

The School Board of Miami-Dade County Florida, adheres to a policy of nondiscrimination in employment and educational programs/activities and programs/activities receiving Federal financial assistance from the Department of Education, and strives affirmatively to provide equal opportunity for all as required by:

**Title VI of the Civil Rights Act of 1964** - prohibits discrimination on the basis of race, color, religion, or national origin.

**Title VII of the Civil Rights Act of 1964**, as amended - prohibits discrimination in employment on the basis of race, color, religion, gender, or national origin.

**Title IX of the Education Amendments of 1972** -prohibits discrimination on the basis of gender.

**Age Discrimination in Employment Act of 1967 (ADEA)**, as amended - prohibits discrimination on the basis of age with respect to individuals who are at least 40.

**The Equal Pay Act of 1963, as amended** - prohibits sex discrimination in payment of wages to women and men performing substantially equal work in the same establishment.

**Section 504 of the Rehabilitation Act of 1973** - prohibits discrimination against the disabled.

**Americans with Disabilities Act of 1990 (ADA)** - prohibits discrimination against individuals with disabilities in employment, public service, public accommodations and telecommunications.

**The Family and Medical Leave Act of 1993 (FMLA)** - requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to "eligible" employees for certain family and medical reasons.

**The Pregnancy Discrimination Act of 1978** - prohibits discrimination in employment on the basis of pregnancy, childbirth, or related medical conditions.

**Florida Educational Equity Act (FEEA)** - prohibits discrimination on the basis of race, gender, national origin, marital status, or handicap against a student or employee.

**Florida Civil Rights Act of 1992** -secures for all individuals within the state freedom from discrimination because of race, color, religion, sex, national origin, age, handicap, or marital status.

**School Board Rules 6Gx13- 4A-1.01, 6Gx13-4A-1.32, and 6Gx13-5D-1.10** - prohibit, harassment and/or discrimination against a student or employee on the basis of gender, race, color, religion, ethnic or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, pregnancy, or disability.

Veterans are provided re-employment rights in accordance with P.L. 93-508 (Federal Law) and Section 295.07 (Florida Statutes), which stipulate categorical preferences for employment.



**6. EMPLOYMENT RECORD - List most recent employment first.**

POSITION	DATES		FIRM/ORGANIZATION	ADDRESS OF EMPLOYER	TOTAL EMPLOYMENT YEARS
	FROM	TO			

Have you ever been employed by Miami-Dade County Public Schools?  Yes  No

If yes, When? \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employee No.: \_\_\_\_\_ Under what name? \_\_\_\_\_

**EMPLOYMENT HISTORY**

District Procedures prohibits the direct supervision of an employee by a relative. Are you related to any person now employed by Miami-Dade County Public Schools?

Yes  No  If yes, write the name of relative(s), relationship, and work location. (Attach a list, as necessary)

RELATIVE'S NAME	RELATIONSHIP	WORK LOCATION

**7. EDUCATION**

NAME OF SCHOOL AND LOCATION	DATES ATTENDED		LAST GRADE COMPLETED	MAJOR SUBJECTS
	FROM	TO		

**8. List machines, equipment and other duties which you have had either training and/or experience.**

EQUIPMENT AND/OR DUTIES	TRAINING	EXPERIENCE	EQUIPMENT AND OR DUTIES	TRAINING	EXPERIENCE

**9. PERSONAL REFERENCES**

NAME AND TITLE	STREET ADDRESS			TELEPHONE (AREA CODE) NUMBER
	CITY	STATE	ZIP	

**10. FOR APPLICATION FOR NON-INSTRUCTIONAL POSITION**

I am aware and understand that Miami-Dade County Public Schools adheres to numerous policies and procedures which would include but are not limited to:

- Fingerprinting of all employees upon application and employment (Board Rule 6Gx13-4C-1.021 and Florida Statute 1012.32)
- Equal Opportunity Employment and Assignment Board Rule 6Gx13-4A-1.01
- Miami-Dade County Public Schools Drug-Free Work Place Policy
- Drug Screening Requirement
- Tobacco-Free Work Place Policy

• I declare that if I am employed by the School Board of Miami-Dade County, Florida, and am a recipient of public funds as such an employee, I do hereby solemnly swear or affirm that I will support the Constitution of the United States of America and the State of Florida.

