



ATHENS-MEIGS EDUCATIONAL SERVICE CENTER

Athens Office: 21 Birge Street, P.O. Box 40, Chauncey, Ohio 45719
Telephone (740) 797-0064, Fax (740) 797-0070
www.athensmeigs.com

Ricky D. Edwards, Superintendent / Bryan Swann, Treasurer

Thank you for your interest in serving as a Substitute Aide for the schools served by the Athens-Meigs Educational Service Center.

Aides must meet one of the following requirements to be eligible:

1. Hold an Associate Degree *
2. Two years of college coursework totaling at least 48 semester or 72 quarter hrs.*
3. Documentation of a Parapro Assessment Test with passing score
(We can administer the Parapro test at our office in Chauncey by appointment)

** If # 1 or 2, we must have transcripts showing proof.

To complete your application process, please complete and supply the following:

1. The information sheet indicating your contact information, the schools in which you are interested in working, your days of availability, and any comments you may wish to make regarding your subbing interests.
2. The I-9 form and all attached tax paperwork including application.
3. A copy of your driver's license and Social Security card.
4. Background check from the Ohio Bureau of Criminal Identification and Investigation (BCI), and the Federal Bureau of Investigation (FBI). We complete these electronically at our office. The fee may be paid in cash, check, or money order in the amount of \$57.00, payable to the Athens-Meigs ESC. If you have had these done within the last year, and it was sent to ODE, we will accept copies.
5. A copy of your current Aide Permit or:
AFTER all the above is completed and turned in to us:
You must go online to education.ohio.gov (ODE website) sign into or create a SAFE account and apply for an Aide Permit. (See attached instructions please).

When we receive all of the above your application will be processed, your name will be added to the substitute aide list, and the list will be distributed to the districts we serve. If you have any questions, please feel free to contact Amy at 740-797-0064 or 91_azeigler@seovec.org.

Accessing the CORE System

Access to the Ohio Department of Education's Connected Ohio Records for Educators (CORE) system is available through the Department's Secure Application for Enterprise (SAFE) portal. Users must have a SAFE account to access the CORE System. Begin by visiting the Department's webpage at education.ohio.gov.

1. Click the SAFE link at the top of the page to display the SAFE sign-in page.



2. Enter your user name and password and click Sign In. If you do not have a SAFE account, click "Sign Up" and follow the instructions to create one. Click *Safe Sign up help* to view the instruction manual.

Please click the *Forgot user name or password* link if you do not remember your user name or password. Follow the instructions to receive a new password via email.

Your personalized CORE Dashboard will be displayed after you successfully log in to the system.

* Please write
down your
username + password
for future use!

SIGN IN WITH YOUR SAFE ACCOUNT

Check if you are an ODE employee.

USER NAME

PASSWORD

SIGN IN

[FORGOT USER NAME OR PASSWORD?](#)

