                              | 280   | 1,280             | 1,950             | 2,150             | 2,220             | 2,220             | 2,220             | 2,760             | 3,760             | 4,070             | 4,070               | 4,210               |
| \$20,000 - 29,999                              | 850   | 1,950             | 2,720             | 2,920             | 2,980             | 2,980             | 3,520             | 4,520             | 5,520             | 5,830             | 5,980               | 6,180               |
| \$30,000 - 39,999                              | 950   | 2,150             | 2,920             | 3,120             | 3,180             | 3,720             | 4,720             | 5,720             | 6,720             | 7,180             | 7,380               | 7,580               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 2,980             | 3,570             | 4,640             | 5,640             | 6,640             | 7,750             | 8,950             | 9,460             | 9,660               | 9,860               |
| \$60,000 - 79,999                              | 1,020   | 2,610             | 4,370             | 5,570             | 6,640             | 7,750             | 8,950             | 10,150            | 11,350            | 11,860            | 12,060              | 12,260              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,830             | 7,150             | 8,410             | 9,610             | 10,810            | 12,010            | 13,210            | 13,720            | 13,920              | 14,120              |
| \$100,000 - 124,999                            | 1,870   | 4,270             | 6,230             | 7,630             | 8,900             | 10,100            | 11,300            | 12,500            | 13,700            | 14,210            | 14,720              | 15,720              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,400             | 7,800             | 9,070             | 10,270            | 11,470            | 12,670            | 14,580            | 15,890            | 16,890              | 17,890              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,400             | 7,800             | 9,070             | 10,580            | 12,580            | 14,580            | 16,580            | 17,890            | 18,890              | 20,170              |
| \$175,000 - 199,999                            | 2,040   | 4,440             | 6,400             | 8,510             | 10,580            | 12,580            | 14,580            | 16,580            | 18,710            | 20,320            | 21,620              | 22,920              |
| \$200,000 - 249,999                            | 2,720   | 5,920             | 8,680             | 10,900            | 13,270            | 15,570            | 17,870            | 20,170            | 22,470            | 24,080            | 25,380              | 26,680              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,540             | 12,040            | 14,410            | 16,710            | 19,010            | 21,310            | 23,610            | 25,220            | 26,520              | 27,820              |
| \$450,000 and over                             | 3,140   | 6,840             | 10,110            | 12,810            | 15,380            | 17,880            | 20,380            | 22,880            | 25,380            | 27,190            | 28,690              | 30,190              |

# Direct Deposit Agreement Form

Revised June 2019

**Authorizable Agent**

I hereby authorize George County School to initiate automatic deposit to my account at the financial institution(s) named below. I also authorize George County Schools to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold George County Schools Responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until George County Schools receives a written notice of cancellation from me or until I submit a new direct deposit form to the Payroll Department.

**Account Information**

| Type of Account    | Bank | Routing Number | Account Number | Distribution                | Amount |
|--------------------|------|----------------|----------------|-----------------------------|--------|
| Checking / Savings |      |                |                | Percent / Amount / Residual |        |
|                    |      |                |                |                             |        |
|                    |      |                |                |                             |        |
|                    |      |                |                |                             |        |
|                    |      |                |                |                             |        |

Due to banking regulations, you will need to provide the following documents:

- o For checking account -- a check (marked cancel) preprinted/typed by financial institution with your name, account number, and routing number
  - o For savings account -- a deposit slip (preprinted/typed by financial institution with your name, account number, and routing number)
- If you are unable to provide this information, your banking institution can provide the information on their letterhead.

**All forms must be returned by the 5<sup>th</sup> of the month in order to take effect that month.**

Printed Name \_\_\_\_\_ Location \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# IMPORTANT!!

A VOIDED CHECK OR A LETTER OF AUTHORIZATION  
FOR AUTOMATIC DEPOSIT FROM YOUR BANK OR  
CREDIT UNION MUST BE ATTACHED TO THIS PAGE.



# MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee's Residence \_\_\_\_\_  
Number and Street City or Town State Zip Code

### CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

|   | Marital Status   | Personal Exemption Allowed   | Amount Claimed |
|---|--|--|----------------|
| <b>EMPLOYEE:</b>  | <b>1. Single</b>   | <input type="checkbox"/> Enter \$6,000 as exemption . . . . . ▶  | \$             |
| File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.                          | <b>2. Marital Status (Check One)</b>   | (a) <input type="checkbox"/> Spouse <b>NOT</b> employed: Enter \$12,000 ▶  | \$             |
|   |  | (b) <input type="checkbox"/> Spouse <b>IS</b> employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶   | \$             |
|   | <b>3. Head of Family</b>   | <input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below . . . . . ▶   | \$             |
| <b>EMPLOYER:</b>  | <b>4. Dependents</b>   | You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes.<br>* A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶  | \$             |
| Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised. | Number Claimed   |  |                |
|   | <b>5. Age and blindness</b>  | <ul style="list-style-type: none"> <li>• Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single</li> <li>• Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single</li> </ul> Multiply the number of blocks checked by \$1,500. Enter the amount claimed . . . . . ▶<br>* Note: No exemption allowed for age or blindness for dependents. | \$             |
|   | <b>6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶</b>   |  | \$             |
|   | <b>7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶</b>   |  | \$             |
| <b>Military Spouses Residency Relief Act Exemption from Mississippi Withholding</b>   | <b>8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.. ▶</b> |  | _____          |

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS

- |  |                        |                     |                |         |                                   |          |                     |         |                    |         |               |         |   |
|--|------------------------|---------------------|----------------|---------|-----------------------------------|----------|---------------------|---------|--------------------|---------|---------------|---------|---|
| <p><b>1. The personal exemptions allowed:</b></p> <table border="0" style="width: 100%;"> <tr> <td>(a) Single Individuals</td> <td style="text-align: right;">\$6,000</td> <td>(d) Dependents</td> <td style="text-align: right;">\$1,500</td> </tr> <tr> <td>(b) Married Individuals (Jointly)</td> <td style="text-align: right;">\$12,000</td> <td>(e) Age 65 and Over</td> <td style="text-align: right;">\$1,500</td> </tr> <tr> <td>(c) Head of family</td> <td style="text-align: right;">\$9,500</td> <td>(f) Blindness</td> <td style="text-align: right;">\$1,500</td> </tr> </table> <p><b>2. Claiming personal exemptions:</b></p> <p>(a) Single Individuals enter \$6,000 on Line 1.</p> <p>(b) <u>Married individuals are allowed a joint exemption of \$12,000.</u><br/>                     If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).</p> <p>(c) <u>Head of Family</u><br/>                     A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).</p> <p>(d) <u>An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer.</u> A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent <u>excluding</u> the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but</p> | (a) Single Individuals | \$6,000             | (d) Dependents | \$1,500 | (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 | (c) Head of family | \$9,500 | (f) Blindness | \$1,500 | <p><b>should not</b> include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.</p> <p>(e) <u>An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year.</u> No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.</p> <p>(f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are <b>blind</b>. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.</p> <p><b>3. Total Exemption Claimed:</b><br/>                     Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.</p> <p><b>4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.</b></p> <p><b>5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.</b></p> <p><b>6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.</b></p> <p>To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.</p> |
| (a) Single Individuals   | \$6,000                | (d) Dependents      | \$1,500        |         |                                   |          |                     |         |                    |         |               |         |   |
| (b) Married Individuals (Jointly)  | \$12,000               | (e) Age 65 and Over | \$1,500        |         |                                   |          |                     |         |                    |         |               |         |   |
| (c) Head of family   | \$9,500                | (f) Blindness       | \$1,500        |         |                                   |          |                     |         |                    |         |               |         |   |

# Mississippi New Hire Reporting Form



Mail completed form to: Mississippi State Directory of New Hires  
PO Box 437  
Norwell, MA 02061

Or fax completed form to: 1-800-937-8668

Effective October 1, 1997, all Mississippi employers (or independent contractors) are required to report certain information about personnel who have been newly hired, rehired, or have returned to work. **Reports must be made within 15 calendar days from date of hire.** Employers must either (1) complete this form, or (2) submit a copy of the worker's IRS W-4 form with the "other information section" completed on this form, or (3) submit the information by magnetic tape or floppy diskette. *To submit new hire reports electronically, call 1-800-241-1330 to obtain information.*

*Below, please complete all employer information*

## EMPLOYER INFORMATION

\*Federal Employer Identification Number (FEIN):   -

(Please the same FEIN for which listed employee(s) quarterly wages will be reported under)

State Employer Identification Number (SEIN):   -

\*Employer Name: GEORGE COUNTY SCHOOL DISTRICT DBA: \_\_\_\_\_

\*Address: 494 COWART ST

(Please indicate the address where the Income Withholding Order will be sent)