• I agree that any omissions or false statements anywhere in this application will constitute reason for dismissal. I also understand that unless this application is completed in detail, it will not be considered.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

RETURN COMPLETED APPLICATION TO:

**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
OFFICE OF HUMAN RESOURCES  
OFFICE OF NON-INSTRUCTIONAL STAFFING  
1500 BISCAYNE BOULEVARD, SUITE 140  
MIAMI, FLORIDA 33132**

## Board Rules for M-DCPS Staff

The Office of Human Resources values the important role instructional and support personnel provides to the educational environment. It seeks to attract and retain highly qualified individuals who are motivated and can perform the complex tasks required to foster excellence in a community of learners, while exhibiting the highest degree of professionalism, integrity, and ethical behaviors. To this end, all our applicants are required to familiarize themselves with the following School Board Rules and employment expectations (listed in numerical order):

Politics - Participation of Staff	6Gx13- <u>1C-1.06</u>
Gifts to School Personnel	6Gx13- <u>1C-1.08</u>
General Personnel Policy Statement	6Gx13- <u>4-1.01</u>
Drug-Free Workplace General Policy Statement	6Gx13- <u>4-1.05</u>
Tabacco - Free Work Places	6Gx13- <u>4-1.06</u>
Violence in the Workplace	6Gx13- <u>4-1.08</u>
Employee - Student Relationships	6Gx13- <u>4-1.09</u>
Equal Opportunity Employment and Assignment	6Gx13- <u>4A-1.01</u>
Assignment - Members of Same Family	6Gx13- <u>4A-1.18</u>
Responsibilities and Duties	6Gx13- <u>4A-1.21</u>
Conflict of Interest	6Gx13- <u>4A-1.212</u>
Code of Ethics	6Gx13- <u>4A-1.213</u>
Separation - Dismissal or Suspension - All Personnel	6Gx13- <u>4A-1.302</u>
Discrimination/Harassment: Complaint Procedures for Employees	6Gx13- <u>4A-1.32</u>
Fingerprinting of All Employees	6Gx13- <u>4C-1.021</u>
Compliance with Copyright Laws and "Fair Use" Guidelines	6Gx13- <u>4C-1.063</u>
Employment - Nonschool	6Gx13- <u>4C-1.17</u>
Nonschool Employment	6Gx13- <u>4C-1.18</u>
Absences and Leaves	6Gx13- <u>4E-1.01</u>
Corporal Punishment-Prohibited	6Gx13- <u>5D-1.07</u>
Acceptable Use Police for the Exploration and Utilization of the Internet as a Tool for Learning	6Gx13- <u>6A-1.112</u>

### M-DCPS Board Rules Specific to Non-Instructional Staff

Non-School Employment - Non-Instructional Employees	6Gx13- <u>4C1.171</u>
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\*\* A full listing and description of all School Board Rules may be accessed at <http://www.dadeschools.net/board/rules/>



## MIAMI-DADE COUNTY PUBLIC SCHOOLS NON-INSTRUCTIONAL STAFFING

### RESTRICTED PERSONAL DATA

**INSTRUCTIONS: Please type or print:**

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.
ADDRESS			TELEPHONE NO.
		(CITY)	(STATE) (ZIP)
DATE OF BIRTH (MM/DD/YY)	(PLACE OF BIRTH (CITY, STATE, COUNTRY))		GENDER

POSITION DESIRED: \_\_\_\_\_

**Please be advised that your fingerprints shall be used by the Florida Department of Law Enforcement and the Federal Bureau of Investigation (FBI) to check for a criminal history. The omission, partial disclosure, or falsification of any criminal information, misdemeanor or felony information is a cause for dismissal from employment or disqualification from consideration for employment. Employment offers, if any, are conditional until the results of the fingerprint process have been finalized.**

- Yes  No  Are criminal charges other than minor traffic violations currently pending against you? (DUI is not a minor traffic violation.)
- Yes  No  Have you ever pled guilty to a criminal offense?
- Yes  No  Have you ever been convicted in a criminal proceeding?
- Yes  No  Have you ever been fined as a result of a criminal action?
- Yes  No  Have you ever pled "no contest" and/or nolo contendere in a criminal proceeding?
- Yes  No  Have you ever been placed on probation for a criminal offense?
- Yes  No  Have you ever had "adjudication withheld" (withholding of guilt or innocence by a judge) in a criminal proceeding?
- Yes  No  Have you ever failed to appear in court and thereby forfeited bond in a criminal proceeding?
- Yes  No  Have you ever had a criminal court proceeding record sealed or expunged?
- Yes  No  Have you ever participated in any type of pre-trial intervention/diversion program?
- Yes  No  Have you ever been imprisoned or jailed?
- Yes  No  Have you or your attorney ever negotiated with a prosecutor to have charges reduced/dismissed or not prosecuted?
- Yes  No  Have you ever been told by a lawyer or judge that you need not disclose a criminal proceeding filed against you?

