



*A Recognized School District*

**IMPORTANT:**

When completing your new hire forms, you must use the name that is printed on your Social Security Card.



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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



*Employer Completes Next Page*





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

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Alief I.S.D.	
Employer's Business or Organization Address (Street Number and Name) P.O. Box 68		City or Town Alief	State TX	ZIP Code 77411

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# Form W-4 (2019)

**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](http://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 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 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 2019 expires February 17, 2020. 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 2019 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](http://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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://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](http://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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <h1 style="margin:0;">2019</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold 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 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		
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 ( <b>Employer:</b> 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)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	_____
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>	<b>D</b>	_____
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	_____
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	_____
<b>G</b>	<p><b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .</p>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
  - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

<b>Table 1</b>				<b>Table 2</b>			
<b>Married Filing Jointly</b>		<b>All Others</b>		<b>Married Filing Jointly</b>		<b>All Others</b>	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.



# ALIEF INDEPENDENT SCHOOL DISTRICT INFORMATION FORM

PLEASE PRINT

SSN \_\_\_\_\_ DEPT/CAMPUS ASSIGNMENT \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX  M  F MARRIED  SINGLE

ETHNICITY INFORMATION: (Use a circle or check to mark only one)

<b>IND</b>	<b>American Indian or Alaskan Native:</b> A person having origins in any of the original peoples of North America and who maintains cultural identification through affiliation of community recognition.
<b>ASN</b>	<b>Asian or Pacific Islander:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, Polynesian Islands, Micronesian Islands, Melanesian Islands, or Philippine Islands.
<b>BLK</b>	<b>Black, not of Hispanic origin:</b> A non-Hispanic person having origins in any of the Black racial groups of Africa.
<b>HIS</b>	<b>Hispanic:</b> A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<b>WHT</b>	<b>White, not of Hispanic origin:</b> A non-Hispanic person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

U.S. CITIZEN YES  NO  If no, type of VISA \_\_\_\_\_ Entry Date \_\_\_\_\_

Alien registration number \_\_\_\_\_ VISA Number \_\_\_\_\_ Expires \_\_\_\_\_

POSITION HIRED FOR \_\_\_\_\_ SUBJECT/GRADE LEVEL \_\_\_\_\_

DO YOU HAVE THE APPROPRIATE CERTIFICATION/LICENSE FOR THIS ASSIGNMENT? YES  NO

IF NOT, BRIEFLY EXPLAIN \_\_\_\_\_

HAVE YOU TAKEN AND PASSED ALL TEXAS CERTIFICATION EXAMS? YES  NO

IF NOT, WHAT DO YOU STILL NEED TO TAKE/PASS? \_\_\_\_\_

HIGHEST DEGREE HELD \_\_\_\_\_ RECEIVED FROM \_\_\_\_\_ YEAR \_\_\_\_\_  
Ba, Ma, or Phd University or College

**I hereby declare that the information provided is complete and true. I understand that any misrepresentation or falsification shall be sufficient cause for termination of employment.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

# ALIEF INDEPENDENT SCHOOL DISTRICT

## Public Access to Employment Record Information

As an Alief I.S.D employee, I understand that some information from my employee records must be made available to the public under the Public Information Act. However, I understand that I may limit public access to certain personal information.

According to Section 522.024 (a) of the Public Information Act, "An employee hired by a governmental body, and each official of the government body, shall choose whether or not to allow public access to the information in the custody of the governmental body relating to the official's or employee's home address and home telephone number. Also, if during the course of the employment or term of office the employee or official wishes to close or open public access to the information, that individual may request in writing that the main personnel officer of the governmental body close or open access, as the case may be, to the information.

**Indicate whether you wish this information to be released by checking or initializing the appropriate box below.** Failure to complete either box below indicates that you have no objection to having this information released.