\*City: LUCEDALE \*State: MS \*Zip Code: 39452 +4: \_\_\_\_\_

Contact Name: KIMBERLY COLLINS Phone: 601-947-6993 EXT 2042

Email: KIMBERLY.COLLINS@GCSD.US

*Below, please complete one entry for each new employee*

## EMPLOYEE INFORMATION

\*Social Security Number:    -   -    Gender (circle one): Male Female

\*First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Employee Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ +4: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ State of Hire \_\_\_\_\_

Employee Salary: \_\_\_\_\_ Payment Frequency (circle one): Weekly Bi-weekly Monthly Annually

Is this employee eligible for medical insurance (circle one)? Yes No

For information please visit our website at [www.ms-newhire.com](http://www.ms-newhire.com) or call us toll-free at 1-800-241-1330



# Non-Covered Employment Acknowledgment

Form 4A – Revised 06/14/2023

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Employee Status

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender:  M  F

Is employee currently receiving PERS service retirement benefits? Choose yes or no and follow related instructions.

- Yes – Do not complete form. Instead, complete PERS Form 4B, Reemployment of PERS Retiree Certification/Acknowledgement.
- No – Continue to next question.

Is employee currently employed with a PERS-covered employer other than the employer to be listed in Section 4? Choose yes or no and follow related instructions.

- Yes – Choose type of employee for the employer to be listed in Section 4 and follow related instructions.
  - Temporary or Intermittent Part-Time Employee – Continue to Section 2.
  - Eligible Part-Time Employee (meeting eligibility requirements listed in Section 105 of PERS Board of Trustees Regulation 36 as it relates to dual employment) – Do not complete this form. Instead, complete PERS Form 1, Membership Application.
- No – Continue to Section 2.

## 2 Employee Information

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  Cellular  Home  Work Phone: \_\_\_\_\_  Cellular  Home  Work

## 3 Employee Acknowledgment

I hereby acknowledge that I am not receiving service retirement benefits from PERS and that my employment does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS), and that I, therefore, am not eligible for coverage for this employment under the provisions of PERS. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.

Employee's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 4 Employer Certification – This section must be completed by an authorized employer representative, not the employee.

Employee's Position Held/Job Title: \_\_\_\_\_

Employee's Hire Date mm/dd/ccyy: \_\_\_\_\_ Employee's Termination Date mm/dd/ccyy: \_\_\_\_\_

Employer Name: GEORGE COUNTY SCHOOL DISTRICT Employer No.: 0315

Employer Representative's Name: KIMBERLY COLLINS Employer Representative's Title: PAYROLL SPECIALIST

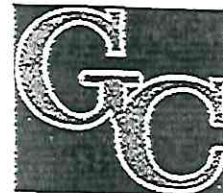
Employer Representative's Phone: (601) 947-6993 Fax: (601) 530-0968 E-Mail: KIMBERLY.COLLINS@GCSD.US

As employer representative, I understand that wages earned and paid to the above-named individual during this period of employment will not be subject to withholding for state retirement. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct and that employment in this position does not meet the eligibility requirements of PERS Board of Trustees Regulation 25, Eligibility of Part-time Employees for State Retirement Annuity Service Credit, and PERS Board of Trustees Regulation 36, Eligibility for Membership in the Public Employees' Retirement System of Mississippi (PERS).

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

# NEW HIRE INFORMATION FORM

To be completed by all new employees and returned to the Human Resources Office.



Employee's Legal Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Location/Department: \_\_\_\_\_

Start Date: \_\_\_\_\_

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

Personal Email Address: \_\_\_\_\_

1. Are you currently retired from any U.S. state including Mississippi?

Yes     No

If yes, please provide the following:

• State you are retired from: \_\_\_\_\_

• Name of the company or agency you retired from: \_\_\_\_\_

We ask this question to ensure your new employment does not affect any retirement benefits you may currently be receiving. Some state retirement systems have rules about post-retirement employment, and we want to help you remain compliant and fully informed.

2. Do you have any other current jobs (with this district or another employer)?

Yes     No

If yes, please provide details: \_\_\_\_\_

This helps us determine if your hours or earnings will impact eligibility for benefits or compliance with labor laws.