[Don't have a SAFE account?](#)
SIGN UP
Safe Sign up help

[Started sign up process?](#)
CHECK SIGN UP STATUS

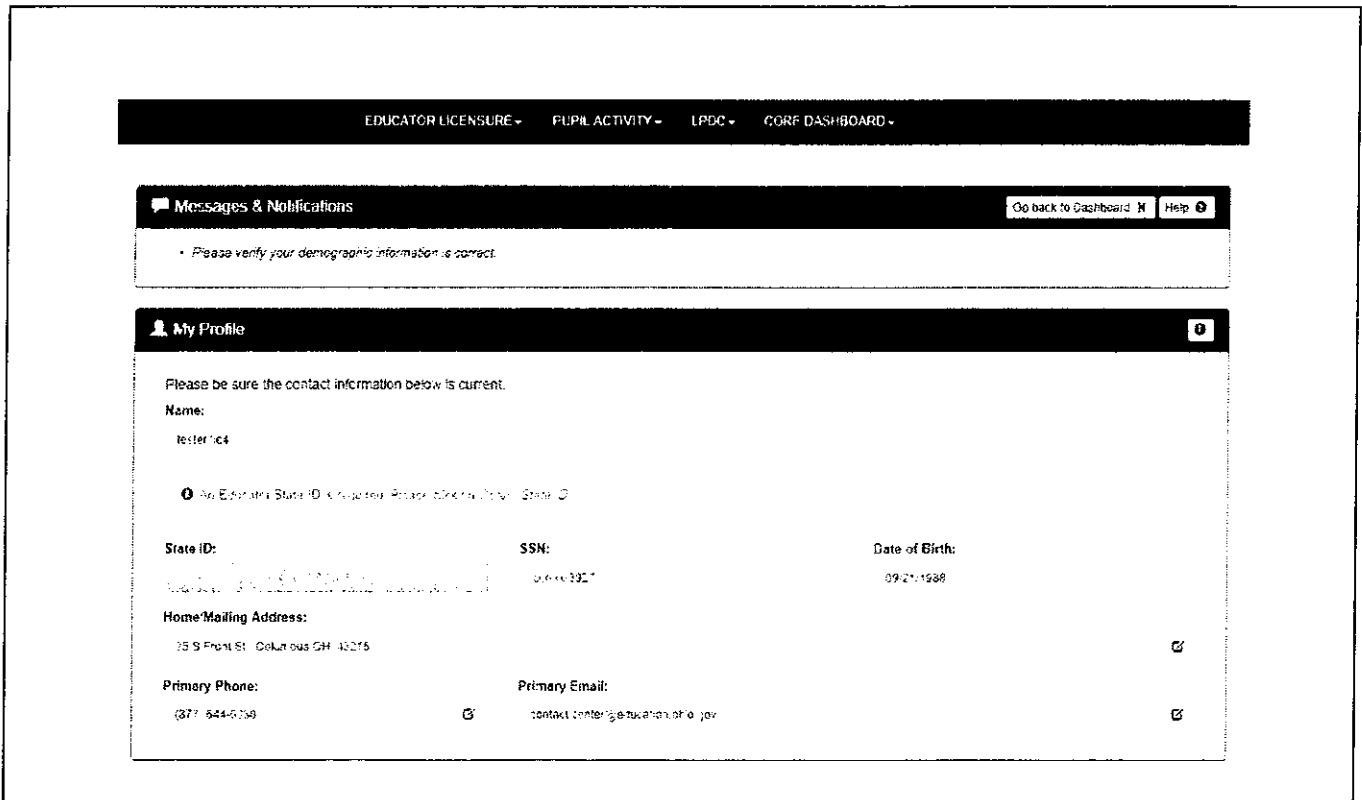
How Do I Request an Educator State ID Online?

The Ohio Department of Education creates and assigns Educator State ID numbers to individuals in CORE. The Educator State ID is necessary to complete an application. Educator State IDs also help Department staff identify and eliminate the occurrence of duplicate records in the Department's database.

Please complete the following steps to request an Educator State ID:

1. First, you must have a SAFE account. If you do not have a SAFE account, please follow the instructions in the "Accessing the CORE System" section of this manual.
2. After you've created a SAFE account, log in to SAFE and select *ODE.CORE* from the SAFE Portal Menu.
3. Select *My Profile* from the CORE Dashboard.

Please note: If you are a credentialed educator in the State of Ohio, you already have an Educator State ID. You will see it on your Dashboard and in "My Profile." ***IF*** you are a credentialed educator in the State of Ohio ***and*** the *Obtain State ID* button appears, you may have a duplicate record. This requires maintenance in the Department's data system. **DO NOT click *Obtain State ID* if you are a credentialed educator.** Please contact Educator Licensure Customer Support at Educator.Licensure@education.ohio.gov to correct the duplicate records.




4. Click *Obtain State ID* and answer the questions in the pop-up box. If you answer "Yes" to any of these questions, you already have an Educator State ID. You may be prompted to select an account that matches your demographic information. Once you have answered all the questions correctly, your Educator State ID will be assigned automatically and appear in the "Educator State ID" field on the "My Information" screen.

CORE Dashboard

The CORE Dashboard allows you to navigate the CORE Online Licensure system. This easy-to-use page allows you to access the features in CORE. The items that appear on the Dashboard are customized to the individual logging in. The red ribbon at the top of the page will indicate access areas based on your unique user role(s).

My Profile

The “My Profile” section of the Dashboard houses your demographic information. **Please note that you must update your information under “My Profile” before starting or submitting an application.** To access your information in “My Profile”:

1. Click “My Profile” in the red ribbon at the top right of the screen on the CORE dashboard.
2. Update your information (address, phone or email) by clicking the  icon.
 - o Click *Edit* in the section that needs updated and make the necessary changes in the pop-up box.
 - o Click *Save*.
 - o Click *Return to Page* when you are finished updating your information.
3. Click *Go back to Dashboard* to return to the Dashboard.

