



Colchester School District

Administrative Offices, 59 Rathe Rd, PO Box 27, Colchester, Vermont 05446

Phone: (802) 264-5999 • www.csdvt.org • Fax: (802) 318-4669

Name: _____ Telephone No.: _____

Mailing Address: _____

E-Mail Address: _____

Check the position(s) you would like to substitute: _____ Teacher _____ Support Staff _____ Nurse*

**Attach copy of nursing license.*

If support staff, check area of interest(s):

_____ Clerical _____ Paraeducator _____ Food Service _____ Custodial/Maintenance

If teacher, list subject preference: _____

Do you presently hold a teaching license? _____ Yes* _____ No (*If yes, please attach a copy of the license.)

School Preference: (please check)

Colchester High School (Grades 9-12) _____

Colchester Middle School (Grades 6-8) _____

Malletts Bay School (Grades 3-5) _____

Porters Point School (Grades K-2) _____

Preschool at Malletts Bay School _____

Union Memorial School (Grades K-2) _____

Weekly Availability: (please check)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

EDUCATION AND TRAINING

	Address of School	No. of years attended	Did you graduate?	Degree/Subject(s) Studied
High School(s)				
College(s)				
Other				

Additional training, skills, and/or qualifications you would like us to consider:

NOTE: Your name will be placed on our substitute list only after all necessary forms/reference checks have been completed and the district approves your application.

(over)

Amy Minor
Superintendent
of Schools

George Trieb
Business & Operations
Manager

Carrie Lutz
Director of Student
Support Services

Jean Shea
Director of Instructional
Support Services

Gwendolyn Carmolli
Director of Curriculum
& Instruction

EMPLOYMENT HISTORY
(START WITH MOST RECENT EMPLOYER)

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

START DATE (mm/yy): _____ END DATE (mm/yy): _____

CURRENT POSITION: _____ CURRENT SALARY/RATE: _____

NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

START DATE (mm/yy): _____ END DATE (mm/yy): _____

CURRENT POSITION: _____ CURRENT SALARY/RATE: _____

NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____ TELEPHONE: _____

START DATE (mm/yy): _____ END DATE (mm/yy): _____

CURRENT POSITION: _____ CURRENT SALARY/RATE: _____

NAME OF SUPERVISOR: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

Please circle the appropriate response and provide details as requested.	
A "Yes" answer to one or more questions below does not necessarily eliminate you from employment consideration.	
Have you ever resigned from a prior position after a complaint had been received against you or your conduct was under investigation or review?	YES NO
Have you ever been disciplined, discharged, or asked to resign from a prior position?	YES NO
Has your contract in a prior position ever been non-renewed?	YES NO
Have you ever not been nominated for re-employment in a prior position or ever had your nomination for re-employment not be approved?	YES NO
Have you ever had a professional license or certificate suspended or revoked in any state, or have you ever voluntarily surrendered, temporarily or permanently, a professional license or certificate in any state?	YES NO
If you answered "YES" to any of the questions above, please fully explain the circumstances (continue on additional paper, if needed).	
<p>Vermont State Law requires criminal record background checks for all prospective district employees. The process involves obtaining fingerprints and filing a Request for Criminal Record Check authorizing a background investigation from the Vermont Criminal Information Center, FBI, and other states in which you lived and/or worked. It also reserves the right to conduct further employment investigations, which may include a review of motor vehicle records and interviews with previous employers. Responding positively will not necessarily exclude you from employment consideration.</p>	

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that all information given on this Application for Substituting and any attached résumé/document(s) is true and complete to the best of my knowledge. I further understand that should I falsify or intentionally omit information it may be grounds for termination should the District employ me. This application is neither a contract nor a guarantee of employment.

If employed, I also understand that although my employment may commence prior to the completion of the criminal/abuse record check process, continued employment with the District would be contingent upon satisfactory results.

I authorize investigation of all statements contained herein. I also give permission to the employers listed on my application/résumé and any other attachments to provide to you any and all information concerning my employment and any other pertinent information they may have. I agree to release all parties from all liability for any damage that may result from furnishing such information to you.

I understand that, if offered the position, I will be required to verify my employment eligibility as required by law, including the completion of an I-9 Form.