3. Have you ever worked for this district before?

Yes     No

If yes, when and in what role? \_\_\_\_\_

What name(s) did you use the last time you worked for this district? \_\_\_\_\_

13. What is your highest level of education completed?

High School     Some College     Associate's     Bachelor's     Graduate or Higher

14. Do you require any workplace accommodations under the ADA (Americans with Disabilities Act)?

Yes     No

If yes, please describe or speak with HR directly.

**GEORGE COUNTY SCHOOL DISTRICT EMPLOYEE & SUBSTITUTE ACKNOWLEDGEMENT FORMS 2025-2026**

PRINTED FULL NAME \_\_\_\_\_

SCHOOL OR DEPARTMENT \_\_\_\_\_

**NOTE: Only substitute employees are required to sign numbers 1 and 10 on these acknowledgement forms. Regular employees are not required to sign these sections.**

**(1) ONLY SUBSTITUTE EMPLOYEE HANDBOOK** - By signing, I state that I have received a copy of the George County School District Substitute 2025-2026 Handbook and the Mississippi Educator's Code of Ethics. I understand that it is my responsibility to follow the guidelines of the handbook and ethics set before me to the best of my ability. By signing, I state that I understand the legal obligation that I have for maintaining the confidentiality of students and staff of the George County School District. I understand the policies related to maintaining professional relationships with the George County School District students and caregivers. I understand that I may not take pictures or videos of my students and that I may not post on social media regarding my students or George County School staff as related to my employment as a substitute for the George County School District. By signing, I state that I understand that, to the best of my ability, I have a legal and moral obligation to maintain an emotionally and physically safe environment for my students and that I must provide full supervision of my students. I understand that I cannot abandon my duty station until I have been properly relieved. By signing, I understand that I should never use corporal punishment with students. Corporal punishment means hitting, pushing, pinching, or forcing a child to stand up for long periods of time, making a student do push-ups, or using any physical force. By signing, I understand that I should never give medicine of any kind including aspirin to students. I should refer students who are taking medication to the office or nurse for supervision. By signing, I understand that this list is not exhaustive and my obligation is to abide by the rules, policies and procedures of George County School District as set forth by the State of Mississippi and George County School District. I further more understand that I can obtain a complete copy of any George County School District Policy from the building administrator, the George County School District office, or the district website.

\_\_\_\_\_  
Signature | Date

**(2) EMPLOYEE HANDBOOK** - I acknowledge that the George County School District reviews key policies and procedures with employees and provides information about how to access the current Employee Handbook. I understand that the handbook is available upon request in printed form, and it can also be accessed through my building administrator, the district office, or the district website. I understand that the Employee Handbook serves as a general guide to the district's Human Resources policies and procedures. It is not a contract or a guarantee of continued employment for any specific duration. I also understand that the policies, procedures, and benefits described in the handbook may be changed at any time, in accordance with applicable law. If significant updates are made, I may be asked to sign a new acknowledgement to confirm that I am aware of and understand the changes. I know it is my responsibility to read and understand the contents of the handbook. By signing below, I confirm that I have been informed about how to access the Employee Handbook, that I am responsible for reviewing its contents, and that I may request a printed copy at any time.

\_\_\_\_\_  
Signature | Date

### **(3) MISSISSIPPI EDUCATOR CODE OF ETHICS & FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT**

I acknowledge that the George County School District reviews the Mississippi Educators Code of Ethics, Standards of Conduct, and FERPA (Family Educational Rights and Privacy Act) requirements with employees. I understand that I can access the full versions of these policies at any time through my building administrator, the district office, or the district website. Printed copies are available upon request. I understand the professional expectations outlined in these policies and recognize that violations of the Code of Ethics, FERPA, or related laws and standards may result in disciplinary action. As a condition of my employment with the George County School District, I agree to follow these policies and standards.

---

Signature | Date

**(4) DRUG-FREE WORKPLACE POLICY** – I acknowledge that the George County School District reviews the District’s Drug-Free Workplace Policy. I acknowledge that I understand the George County School District’s Drug-Free Schools and Workplace Policy, including provisions regarding medical marijuana and the potential impact on employment and licensure. By signing below, I agree to the following:

1. I understand that the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance, including narcotics, hallucinogens, amphetamines, barbiturates, marijuana, or any other illegal drug is strictly prohibited in the workplace, as defined by district policy and applicable state and federal law.
2. I understand that “workplace” includes:
  - o All school buildings and school premises
  - o Any school-owned or approved vehicles used for transporting students
  - o Off-site locations during any school-sponsored or school-approved activities, events, or functions where students are under district supervision
3. I agree to notify my supervisor within five (5) days if I am convicted of violating any criminal drug statute for an offense that occurred in the workplace.
4. I understand that violation of this policy may result in disciplinary action up to and including non-renewal, suspension, or termination of employment, in accordance with district procedures.
5. I understand that this policy also applies to medical marijuana, and that:
  - o The district is not required to accommodate or allow the use of medical cannabis by employees in any form.
  - o The district may take adverse employment action due to medical marijuana use, regardless of impairment.
  - o The use of medical cannabis is strictly prohibited on district property, at district-sponsored events, and while conducting district business.
6. I understand that under Mississippi law:
  - o The State Board of Education may deny, suspend, or revoke a teacher or administrator’s license due to drug use, addiction, or criminal conviction related to controlled substances.
  - o Suspension or dismissal by the school district may lead to licensure consequences.I acknowledge that it is my responsibility to comply with this Drug-Free Schools and Workplace Policy as a condition of my continued employment with the George County School District. I also understand that questions about this policy or its enforcement may be directed to Human Resources.

---

Signature | Date

**(5) SOCIAL MEDIA WEBSITES** - I acknowledge that the George County School District reviews Policy GABBA: Social Networking Websites with employees and provides guidance on how to access the full policy. I understand Policy GABBA: Social Media Websites, as adopted and revised by the George County School District. I understand that this policy governs both personal and district-related social media activity, and that it is my responsibility to follow all applicable rules outlined in the policy. By signing below, I agree to the following:

1. I understand that the use of social media—both personal and professional—is subject to all applicable state and federal laws, board policies, and district regulations.
2. I agree to refrain from any social media activity that:
  - o Interferes with or disrupts school operations;
  - o Violates the rights of others;
  - o Includes harassing, obscene, defamatory, or discriminatory content;
  - o Breaches confidentiality regarding students or employees;
  - o Misrepresents my views as official district communication; or
  - o Violates the Mississippi Educator Code of Ethics.
3. I understand that:
  - o I may not “friend” students or give them access to my personal social media accounts;
  - o I may not post student images without written parental consent, unless taken in a public setting (e.g., sports or performances);
  - o I am prohibited from using personal social media during school hours for non-work-related reasons;
  - o Communications with students and parents must be conducted through professional and district-approved channels (in person, phone, email, School Status, etc.);
  - o Fraternization via social media with students is strictly prohibited.
4. I understand that district-related social media activity requires prior written approval from the Superintendent or designee, and that any such activity must:
  - o Be limited to education-related content;
  - o Be monitored regularly by the responsible employee;
  - o Allow supervisor access;
  - o Maintain professional boundaries.
5. I understand that I have no expectation of privacy when using district-issued devices or networks, and that the district reserves the right to monitor all social media activity on its systems.
6. I understand that I am responsible for the content posted to my personal social media accounts and may face disciplinary action, up to and including termination, for any violations of this policy.
7. I understand that use of personal social media must not interfere with my job duties and must comply with all district policies—even when off-duty.
8. I acknowledge that the district will enforce this policy consistently, and that violation of any portion may result in disciplinary action, up to and including termination.

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Signature | Date

**(6) STAFF INTERNET USE AGREEMENT** - As an employee of the George County School District (GCSD), I acknowledge that I have read, understand, and agree to abide by the GCSD Acceptable Use Policy (AUP) governing the use of District computer systems, network resources, and Internet access. I understand and agree to the following terms:

1. **Appropriate Use:** I will use District-provided technology, including Internet access, only for educational, instructional, professional, or administrative purposes as authorized by the GCSD. I will not use personal devices on the District network.
2. **Compliance with Federal and State Law:** I understand that GCSD complies with the Children’s Internet Protection Act (CIPA) and other applicable federal and state laws related to internet safety, privacy, and security.
3. **Monitoring and Privacy:** I understand that there is no expectation of privacy on the GCSD network. All network activity, including email and Internet use, may be monitored, reviewed, or archived by authorized personnel at any time.
4. **Security and Content Filtering:** I will not attempt to bypass or disable any District-installed content filters or security features. I understand that unauthorized software or file downloads are prohibited.
5. **Prohibited Activities:** I understand that prohibited uses of the GCSD network include, but are not limited to:
  - o Accessing or transmitting inappropriate, illegal, obscene, or threatening content.
  - o Cyberbullying or harassment.
  - o Downloading large or non-curricular files (e.g., music, movies)
  - o Installing unauthorized software or viruses.
  - o Hacking, spamming, or attempting to access restricted areas of the network.
  - o Disclosing confidential student information in violation of District policy or state/federal law.
6. **Student Privacy:** I will not disclose any student’s personally identifiable information online without proper District authorization. This includes names, addresses, contact information, and health records.
7. **Consequences for Misuse:** I understand that misuse of District technology or violation of the AUP may result in disciplinary action, including loss of network access, suspension, termination of employment, and/or legal action.
8. **Contractual Agreement:** I understand that this signed acknowledgement represents a legally binding agreement between myself and the George County School District. I further acknowledge that I have been given the opportunity to review the complete AUP and have been informed where I can access a copy of the policy.