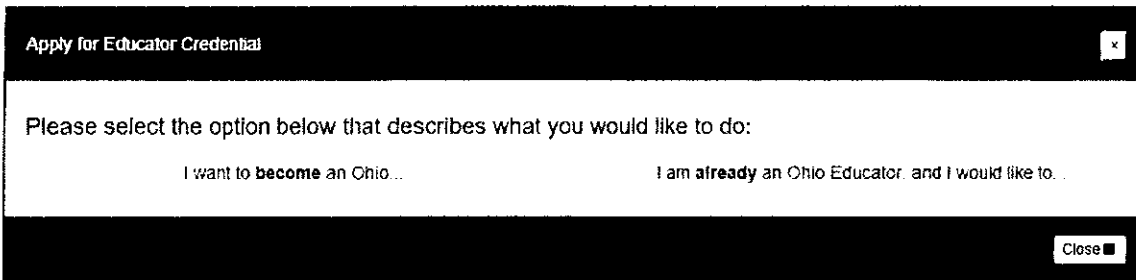


It is important to keep your information current. The Department uses the information in My Profile to contact applicants regarding their applications.

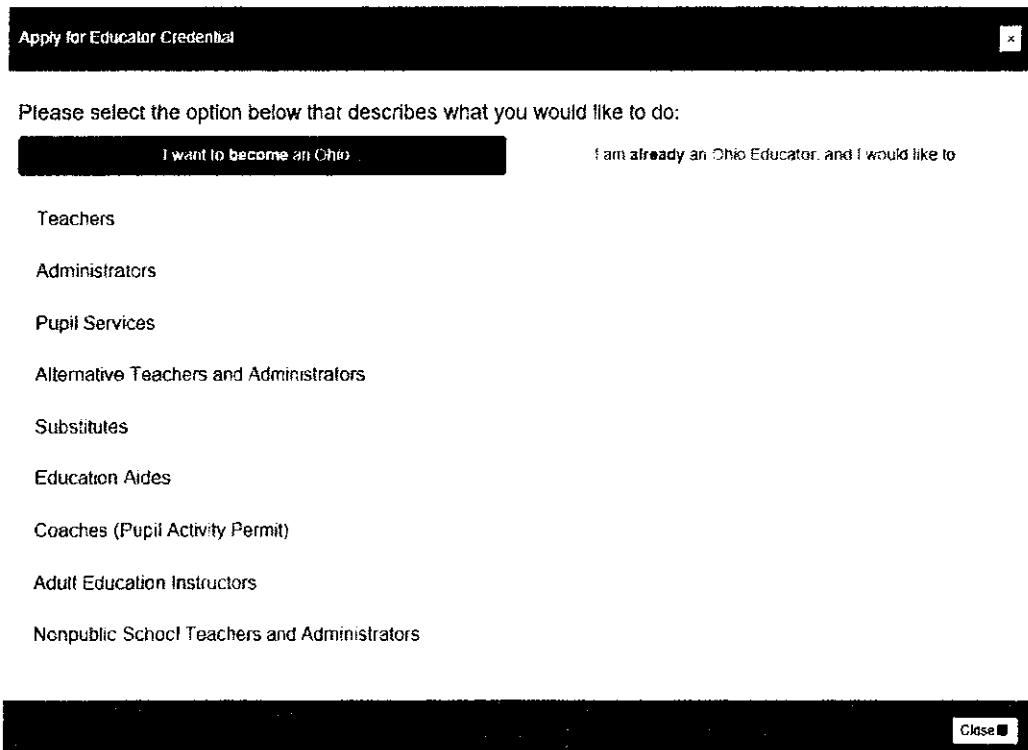
How Do I Submit a New Application?