My home address, home telephone number (including former home addresses and telephone numbers), social security number, and any information that reveals whether I have family members <b>CAN BE GIVEN</b> to the public_____
---

My home address, home telephone number (including former home addresses and telephone numbers), social security number, and any information that reveals whether I have family members <b>CANNOT BE GIVEN</b> to the public_____
--

Full Name (Please print)\_\_\_\_\_

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

## Alief Independent School District

Dear Candidate:

I am writing to inform to you about new guidelines from the U.S. Department of Education (USDE) regarding the collection of data on race and ethnicity for public school students and staff.

The USDE requires all state and local education institutions to collect information on ethnicity and race for students and staff. This information is used for state and federal accountability reporting, as well as for reporting to the Office of Civil Rights (CR) and the Equal Employment Opportunity Commission (EEOC).

The federal government has developed a new standard for collecting and reporting this data in order to provide a more accurate picture of the nation's ethnic and racial diversity. These reporting categories were used in the 2000 Census. One of the major changes is the recognition that members of Hispanic populations can be of different races. The federal government would like to afford Hispanic/Latino populations the opportunity to better describe themselves according to their culture and heritage.

The new standard enables individuals to be identified in both ethnic and racial classifications and in more than one racial category if applicable. In the past, individuals could only select one category.

Texas schools will adopt the new standard in the 2009-2010 school year. As a result, you are being asked to provide your race and ethnicity information.

On the reverse side of this letter is the standard form required by the Texas Education Agency for collecting this information. Please complete the form and return it with your other documents.

If you do not respond, please be aware that the USDE requires the school district to employ observer identification as a last resort for federal reporting.

Sincerely,  
Alief ISD Human Resources

**Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The USDE requires all state and local education institutions to collect information on ethnicity and race for students and staff. This information is used for state and federal accountability reporting, as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires the school district to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)**

- Hispanic/Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

**Part 2. Race: What is a person's race? (Choose one or more)**

- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

# Information Signature Sheet

I can view/access the current Alief ISD Employee Handbook containing the information listed below at [www.aliefisd.net](http://www.aliefisd.net) >Employment > Human Resources > Employee/Substitute Resources > Employee Handbook

- School Calendar
- Information Sheet: Human Resources Department Staff listing and services
- District Policies/Information
  - Sexual Harassment
  - Worker's Compensation Information
  - Drug Free Policy
  - Acceptable Use Policy for Email and Internet
  - Grievances
- Leave Information
- Child Transfer Information

I have also received a copy of the job description

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Campus/Department Assignment

## Alief ISD New Teacher Survey

Welcome to the Alief Independent School District, one of the most diverse and progressive school districts in the state!

Please take a few moments to provide the information requested. The data collected will provide valuable information that will help us refine our recruitment efforts.

\_\_\_\_\_  
*Last name*                      *First*                      *Middle Initial*                      *Social Security Number*

\_\_\_\_\_  
*Teaching Assignment*                      *Campus*                      *Date*

Teaching Experience (**check one**):

0 to 3 years                       12 to 15 years                       24 to 27 years  
 4 to 7 years                       16 to 19 years                       28 to 31 years  
 8 to 11 years                       20 to 23 years                       32+ years

If an experienced teacher, please indicate the district where you worked previously:

Cy-Fair ISD                       Katy ISD                       Stafford ISD  
 Ft Bend ISD                       Lamar Cons. ISD                      Other \_\_\_\_\_  
 Houston ISD                       Spring Branch ISD

Indicate the primary reason for seeking employment in Alief ISD (check one; or rank multiple reasons in order using 1, 2, 3, etc.):

Salary                       Close to home                       Reputation of district  
 Benefits                       Instructional Program                       Staff morale

List the **colleges/universities** you attended:

Bachelors Degree \_\_\_\_\_ Other Degree \_\_\_\_\_ Other Degree \_\_\_\_\_

If applicable, select the Alternative Certification Program you completed:

A + Texas Teachers                       Prairie View A&M University                       University of St. Thomas  
 ACT-Houston                       Region IV                       Web-Centric  
 Houston Baptist University                       Texas Southern University                       Yes Prep Public Schools Inc  
 Lone Star College                       University of Houston                      Other \_\_\_\_\_