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Signature | Date

**(7) COLLECTING AND REMITTING FUNDS - (Daily Collections of fees/fines/fundraisers/snack sales, etc. from students)**

I understand that all funds collected must be turned in daily to the school secretary or bookkeeper. No funds should be kept overnight under any circumstances. I understand that all money collected must be tied to a Board-approved fundraiser or fee schedule. Each collection must be clearly documented with identifiable information, including:

- \* Student’s name
- \* Date
- \* Cash or check amount
- \* Reference to the approved fundraiser, field trip, or fee schedule

For approved snack sales, I understand that a reconciliation sheet must be completed. This should include:

- \* A tally of snacks sold
- \* The purchase price
- \* The sales price

I acknowledge that collecting funds from students without prior approval may result in personal accountability for those funds.

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Signature | Date

**(8) ACKNOWLEDGEMENT OF PURCHASING REQUIREMENTS** - I understand that no purchases may be made in the name of the George County School District unless a valid purchase order has been issued before the purchase is made. I acknowledge that if I make a purchase without prior authorization, I may be held personally responsible for the cost.

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Signature | Date

**(9) ACKNOWLEDGEMENT OF REPORTING HARASSMENT & DISCRIMINATION** - Title IX is a federal civil rights law passed as part of the Education Amendments of 1972. It prohibits sex-based discrimination in any school or educational program that receives federal funding. If you believe you have experienced sex-based discrimination, you must complete a District Reporting Form immediately.

As an employee of the George County School District, you are also required to immediately report any suspected sexual discrimination or harassment involving a student—whether it occurs on campus or during a school-related event. District Reporting Forms must be used to make these reports. Reporting forms are available:

- In the office of every school or department or on the George County School District Human Resources webpage.

These forms should be used to report any type of discrimination or harassment complaint. If you do not have immediate access to a reporting form, you are still obligated to report any suspected discrimination or harassment to a school administrator without delay.

**Acknowledgment:** I acknowledge that I have been informed of my right to report harassment or discrimination. I also understand that it is my duty to immediately report any suspected harassment or discrimination involving a student, whether on school grounds or at a school-related activity.

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Signature | Date

**(10) ONLY SUBSTITUTE EMPLOYEES ACKNOWLEDGEMENT REGARDING**

**FIRST PAYCHECK** - I understand that I will not receive payment for any work performed until I have been officially approved by the School Board. Additionally, I acknowledge that there is a standard payroll processing timeline, and I must work for approximately two months before receiving my first paycheck. For example, if I begin working in August, I can expect to receive my first paycheck at the end of September.

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Signature | Date

**(11) GEORGE COUNTY SCHOOL DISTRICT OATH OF CONFIDENTIALITY & NON-**

**DISCLOSURE OF RELEASED INFORMATION** - I understand that the data maintained within the systems listed in the Application Section below contains sensitive and confidential information.

**Application Section:**

- SAMS
- Spectra – Student Information System
- School Status

I acknowledge that access to and the release of information from the George County School District is governed by the Family Educational Rights and Privacy Act (FERPA) of 1974 and Section 37-15-1 et seq. of the Mississippi Code of 1972, as amended. I understand that this information may only be accessed and used for legitimate educational purposes. I recognize that all data is confidential, protected by law, and may not be disclosed without proper authorization. I agree that I will not release any George County School District data unless I am specifically authorized to do so in accordance with applicable laws, policies, and regulations. Furthermore, I will not access or use this information for any purpose other than legitimate educational interests. I acknowledge that I fully understand that unauthorized disclosure or misuse of this information may result in disciplinary action, including termination of employment, and may also subject me to civil and/or criminal penalties as provided by law.