SIGNATURE: _____ DATE: _____

Colchester School District (CSD) is an Equal Opportunity Employer. Consistent with state and federal laws, CSD policy prohibits discrimination on the basis of race, color, ancestry, religion, gender, gender identity, age, marital or civil union status, national origin, sexual orientation, place of birth, citizenship, veteran status, disability, HIV Status, genetic information or any other protected class as defined and required by state or federal laws.



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SUBSTITUTE INFORMATION

Dear Substitute,

Thank you for your interest in becoming a substitute with the Colchester School District! In each of our schools, we have a daily need to replace teachers and support staff who are absent because of illness, personal business, or professional growth. Attracting well-qualified substitutes, supporting them as they get to know our schools, and calling them to return on a regular basis enables our district to deliver quality instructional programs to all students every day.

OUR PROGRAM: Colchester School District is committed to providing a rigorous, differentiated, and engaging learning environment for all of our students. Classrooms throughout the district follow grade level curriculum and assessments that are based on our state standards. This curriculum is then differentiated for students based to best meet student needs and encourage students to be engaged in learning.

All students with identified disabilities receive instructional support services. These services include: classroom accommodations, curriculum adaptations, individualized instruction, speech and language therapy, counseling, physical therapy, intensive academic/social support, consultation, individual tutoring, behavior management, psychological intervention, and referral to other specialists or programs outside our district. An Essential Early Education (EEE) program provides services to children aged 3-5 who demonstrate significant developmental delays. In addition, Colchester offers a Title I program in language arts and math in grades K-5, and an English as a Second Language (ESL) program to all eligible students.

OUR HIRING PROCESS: Applications for substitute teaching may be obtained and returned to our Administrative Office at 59 Rathe Road. A complete substitute packet must include: an Application for Substituting, Form W-4, Form I-9, VT Declaration of Health Care form, VT Human Services Agency background check, a criminal records check (which includes fingerprinting), and a current résumé (optional). Upon receipt of a COMPLETE application packet, an applicant's name is added to our sub list, which is disseminated to building principals. Substitutes are encouraged to visit the schools where s/he would like to work.

OUR SUBBING PROCESS: Substitutes may know in advance of assignments. Sometimes, sudden illness or an unexpected personal issue necessitates calling a sub quite early on the day needed.

When you arrive at school, report to the office to receive instructions for the day. Teachers are required to maintain a current substitute folder; so teacher substitutes should find things in good order. When you leave, we ask you to submit a report of the day. We hope you will tell the teacher and principal what the students accomplished and what, if anything, might have made your day better.

PAYROLL INFORMATION: **Short-term (daily) teacher substitutes** shall be defined as any substitute assignment that is 30 consecutive days or less for the same (or different) teacher absence. Short-term substitutes will be compensated \$135 per day.

Long-term teacher substitutes shall be defined as any substitute assignment that *exceeds 30 consecutive days for the same teacher absence*. Long-term substitute teachers will assume the duties of the teacher while he/she is on a leave. The long-term substitute **must hold a valid Vermont teaching license and endorsement to qualify**. The long-term substitute will be paid at a per diem rate based on the substitute's place on the salary scale up to BA Step 5. If the long-term substitute has been paid a daily rate while the employee's leave of absence was in process of approval, the long-term substitute will be compensated retroactively.

Amy Minor
Superintendent
of Schools

George Trieb
Business & Operations
Manager

Carrie Lutz
Director of Student
Support Services

Jean Shea
Director of Instructional
Support Services

Gwendolyn Carmolli
Director of Curriculum
& Instruction

Nurse substitutes shall be defined as any nurse substitute assignment that is 30 consecutive days or less for the same (or different) nurse absence. Nurse substitutes will be paid at the rate of \$250.00 per day. All nurse substitutes must be a licensed RN and provide a copy of licensure prior to substituting.

Support staff substitutes are paid according to the base rate of the position for which s/he is substituting. Support staff positions include paraeducators, interventionists, technology, non-instructional aides, bus/van drivers, clerical, administrative assistants, food service, maintenance, and custodial positions. Support staff substitute rates may be found on the Colchester website at www.csdvt.org under Staff & HR, Human Resources, Employment Opportunities.

Human Resource Office:

Michelle Berthiaume, HR Coordinator	264-5976	michelle.berthiaume@colchestersd.org
Jessica Phelan, HR Manager	264-5980	jessica.phelan@colchestersd.org

Payroll Office:

Heidi Echo, Payroll Specialist	264-5978	heidi.echo@colchestersd.org
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COLCHESTER SCHOOLS

Colchester High School
131 Laker Lane, P.O. Box 900
Colchester, VT 05446
Classes Start: 7:45 a.m. Dismissal 2:20 p.m.