Recruitment:

I learned about Alief ISD, or was recruited to Alief ISD from (**MARK ALL THAT APPLY**):

University/other entity job fair – Name of university/entity: \_\_\_\_\_

Alief ISD job fair

Alief ISD website

Advertisement in a newspaper, job search handbook, or on the Internet

I was a former Alief ISD employee (teacher, substitute, paraprofessional, part-time temporary, etc)

Alief ISD Student Teacher

Teach4Houston.org

Referred by a current Alief ISD employee (may be eligible for referral fee)

Name of Alief employee \_\_\_\_\_

Alief employee's work location \_\_\_\_\_



Dear Alief ISD Employee,

Effective September 1, 2015, Alief ISD will implement a new provider panel for its self-funded Workers' Compensation Program. This panel was created under Chapter 791 of the Texas Government Code (the Interlocal Cooperation Act) and Section 504.053 of the Texas Labor Code (504 Medical Care Program) and is referred to as My Texas Direct. Upon implementation, it will require employees with an on-the-job injury or illness to use a medical provider from the approved My Texas Direct provider list. **FAILURE TO USE A MY TEXAS DIRECT MEDICAL PROVIDER MAY RESULT IN THE NON-COVERAGE OF EXPENSES FOR JOB RELATED INJURIES!**

My Texas Direct is designed to provide employees with quality, efficient and effective medical care for on-the-job injuries or illnesses while returning the employee to work as soon as it is medically prudent to do so.

In the event that the injured employee feels they need medical care, the employee **MUST** seek initial treatment for their on-the-job injury or illness from an approved primary care provider from the My Texas Direct provider list unless the injury or illness is an emergency. A medical emergency is defined as the sudden onset of acute symptoms of sufficient severity that they necessitate immediate medical attention. Examples could include severe pain, serious dysfunction of any body organ or part or a mental health condition that could reasonably be expected to present a danger to the employee or others. School Nurses and Secretaries will have a copy of the list of providers. Employees may also access the list at [www.MyTexasDirect.com](http://www.MyTexasDirect.com) or by calling My Texas Direct at 1-800-734-4460.

If a specialist is necessary, the primary care provider will make a referral to a specialist from My Texas Direct provider list. If an employee does not go to an approved primary medical care provider, he or she may be responsible for the payment of services rendered.

York Risk Services Group will continue to serve as Alief ISD's third party claims administrator. After the occurrence of an on-the-job injury or illness the employee will be contacted by both a York Claims Adjuster and a Case Manager; in order to provide the best opportunity for treatment and return to work, please assist those professionals in managing your care.

Please sign the Acknowledgement Form and return to your Human Resources Application Specialist.

If you have questions, please contact Tracy Debardeleben, the Workers' Compensation Manager by email at [Tracy.Debardeleben@aliefisd.net](mailto:Tracy.Debardeleben@aliefisd.net) or by telephone at (281) 988-3630.

Thank you,

Ida Wall  
Director of Risk Management



**WORKERS' COMPENSATION 504 MEDICAL CARE PROGRAM**  
**ACKNOWLEDGEMENT FORM**

I have received communication that informs me how to get health care under Alief ISD's self-funded Workers' Compensation 504 Medical Care Program, My Texas Direct, for my on-the-job injury or illness. If I sustain an on-the-job injury or illness I understand that:

1. All medical services, other than emergency care, must be provided by an approved primary care medical provider. A list of the approved primary care medical providers has been made available to me. I can access the provider list at the Nurse's Office, Secretary's Office, by going online to [www.MyTexasDirect.com](http://www.MyTexasDirect.com) or by calling 1-800-734-4460.
2. I must go to the primary medical care provider that I select for all medical care from the approved list for my on-the-job injury or illness. If a specialist is necessary, my primary care medical provider will refer me to a specialist from the approved list.
3. If I need emergency care, I may go anywhere to be treated. A medical emergency is defined as the sudden onset of acute symptoms of sufficient severity that they necessitate immediate medical attention. Examples could include severe pain, serious dysfunction of any body organ or part or a mental health condition that could reasonably be expected to present a danger to the employee or others.
4. Once the emergency has passed, I will need to select a primary medical care provider from the approved provider list for all subsequent medical care.
5. All compensable costs related to my claim will be paid for under the Alief ISD self-funded Workers' Compensation Program as long as I am receiving treatment from an approved provider from the My Texas Direct provider panel.
6. **If I use a medical care provider who is not approved under the My Texas Direct provider panel, I understand that I may be responsible for payment of medical services rendered.**

---

Signature

Date Signed

---

Employee Name (PLEASE PRINT)

Employee ID# or SSN

If you have questions or need assistance, please contact Tracy Debardelaben, Manager of Workers' Compensation by email at [Tracy.Debardelaben@aliefisd.net](mailto:Tracy.Debardelaben@aliefisd.net) or by telephone at (281) 988-3630.



## ALIEF I. S. D. WORKERS' COMPENSATION COVERAGE NEW EMPLOYEE NOTIFICATION

Alief ISD has purchased Workers' Compensation coverage to protect you. Our Third Party Administrator is York Risk Services Group. You can get more information about your Workers' Compensation Rights from any office of the Division of Workers' Compensation, or by calling 1-800-252-7031.

### REPORTING INFORMATION WORKPLACE SAFETY VIOLATION

The Division of Workers' Compensation established a 24 hour toll-free telephone number for reporting unsafe conditions in the workplace that may violate occupational health and safety laws. Alief ISD is prohibited by law from suspending, termination or discriminating against any employee who in good faith reports an alleged occupational health or safety violation. Contact the Division of Workers' Health & Safety, Division of Workers' Compensation at 1-800-452-9595.

### NOTICE TO NEW EMPLOYEES

You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income or medical benefits if you are injured.

### OMBUDSMAN PROGRAM

The Ombudsman Program is a free service of the Division of Workers' Compensation, the state agency which monitors workers' compensation claims. The Ombudsman is a person who will help individuals understand how the system works. If you have questions or need assistance from the Division of Workers' Compensation Ombudsman Program, please contact the Ombudsman at the field office nearest you or call this toll-free number 1-800-252-7031.

### REPORTING PROCEDURES

**Employees shall report ALL injuries at work immediately to their supervisor and fill out an accident report with the school nurse.**

Benefits may not be paid for an injury reported 30 days after the date of injury. The supervisor or nurse will complete the Employers' First Report of Injury and submit the report to Risk Management for immediate notification to York R.S.G. Coverage will be in accordance to the Workers' Compensation Law. Under current law, compensation is NOT paid for the first seven calendar days unless the employee is absent for more than two weeks due to the injury. Contact the Alief ISD Risk Management Department at X3630 for further information.

### FRAUD

Workers' compensation fraud costs Texans millions of dollars each year in higher prices for goods and services, insurance premiums, and medical care. Please report workers' compensation fraud by calling the Fraud Hotline at 1-888-327-8818.

Employment Questionnaire for TRS

2018-19

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

ID: \_\_\_\_\_

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

Department/Campus: \_\_\_\_\_

1. Is the employment Student Employment? This category only applies to student of AISD.

- NO
- YES

**If yes, what school does this employee attend:** \_\_\_\_\_

2. Is the employee a TRS retiree?

- NO
- YES

**If yes, what is the retiree's retirement date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

3. Is the employee entitled to group benefit coverage under ERS/UT/A&M?

- NO
- YES

If yes, employee/employer will not pay TRS Care contribution

4. In the 2018-19 school year, has the employee/contractor worked in a TRS eligible position at another school district and earned a TRS creditable year of service for the current school year?

- NO
- YES

If yes, list school district: \_\_\_\_\_

position: \_\_\_\_\_

dates worked: \_\_\_\_\_