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Signature | Date

**(12) CROWDFUNDING PROJECTS** - I acknowledge that I have read and understand the George County School District’s Policy KHE – Gifts to Schools: Crowdfunding Projects. I understand that any project completed in the name of the George County School District becomes the property of the district. I also understand the following:

- Furniture or equipment valued at \$1,000 or more, and
- Computer equipment, camera equipment, or televisions valued at \$250 or more,
- As well as any items considered “highly walkable” (such as iPads, tablets, or Kindles, regardless of cost) must be red-tagged for inventory purposes.

All technology-related items must receive pre-approval from the technology department. Items that require installation or wiring must also be approved by both the technology and maintenance departments. All crowdfunding projects must be pre-approved by the building administrator, and a file must be created for each

project to track inventory. I agree to follow the terms of this policy. I also understand that I may request a full copy of this policy, or any other George County School District policy, from my building administrator or the district office.

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Signature | Date

**(13) CRISIS POLICIES & EMERGENCY PREPAREDNESS PROCEDURES** - As a substitute employee for the George County School District, I acknowledge that I must review the district's Crisis Policies and Emergency Preparedness Procedures. I understand that I am responsible for following all emergency protocols and participating in drills as outlined below:

**Summary of Responsibilities:**

- Review the school's crisis plan and emergency procedures upon arrival.
- Receive orientation from the designated staff member (administrator or lead teacher).
- Familiarize myself with evacuation routes, lockdown, shelter-in-place procedures, and the location and use of the crisis bag.
- Actively participate in all safety drills, including fire, tornado, lockdown, and evacuation drills.
- Maintain calm, follow instructions, and assist students during any emergency or drill.
- Follow post-crisis procedures, including conducting a roll check and reporting any injuries or missing students.

**Specific response steps for emergencies:**

- Lockdown: Secure, Silence, Hide, Wait, Communicate.
- Fire: Alert, Evacuate, Assist, Meet, Report.
- Bomb Threat: Report, Assess, Evacuate, Search, Communicate.
- Tornado/Severe Weather: Seek Shelter, Protect, Monitor, Stay Put, Assist.
- Earthquake: Drop, Cover, Hold On, Evacuate, Avoid Hazards.
- Serious Accident/Injury/Illness: Assess, Call for Help, Provide First Aid, Keep Calm, Record Details.

I understand that my compliance with these procedures is critical to ensuring the safety of all students and staff during emergency situations.

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Signature | Date

**(14) STATEMENT OF UNDERSTANDING: RESTRAINT AND SECLUSION POLICY** - Restraint refers to a physical intervention used by trained school personnel to restrict a student's movement when the student is a danger to themselves, others, or is causing significant property damage.

- Restraint is only used in emergency situations after all other verbal and non-verbal de-escalation techniques have failed.

- Restraints that restrict airflow (such as holding a student in a way that impacts breathing) are strictly prohibited.
- The restraint must be removed immediately once the student is no longer a threat or shows signs of distress.

Seclusion is the involuntary confinement of a student in a designated, isolated space where they are physically prevented from leaving, used only when a student's behavior poses imminent, serious physical harm to themselves or others.

- Seclusion must be used only after other less restrictive methods have failed or been deemed inappropriate.
- The room must not be locked, must be free of objects that could cause harm, and must provide adequate lighting and ventilation.
- A staff member must remain present and monitor the student during seclusion, which should end once the student regains control.

Mechanical Restraints are any devices or equipment used to restrict a student's movement.

- These are prohibited in the school setting except when used by law enforcement personnel.
- Examples include handcuffs, straps, or any object intended to hold a student's limbs or body in place.

Chemical Restraints refer to the use of medication or other substances to control behavior or restrict freedom of movement.

- These are strictly prohibited in the school environment.
- They are not to be used as a method of managing student behavior, except as prescribed and administered by medical professionals for a legitimate medical condition.

De-escalation Techniques are proactive strategies and interventions used to calm a student who is becoming agitated, aggressive, or potentially dangerous, with the goal of preventing the need for physical intervention.

- These may include:
  - Verbal redirection or reassurance
  - Offering choices to the student
  - Using a calm and respectful tone
  - Allowing the student time and space to self-regulate
  - Employing non-threatening body language
- De-escalation techniques are the first line of response and must be attempted before restraint or seclusion is considered.