Please complete the following steps to apply for licensure:

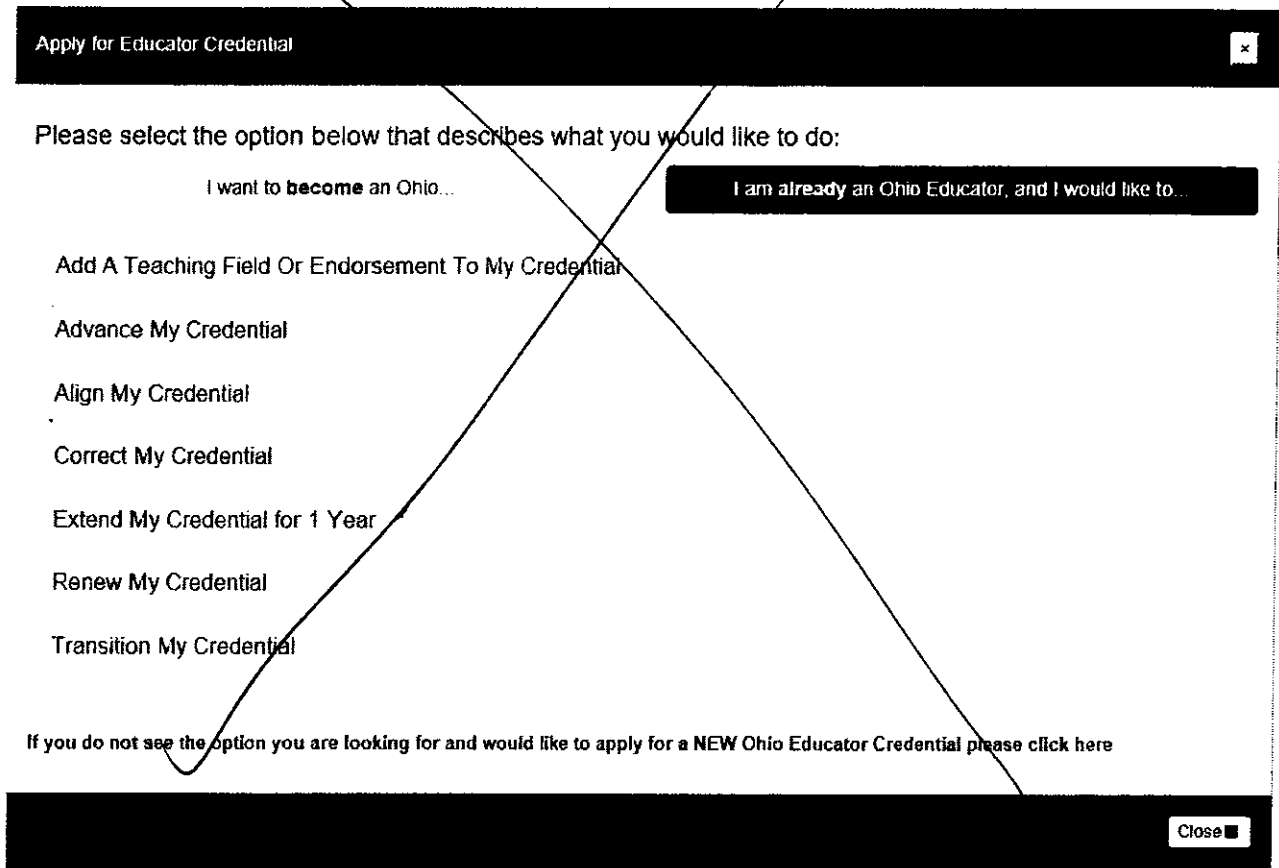
1. To begin an application for a NEW credential, click *Apply for a NEW Credential* in the "My Credentials" section on the CORE Dashboard.
2. A pop-up screen will prompt you to select an application type.



3. Click *I want to become an Ohio ...* if you wish to apply for a new license.
 - o The next screen is organized by categories of licenses. Click the category to view a list of available licenses. Example: Click *Teachers* to view a list of all licenses for which a teacher may apply.
 - o Select a license type to get a full description of that credential and helpful links to more information for out-of-state applicants, background checks and other requirements.



4. Click *I am already an Ohio Educator ...* to select actions appropriate to your previously issued credential.
 - o The next screen will display different options for your previously issued license(s).



APPLICATION INFORMATION

Throughout the application process, you must provide information related to your specific application. You will be required to answer questions regarding your residency, military service and criminal history. Additionally, you must electronically sign your application by selecting “Yes” in the “Applicant Signature” section. Please see below for information regarding some of the prompts.