**If you answered YES to any of the above questions, you must provide an original/certified copy of the arrest form and the final court disposition(s) for each charge (attach a list, as necessary) attached to this form.**

City Where Arrested/Charged	State	Date of Arrest(s)/Charge	Charge(s)	Disposition(s)

**RACE/ETHNIC INFORMATION (CHECK ONE ONLY)**

(See definitions below)

WHITE  
 BLACK, NON-HISPANIC

HISPANIC  
 ASIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE

In order to comply with federal guidelines, accurate information must be maintained on each employee and student as regards to GENDER and RACIAL/ETHNIC classification.

**RACIAL/ETHNIC CATEGORY DEFINITION**

White (Not of Hispanic Origin)	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black (Not of Hispanic Origin)	A person having origins in any of the Black racial groups of Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander	A person having origins in any of the original peoples of Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
American Indian/Alaskan Native	A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Are you eligible for Veterans' Preference?  Yes  No

If yes, please note that it is your responsibility to request from, and submit to our office, Veterans' Preference forms and all required proof of eligibility.

Permission is hereby given to any agency of the government of the United States of America, and/or any other agency, person, firm or corporation holding records considered confidential to furnish the Miami-Dade Schools Police all information desired involving me in any way, upon request. Such records, I understand, may include reasons for termination of employment, reason for discharge from military service, criminal history, on the job performance, educational records, and any other information which may not otherwise be obtained without prior agreement. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me, to supply such information to the Miami-Dade Schools Police.

I certify that the above entries are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any omission and/or false statement on this form may result in immediate dismissal from employment.

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

*Do not write below this line (for office use only)*

**PLEASE RETURN THIS FORM TO:**

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

W. Loc#: \_\_\_\_\_ Room #: \_\_\_\_\_

**APPROVED**

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

**NOT APPROVED**

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

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____			
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____			
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____			
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}				

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
1 Type or print 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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, 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 . . . . . ▶		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 (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_

**10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

## **Employment Standards – Hiring Guidelines**

Criminal Records Including Guilty Pleas (Regardless of Adjudication) No Contest Pleas, Pre-trial Intervention/Diversion  
*This is not intended to be a complete list of all qualifying criminal offenses.*

---

### **I. Miami-Dade County Public Schools (M-DCPS) will not consider hiring (List A):**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>•Adult abuse, neglect or exploitation of aged persons or disabled adults</li><li>•Aggravated Assault</li><li>•Assault if the victim was a minor</li><li>•Aggravated Battery</li><li>•Arson</li><li>•Battery, if the victim was a minor</li><li>•Child Abuse or Child Neglect</li><li>•Contributing to the Delinquency or Dependency of a Child</li><li>•Currently has a pending case for conduct appearing on List A or List B</li><li>•Currently has a pending case for Driving Under the Influence of alcohol (DUI)</li><li>•Domestic Violence (felony)</li><li>•Exhibiting a Firearm or Weapon within 1,000 feet of a school</li><li>•Extortion</li><li>•Incest</li><li>•Indecent Exposure</li></ul> | <ul style="list-style-type: none"><li>•Kidnapping/False Imprisonment</li><li>•Killing of an unborn child by injury to the mother</li><li>•Lewd and Lascivious Behavior</li><li>•Manslaughter</li><li>•Murder</li><li>•Pornography (Distribute or possess to sell obscene material)</li><li>•Prostitution/Solicitation of Prostitution</li><li>•Removing Children from the State or Concealing Children contrary to Court Order</li><li>•Resisting Arrest with violence</li><li>•Robbery</li><li>•Sexual Assault/Sexual Battery</li><li>•Sexual Performance by a Child</li><li>•Vehicular Homicide</li><li>•Felony Battery/Assault</li><li>•Felony Drug Possession, Sale or Distribution</li><li>•Grand Larceny</li><li>•Grand Theft</li></ul> |
|---|---|

### **II. M-DCPS will not consider hiring if offenses are less than 10 years old:**

Will consider and carefully review if older than 10 years (List B):

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>•Burglary</li><li>•Counterfeiting</li><li>•Forgery</li><li>•Fraud</li></ul> | <ul style="list-style-type: none"><li>•Possession of a Concealed Weapon (felony)</li><li>•Sale of Alcohol to a Minor</li><li>•Welfare/Unemployment/Workers' Compensation Fraud</li></ul> |
|---|--|