Principal: Andrew Conforti
Grades 9-12
Phone 264-5700 Fax 264-5757

Colchester Middle School
425 Blakely Road, P.O. Box 30
Colchester, VT 05446
Classes Start: 7:25 a.m. Dismissal 2:10 p.m.

Principal: Michele Coté
Grades 6-8
Phone 264-5800 Fax 264-5858

Malletts Bay School
609 Blakely Road, P.O. Box 28
Colchester, VT 05446
Classes Start: 8:30 a.m. Dismissal 3:00 p.m.

Principal: Jordan Burke
Grades 3-5 & EEE Program
Phone 264-5900 Fax 264-5901

Union Memorial School
253 Main Street, P.O. Box 48
Colchester, VT 05446
Classes Start: 8:30 a.m. Dismissal 3:00 p.m.

Principal: Chris Antonicci
Grades K-2
Phone 264-5959 Fax 879-5350

Porters Point School
490 Porters Point Road, P.O. Box 32
Colchester, VT 05446
Classes Start: 8:15 a.m. Dismissal 2:45 p.m.

Principal: Carolyn Millham
Grades K-2
Phone 264-5920 Fax 862-6835

*Colchester School District is an Equal Opportunity Employer
and Maintains a Smoke-Free Environment*



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Employment Data Sheet

GENERAL INFORMATION:

Name:		Date of Birth:	
Address:			
Mailing Address:			
Phone:			
Social Security #:			

SPOUSE AND DEPENDENT INFORMATION:

Name:	Date of Birth:	Relationship:	Gender:
Name:	Date of Birth:	Relationship:	Gender:
Name:	Date of Birth:	Relationship:	Gender:
Name:	Date of Birth:	Relationship:	Gender:
Name:	Date of Birth:	Relationship:	Gender:
Name:	Date of Birth:	Relationship:	Gender:

EMERGENCY CONTACT:

Name: _____

Daytime Phone: () _____ Alternative Phone: () _____

Relationship: _____

OPTIONAL INFORMATION:

EEO Ethnic Code (circle one):

White Black Hispanic Asian (or Pacific Islander) American Indian (or Alaskan Native)

Gender (circle one):

Male Female

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse			
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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

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

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)	_____ Date	

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

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

Specific Instructions

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

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income 1 \$ _____
- 2 Enter: {
 - \$27,700 if you're married filing jointly or a qualifying surviving spouse
 - \$20,800 if you're head of household
 - \$13,850 if you're single or married filing separately
 } 2 \$ _____
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information 4 \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary												
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000	
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610	12,470
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460	14,320
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330	17,400
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850	19,050
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850	19,050
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140	19,740
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740	21,340
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340	23,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640	26,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880	33,280
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250	35,750

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Vermont Department of Taxes
Employee's Withholding Allowance Certificate - Form W-4VT

All Vermont employees should complete this form.
To be filed with your employer.

Last Name	First Name	Initial	Social Security Number
Filing Status - Check ONE			
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Union Filing Jointly	<input type="checkbox"/> Married/Civil Union Filing Separately	<input type="checkbox"/> Married, but withhold at higher single rate

Vermont Allowances Worksheet

1. Enter "1" for yourself if no one can claim you as a dependent. 1. _____
2. Enter "1" if you are filing jointly and your spouse does not work 2. _____
3. Enter the number of dependents you plan to claim on your tax return. If you file jointly, then only one of you should claim the dependents on your W-4VT 3. _____
4. Enter "1" if you plan to file as "head of household". 4. _____
5. Total number of Vermont allowances. (Add Lines 1 through 4 and enter total here.) 5. _____
6. Enter an additional amount, if any, you want withheld from each check. 6. _____

Exempt: If you had a right to a refund of all your Vermont income tax withheld last year because you had no tax liability and you also expect to have no liability this year, write "Exempt" here. _____

General Information

Form W-4VT is designed so that you can have as much "take-home pay" as possible without an income tax liability due to Vermont when you file your tax return. Each withholding allowance you claim on Line 5 above will reduce the amount of income you are taxed on and therefore the amount of Vermont income tax withheld each paycheck.