- **Effective Year.** If applicable, you will need to select an effective year for your credential during the application process. **Note that any credential will be “effective” on July 1 of the chosen Effective Year.**
- **E-Signature.** If your application requires an electronic signature from an employing school/district/LPDC or from an Ohio college/university, enter the IRN provided by the organization or the name of the organization. Select the correct organization by clicking the name or IRN in the list that populates. You also may click “Find” and type the IRN or organization name in the pop-up box provided and click Find Organization. If you accidentally select the wrong organization, simply click *Reset* to clear the selection. ** This will be the same for Superintendents signature **
- **Documents.** If your application requires the submission of documents, click *Upload Documents*. You may open and view any document previously uploaded.

#135145

** If you are applying to be a substitute, please give the ESC your transcripts and we will make sure ODE gets them - DO NOT UPLOAD OR SIGN



Transcripts

If a transcript is required to process your application, please scan and upload your original, official transcript in PDF format only. **We cannot accept grade reports, photos of transcripts or unofficial transcripts.** It is not necessary to resubmit transcripts already on file.

- Date degree was awarded must be visible.
- Include all pages of transcript (front and back).
- Registrar's signature and transcript key/guide must be visible.
- Create one PDF file per transcript (do not upload pages separately).
- Upload transcripts from multiple universities separately (each transcript should be one PDF file).

Additionally, you may mail your official transcript to our office for review:

Ohio Department of Education
Office of Educator Licensure
25 S. Front Street, Mail Stop 504
Columbus, OH 43215



Bundling Applications

You may "bundle" multiple applications of the same license type and action and pay for all of them at once. For example, if you have multiple five-year professional licenses to renew, you may bundle them and submit one application and payment. Click *Request Additional Credential* at the bottom of the application.

APPLICATION PAYMENT

1. **Pay and Submit Applications.** Click *Include* for the application(s) you wish to submit. You will see the total amount due for all applications selected.
2. Click *Continue*. You will see a pop-up box verifying you are navigating to the external payment site to process your secure, online payment.
3. Click *Continue* to make your payment or *Cancel* if you do not wish to make a payment yet. Do not click your browser's back button from this screen.

Pay and Submit Applications x

\$ Credential Applications Payment

You have started the following Credential Applications:

| Initiated | Credential(s) | Do Not Include |
|------------|---|--------------------------|
| 04/20/2018 | 4 Year Resident Educator Early Childhood (P-3) License / New Out of State | <input type="checkbox"/> |

Total Amount Due

This amount reflects the total amount due based on your selection(s) and any positive or negative balances in your account. Please submit the amount shown.

Total Amount Due:
\$160.00

Continue Close

4. **Choose Payment Method.** You may pay for your application with a credit card or electronic check (E-Check). Select one of these choices in the Payment Method drop-down menu. Click *Next*.

Choose Payment Method

Payment Amount: \$160.00

Payment Method: SELECTED

Payment Method

Payment Entry

Payment Review

E-CHECK PAYMENT

- You may use either a checking or savings account to make a payment by E-Check. Enter the bank routing number, your bank account number and your email address. Then, click *Review* to proceed.

Payment Amount: * \$160.00
Payment Method: * E-Check

24.00
91-5491121
PAY TO THE ORDER OF \$
DOLLARS
000110110 6724301088# 24.00#
Routing Number Account Number Check Number

Bank Routing Number: *
Bank Account Number: *
Re-Enter Bank Account Number: *
Email: mary.teacher@yahoo.com

Back Review

- Review Payment Details.** Review the details on the following screen, and click *Make Payment* if the information displayed is correct. If you need to make changes, click *Back* to return to the previous screen.

Review Payment Details

Payment Amount: \$160.00
Payment Method: E-Check
ACH Bank Routing Number: 000110110
ACH Bank Account Number: 74123
Email: mary.teacher@yahoo.com

Back Make Payment

- While your payment is processing, a spinning circle will appear. **DO NOT** press any keys on your keyboard or use your mouse during this time to ensure proper payment processing.
- Application Submitted.** After your payment is processed, you will return to your Dashboard where you may view the status of your application.
- Verify Payment.** In the "My Account" section, you will see your payment posted to your account. You also will receive an email confirmation of both your payment and the submission of your application.

CREDIT CARD PAYMENT

- Select Credit Card from the “Choose Payment Method” screen to process a credit card payment. The following credit cards may be used: American Express, Discover, Master Card or Visa. Please note: You must use a credit card or a debit card that does NOT require a PIN. Cards that require a PIN are not accepted. Prepaid cards are acceptable if they do not require a PIN.