I understand the District's commitment to maintaining a safe and supportive learning environment through proactive, non-punitive strategies and the appropriate use of restraint and seclusion only when absolutely necessary to protect students or others from imminent harm. I understand the following key points from the policy:

- Restraint and seclusion are not to be used as disciplinary or punitive measures.
- Only trained personnel may use or monitor restraint and seclusion.
- Physical restraint is to be used only in emergency situations after other de-escalation techniques have failed and must be discontinued as soon as the student is no longer a danger.
- Seclusion must occur only in designated spaces, must not be locked, and must be continuously monitored by staff.
- Mechanical and chemical restraints are strictly prohibited, except by law enforcement.
- I have the right to use reasonable self-defense as allowed under federal and state law.

- All incidents involving restraint or seclusion must be documented and reported according to district procedures.
- Parents or guardians must be notified of any such incident within 48 hours.
- This policy is reviewed annually, and I am required to participate in related training as scheduled.
- I understand that failure to comply with this policy or to follow the proper procedures may result in disciplinary action and could jeopardize student and staff safety.

By signing, I affirm that I have read and understood the Student Restraint and Seclusion Policy and agree to follow its guidelines as an employee of the George County School District.

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Signature | Date

**(15) EQUIPMENT RESPONSIBILITY & ACCEPTABLE USE ACKNOWLEDGEMENT -**

I understand that I am responsible for the proper care and maintenance of any equipment issued to me that is considered public property of the George County School District. If any equipment is lost, stolen, or damaged while in my possession, I am responsible for reporting it immediately to the district. I further understand that:

- I may be held financially responsible for the repair or replacement of the equipment.
- If the equipment is not returned or is damaged beyond repair, I will be responsible for a replacement cost of \$250.
- If the power cord is lost or damaged, I am responsible for a \$25 replacement fee.

While the equipment is in my possession, I agree to follow the George County School District’s Acceptable Use Policy.

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Signature | Date

**(16) EMPLOYEE ACKNOWLEDGEMENT OF COMMUNICABLE / INFECTIOUS**

**DISEASES** - The George County School District is committed to taking proactive measures to help protect the workplace in the event of a communicable or infectious disease outbreak. However, the District cannot fully prevent the transmission of diseases such as COVID-19. Being present on any George County School District campus may expose individuals to infectious diseases, including COVID-19, which may result in illness, injury, or even death. All employees are expected to do their part to reduce the spread of infectious diseases in the workplace.

The most effective preventive measures include:

- Frequent hand washing with warm, soapy water
- Covering your mouth and nose when sneezing or coughing
- Proper disposal of used tissues in wastebaskets

Unless otherwise directed, standard attendance and leave policies will remain in effect.

**Social Distancing Guidelines During an Infectious Disease Outbreak**

In the event of an outbreak, the District may implement social distancing measures to reduce the risk of transmission. During such times, employees are asked to follow these guidelines:

1. Avoid face-to-face meetings whenever possible. Use phones, video conferencing, email, or messaging—even with coworkers in the same building.
2. If an in-person meeting is necessary, keep it brief, choose a large meeting space, and maintain a minimum distance of three feet between individuals. Avoid handshakes or close contact.
3. Limit nonessential travel and consider canceling or rescheduling noncritical meetings, events, workshops, and trainings.
4. Do not gather in shared spaces such as break rooms, copy rooms, or other communal areas.

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Signature | Date

**(17) MANDATORY REPORTING OF CHILD ABUSE & NEGATIVE & SUICIDE PREVENTION AND MENTAL HEALTH REFERRALS**

- In accordance with the Mississippi Code (1972), I understand that I am considered a mandatory reporter and am legally required to report any suspected child abuse or neglect. I further understand that:

- I must immediately report any concern to the school administrator, school nurse, or school counselor.
- I do not need to have absolute proof before making a report.
- Reports made in good faith are protected by law and provide immunity from civil liability.

I acknowledge that suicide is a serious concern among youth, and the George County School District requires all employees, including substitutes, to complete online suicide prevention training. I understand that:

- If I suspect that a student or employee may be experiencing depression or having suicidal thoughts, I am required to complete a mental health referral.
- This referral must be promptly submitted to the school counselor or a school administrator.

**Employee Acknowledgement**

By signing below, I confirm that I have read, understand, and agree to comply with the responsibilities outlined above. I recognize that fulfilling these duties is a condition of my employment as a substitute with the George County School District.

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Signature | Date

Printed Name: \_\_\_\_\_

School/Building: \_\_\_\_\_