### **III. M-DCPS will not consider hiring if offenses are less than 5 years old:**

Will consider and carefully review if over 5 years (List C):

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>•Battery/Assault</li><li>•Drug and/or Paraphernalia (misdemeanor)</li></ul> | <ul style="list-style-type: none"><li>•Possession of a Concealed Weapon (misdemeanor)</li></ul> |
|---|---|

### **IV. M-DCPS will conduct a case-by-case review of specific circumstances (List D):**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>•Currently on probation for conduct listed on List B or List C (no statute)</li><li>•Disorderly Conduct</li><li>•Domestic Violence</li><li>•Driving Under the Influence/Driving while Intoxicated</li><li>•Loitering</li><li>•Multiple Arrests (no statute)</li></ul> | <ul style="list-style-type: none"><li>•Other Criminal Traffic Offenses (various statutes)</li><li>•Petty Theft/Larceny/Theft to Deprive/Retail Theft</li><li>•Shoplifting</li><li>•Resisting Arrest without Violence</li><li>•Trespassing</li><li>•Worthless Checks</li></ul> |
|---|---|

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In addition to the above, Miami-Dade County Public Schools **will not consider** applicants seeking employment with the Miami-Dade Schools Police Dept. who have received a dishonorable discharge from any of the Armed Forces of the United States, or with a conviction, or its equivalent, of a misdemeanor involving perjury, or a false statement.

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***I HAVE READ AND UNDERSTAND THE ABOVE:***



\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Revised 9/25/07*

# Florida Retirement System (FRS) - New Employee Certification Form

This is **not** an enrollment form. An FRS Retirement Choice kit will be mailed to your home with an enrollment form.

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

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

Previous FRS Employer \_\_\_\_\_

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

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

**STOP HERE**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**II.** Indicate your previous State of Florida administered retirement plan **and** complete Section III or IV.

FRS Pension Plan (incl. DROP)

TRS

Other<sup>1</sup>

FRS Investment Plan

SCOERS

**III.** I am **not retired**<sup>2</sup> from any State of Florida administered retirement plan nor have I concluded participation in the Deferred Retirement Option Program (DROP) within the past 12 months or received my first distribution or rollover from the FRS Investment Plan within the last 6 calendar months. I understand that if it is later determined that I have violated the termination or reemployment provisions of the FRS, I **must repay** any benefits received. **My employer may also be liable for repaying any benefits I have received.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**IV.** I am **retired**<sup>2</sup> from the Florida Retirement System. The effective date of my retirement or conclusion of DROP from the Pension Plan, or first distribution from the FRS Investment Plan was \_\_\_\_\_.

**I understand that as a Pension Plan retiree**<sup>2</sup>:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) during the **first calendar month** after I retired or ended my participation in DROP, my retirement and DROP status are voided, all retirement and DROP benefits I received **must be repaid**<sup>3</sup>, and I must reapply for retirement benefits before my retirement will be effective.

b. If I am reemployed at any time during the 2nd through the 12th months after my retirement or conclusion of DROP, my monthly retirement benefit **must be suspended**<sup>3</sup> during these months of my retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

**I understand that as an Investment Plan retiree**<sup>2</sup>:

a. If I am employed by an FRS employer in any type of position (OPS, temporary, seasonal, part-time, full-time, or regularly established position) during the **first 6 calendar months** after I retired, I **must repay**<sup>3</sup> any benefits received or terminate employment for an additional period to satisfy the 6 calendar month termination requirement.

b. If I am reemployed at any time during the 7th through the 12th months after my retirement, I will not be eligible for additional Investment Plan distributions<sup>3</sup> until I terminate employment or complete 12 calendar months of retirement, unless I am eligible for one of the reemployment exemptions/exceptions provided by law.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

<sup>1</sup>If you are not retired and earned FRS service after certain periods in 2002 (depending on your employer), you must rejoin the FRS retirement plan you were enrolled in when you terminated FRS-covered employment. You may have a one-time 2<sup>nd</sup> Election to switch FRS retirement plans. Also, non-FRS plans are available to certain State University (i.e., SUSORP), Community College (i.e., CCORP) and State Senior Management Class (i.e., SMSOAP) employees. Contact your employer for deadline and other information.

<sup>2</sup>You are retired if you are receiving monthly benefits under the FRS Pension Plan or have taken any distribution (including a rollover) under the FRS Investment Plan or optional non-FRS plans (e.g. CCORP, SUSORP, or SMSOAP).

<sup>3</sup>The Division of Retirement and the Investment Plan Administrator have the right to request a return of distributions received in violation of the reemployment provisions.