Enter Payment Information
Please enter your credit card payment and billing information below. All of the fields marked with an asterisk are required.
The following link provides information regarding the card security code.

Ohio Department of Education - Educator Licensure Payment Summary

Total: \$160.00

| | |
|--|---|
| Payment Information | |
| * Credit Card Number: <input type="text"/> | * Credit Card Type: <input type="text"/> |
| * Expiration Month: <input type="text"/> | * Expiration Year: <input type="text"/> |
| * Card Security Code: <input type="text"/> | |
| Billing Information | |
| First Name: <input type="text" value="Mary"/> | Middle Name: <input type="text"/> |
| * Last/Business Name: <input type="text" value="Teacher"/> | * Phone: <input type="text"/> |
| * Address Line 1: <input type="text"/> | Address Line 2: <input type="text"/> |
| * City: <input type="text"/> | * State/Province/Region: <input type="text"/> |
| * Zip/Postal Code: <input type="text"/> | Country: <input type="text"/> |
| Email: <input type="text" value="mary.teacher@yahoo.com"/> | Email Receipt: <input type="checkbox"/> |

- Enter the necessary information on the credit card payment screen. The fields indicated with an asterisk are required. You must provide an email address and check the box “Email Receipt” to receive an email confirmation of your payment. Click *Continue* when you are finished.
- **Review Payment Details.** Review the details on the following screen, and click *Confirm* if the information displayed is correct. If you need to change any information, click *Back* to return to the previous screen.
- While your payment is processing, a spinning circle will appear. **DO NOT press any keys on your or use your mouse during this time to ensure proper payment processing.**
- **Print Receipt (for credit card payments only).** Your receipt will appear on the next screen. You may print this for your records. You also will receive an email receipt if you checked the box to “Email Receipt” and provided your email during the payment process. Click *Continue*.

Print Receipt
Your credit card payment has been successfully authorized. Thank you for using the Central Payment Portal online payment processing system.
Please print this page for your records and note the confirmation number below. This will serve as your receipt.

Ohio Department of Education - Educator Licensure Payment Summary

Payment Status: Authorized
Confirmation Number: 2722
Authorization Date: 10/31/2014 12:56:00 PM
Total: \$160.00

| | |
|-------------------------------|--------------------------------|
| Payment Information | |
| * Credit Card Number: ***** | * Credit Card Type: MasterCard |
| * Expiration Month: **** | * Expiration Year: **** |
| * Card Security Code: *** | |
| Billing Information | |
| First Name: Mary | Middle Name: |
| * Last/Business Name: Teacher | * Phone: 6144444444 |
| * Address Line 1: 123 Main St | Address Line 2: |
| * City: Columbus | * State/Province/Region: Oh |
| * Zip/Postal Code: 43215 | Country: United States |
| Email: mary.teacher@yahoo.com | Email Receipt: Yes |



Athens-Meigs Educational Service Center

Main Office: 21 Birge Drive, P.O. Box 40
Chauncey, Ohio 45719
Phone: (740) 797-0064 Fax: (740) 797-0070

Ricky D. Edwards, Superintendent
Bryan Swann, Treasurer

EMPLOYMENT APPLICATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Employment History:

| <u>Dates:</u> | <u>Where:</u> | <u>Type Of Work:</u> |
|---------------|---------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

References: Give full name, address and telephone number of three (no relatives) from whom we can obtain employment references:

| <u>Full Name:</u> | <u>Complete Address:</u> | <u>Telephone Number:</u> |
|-------------------|--------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature: _____ Date: _____

SUBSTITUTE AIDE INFORMATION

Athens-Meigs Educational Service Center
Ricky D. Edwards, Superintendent

Main Office

21 Birge Drive, P.O. Box 40, Chauncey, OH 45719
Phone: (740) 797-0064 / Fax: (740) 797-0070

Meigs Office

39105 Bradbury Rd., Middleport, OH 45760
Phone: (740) 992-3883 / Fax: (740) 992-3436

If you are interested in being a substitute aide in the Alexander, Federal Hocking, and Trimble Local School Districts in Athens County; Eastern, Meigs, and Southern Local School Districts in Meigs County; and/or Southern Local in Perry County, your name must appear on the Athens-Meigs Educational Service Centers Substitute Aide List. This list is updated monthly and is distributed to each of the seven local school districts as well as the Substitute Aide Caller in Athens County. All Substitute Aides are required to provide their own transportation when they substitute. A substitute aide is used only in the absence of a regularly employed aide. Please complete this form and return it to Amy at the Athens-Meigs ESC. **PLEASE PRINT.**

Name: _____ Last Four Digits of Social Security Number: _____

Phone: _____ Email: _____

Mailing Address: _____ City/State/Zip _____

Street Address: _____ City/State/Zip _____

Specify Which Days You Are Available To Substitute: _____ All Days -or as specified as below-
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Indicate The Districts You Are Willing To Sub For:

Athens County:

_____ Alexander _____ Federal Hocking _____ Trimble _____ Public Preschool* _____ Beacon

*Some preschools are in session for only half a day. Are you willing to sub half days at preschool? _____ Yes _____ No

Meigs County: (includes our preschools)

_____ Eastern _____ Meigs Local _____ Southern

Perry County:

_____ Southern Local

Comments: _____

Date Form Completed: _____

For Office Use Only

The Following Items Are On File: I-9 Identification BCI FBI Transcripts Certificate Review Date _____

ParaPro Requirements Met By: _____ Associate of Arts Degree _____ Two Years of College _____ Academic Assessment Test

Date Received: _____ Date Added To Substitute List: _____ Date Deleted From Substitute List: _____



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

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

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

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

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

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

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

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

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

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

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

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

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





SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746
614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

MEMBERSHIP RECORD

PART A - TO BE COMPLETED BY MEMBER

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SOCIAL SECURITY NUMBER

LAST NAME _____ FIRST _____ MIDDLE _____ MAIDEN _____

PERMANENT MAILING ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH: _____ MONTH _____ DAY _____ YEAR _____ E-MAIL ADDRESS: _____

PHONE NUMBER: (____) _____

MALE
 FEMALE

SINGLE
 MARRIED
 DIVORCED
 WIDOWED

FAMILY DATA

SPOUSE: LAST NAME _____ FIRST _____ MIDDLE OR MAIDEN _____ DATE OF BIRTH MONTH/DAY/YEAR _____

CHILDREN: _____

FATHER: _____

MOTHER: _____

JOB CLASSIFICATION *Mark one box only:*

- Administrative
- Clerical/Secretarial
- Custodial/Maintenance
- Educational Aide
- Food Service
- Transportation
- Supplemental (Coach, Advisor, Etc.)
- School Board Member
- Other _____

If an employee of the schools through an outside contract company:
Name of contract company: _____

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

| | MEMBER | BENEFIT |
|---|--|--|
| School Employees Retirement System of Ohio | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| State Teachers Retirement System of Ohio | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Ohio Public Employees Retirement System | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Ohio Police & Fire Pension Fund | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Ohio State Highway Patrol Retirement System | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |
| Cincinnati Retirement System | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor |

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE: _____ DATE: _____
DO NOT PRINT

PART B - TO BE COMPLETED BY EMPLOYER

Athens-Meigs Educational Service Center Athens
SCHOOL DISTRICT COUNTY

| | | | | |
|---|---|---|---|---|
| 0 | 5 | 0 | 0 | 1 |
|---|---|---|---|---|

COUNTY DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30): _____

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability, and**
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability.**

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| | | | | | |
|--|--|---|--|---|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2018 | |
| ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | | | | | |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married filing separately, check "Married, but withheld at higher Single rate." | | |
| City or town, state, and ZIP code | | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/> | | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | | | | 5 | |
| 6 Additional amount, if any, you want withheld from each paycheck | | | | 6 \$ | |
| 7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | | | 7 | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | Date ▶ | |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | | 9 First date of employment | 10 Employer identification number (EIN) | |

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Department of
Taxation

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed _____

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____

3. Exemptions for dependents _____

4. Add the exemptions that you have claimed above and enter total _____

5. Additional withholding per pay period under agreement with employer _____ \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

New Fraud Reporting Law Required Notice Procedures for Both Old and New Employees, Action by May 4

Brickler & Eckler
Attorneys At Law

Bricker Bullet No. 2012-03

April 12, 2012

On February 2, Governor John Kasich signed into law Substitute House Bill 6c (eff. 5-4-12), which mandates the creation of a system in the office of the State Auditor for making reports of fraud, "including misuse and misappropriation of public money," by any public office or public official. The system must allow the reports (which are referred to in the law as "complaints") to be made anonymously by any public employee or resident of the State of Ohio through a toll-free telephone number, the State Auditor's web site, or the regular U.S. mail. The State Auditor is required to maintain a log of all complaints and to "review all complaints in a timely manner." The log must be open to the public, subject to any redactions permitted under the Ohio Public Records Law (ORC 149.43).

The new law requires all public employers to take steps to ensure that their employees are aware of the fraud reporting system. New employees must confirm receipt of information about the system within 30 days of beginning employment. (The State Auditor has created a model form for this purpose). Existing employees must be provided information about the fraud reporting system as soon as the new law takes effect (May 4, 2012).

It should be noted that public employees who make a report under the State Auditor's system are provided a measure of protection from retaliation by their employers. The new law extends the protections currently available under Ohio's "Whistleblower Law" to public employees making reports under the State Auditor's system. (See ORC 124.341 as amended by the bill.)

Questions concerning the above may be referred to the attorneys of the Education Practice Group at Brickler & Eckler LLP:

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Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging (insert public employer) provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I _____ have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE, AND DEPARTMENT

PLEASE SIGN NAME

DATE



Athens-Meigs Educational Service Center

507 Richland Ave., Suite 108

Athens, OH 45701

www.athensmeigs.com

Direct Deposit Policy – Adopted February 23, 2012

It is the policy of the Athens-Meigs Educational Service Center that all employees be required to use direct deposit to receive payroll related payments. In accordance with federal requirements regarding direct deposit of payroll, the employee may select the financial institution of his/her choice to accommodate the receipt of direct deposit payments.

All employees currently receiving their pay by direct deposit shall continue to be enrolled in the direct deposit feature.

All employees employed who are receiving their pay by paper warrant (check) shall be required to enroll in the direct deposit feature by completing the appropriate enrollment form. The deadline for enrolling is June 30, 2012.

As a condition of employment, all newly hired or rehired employees on or after July 1, 2012 shall be required to enroll in the direct deposit feature within thirty (30) days of hire or rehire. Any such employee who does not complete the appropriate direct deposit enrollment form within 30 days of hire or rehire, and who is not granted an exemption as provided for herein, may be subject to dismissal.

All payroll related payments shall be made in accordance with any state and federal regulations which requires the delivery of payment to the legally designated recipient by United States mail or its equivalent, including electronic funds transfer.

An employee may be exempted from participating in the direct deposit feature if he/she does not have an account at an eligible financial institution, and further provides evidence that he/she cannot obtain an account at an eligible financial institution.

In his/her role of prescribing the manner in which agencies make disbursements, the Superintendent or designee has exclusive authority to grant any exemption from the direct deposit requirement. A personal exemption may only be granted for the reason stated above (i.e., unable to acquire an account at a financial institution) or other specific situation that the Superintendent or designee may deem to be an extreme hardship. An employee desiring to request an exemption from the direct deposit requirement shall do so by submitting such request in writing to the Superintendent or designee.

For those employees who are granted an exemption, the Superintendent or designee may secure and offer other payment methods as options, other than paper check, when such options may become available.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDIT)

EMPLOYER: ATHENS-MEIGS ESC

Employer ID Num: 31-1599475

I (We) hereby authorize the Athens-Meigs Educational Service Center to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

| Institution Name | Transit/ABA Number (*) | Account Number | % of Pay or Fixed Amt. (@) | |
|------------------|---------------------------|-------------------|-------------------------------|--|
| 1. _____ | _____ | _____ | _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 2. _____ | _____ | _____ | _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 3. _____ | _____ | _____ | _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

This authority is to remain in force until EMPLOYER has received written notification from me (or either of us) of its termination in such timely manner as to afford EMPLOYER and Financial Institution a reasonable opportunity to act on it.

EMPLOYEE NAME (Please Print) _____ SSN _____ DATE _____ E-MAIL ADDRESS _____

SIGNATURE (Employee) _____ DATE _____
 SIGNATURE (IF JOINT ACCOUNT) _____ DATE _____

PLEASE ATTACH A VOIDED CHECK TO THIS FORM
 (To verify transit and account numbers)

(*) = This is the nine digit number that appears on the bottom left of a check or deposit slip.
 This is where you designate a percentage of pay or fixed amount. If using percentages, the percentages are applied to different accounts.
 (@) = Must equal 100% when the form is completed.