Here are some things to remember as you complete this form:

- Generally, dependents are children under 19 (or up to 24 if they are a full-time student) and any relatives who live with you and you support financially.
- If you and your spouse both claim your dependents on your respective W-4VTs, not enough income tax will be withheld, and you might end up with taxes due when you file. Only one spouse should claim the dependents.
- If you entered an additional amount to be withheld on the federal W-4, consider entering 30% of that amount on Line 6.
- If you have more than one employer, consider claiming zero allowances with the employer(s) where you earn less income.

Signature

I certify that I am entitled to the number of withholding allowances claimed on this certificate.	
_____ Employee's Signature	_____ Date

This form may be photocopied as needed.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

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

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

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

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

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Troesch, Lindsey - HR Coordinator				
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
Colchester School District		59 Rathe Road, Colchester, VT 05446		

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



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

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

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

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

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

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

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

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

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



Supplement B, Reverification and Rehire (formerly Section 3)

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.



Colchester School District

Administrative Offices, 59 Rathe Road, PO Box 27, Colchester, Vermont 05446

Phone: (802) 264-5999 • www.csdvt.org • Fax: (802) 318-4669

CRIMINAL RECORD CHECK – FINGERPRINTING

According to Vermont State law, you are required to complete this fingerprint process because you may have unsupervised contact with students. In an effort to implement this process, all employees, substitutes, student teachers, coaches, extracurricular volunteers, and contractors who work or volunteer for Colchester School District are required to fulfill the following obligations.

PLEASE FOLLOW THE PROCEDURE BELOW IN ORDER TO GET FINGERPRINTED IN AN ACCURATE AND TIMELY MANNER

Schedule your appointment by contacting:

- COLCHESTER POLICE DEPARTMENT – By Appointment Only
Please contact Cpl. Jaime L. Bressler
Phone: (802) 264-5548
Email: jaime.bressler@colchesterpdvt.org
835 Blakely Road
Colchester, VT 05446

BEFORE you go to your appointment:

- Please visit Colchester School District at 59 Rathe Road. The **Fingerprint Authorization Certificate** must be signed by a school official.

Bring to your appointment:

- The signed **Fingerprint Authorization Certificate** and
- Two forms of identification, one of which must be a current (unexpired) photo driver's (or non-driver's) license, passport, or military ID

Examine your fingers prior to making an appointment with the Identification Center. If they are badly chapped, cracked, dry, lacerated, or injured, it will be difficult to obtain an acceptable set of fingerprints. If any of these conditions describe your fingers, you should apply hand cream several times a day to your skin prior to your appointment.

We thank you in advance for understanding our need to ensure a safe environment for our children, and our support of Vermont's Criminal Information Center efforts on behalf of public schools. Please read the back of this sheet for information regarding the maintenance and destruction of criminal record check information. Feel free to contact Resources via e-mail at hr@colchestersd.org if you have any questions regarding the fingerprinting process.

Amy Minor
Superintendent
of Schools

George Trieb
Business & Operations
Manager

Carrie Lutz
Director of Student
Support Services

Jean Shea
Director of Instructional
Support Services

Gwendolyn Carmolli
Director of Curriculum
& Instruction



Colchester School District

Administrative Offices, 59 Rathe Road, PO Box 27, Colchester, Vermont 05446

Phone: (802) 264-5999 • www.csdvt.org • Fax: (802) 318-4669

Maintenance and Destruction of Criminal Record Check Information

Criminal records and criminal record information obtained through background investigations will be treated as confidential. They will be disclosed only to those persons specifically designated by state or federal law. Criminal history logs, release forms and criminal record information will be maintained for three calendar years according to the district's user agreement with the Vermont Criminal Information Center (VCIC). After the three-year retention period, the record information and logs will be maintained or destroyed as follows:

- If the person authorizes maintenance of the information and the information is a notice of no criminal record, the information will be securely maintained by the district indefinitely;
- If the person authorizes maintenance of the information and the information is a criminal record or notice of the existence of a criminal record, the information will be sent by the Superintendent to the Commissioner of Education for secure maintenance in the central records repository;
- If the person does not authorize maintenance of the information, the Superintendent shall destroy the information in accordance with the user agreement.

In order to authorize maintenance of the record beyond the three-year retention period, the person subject to the check must submit a request in writing before the end of the three-year retention period. Written request must include: name, date of birth, social security number, signature, date of request and requested period of retention. Written requests must be sent to the Colchester School District, Administrative Office, Attn: Human Resources, P.O. Box 27, Colchester, VT 05446.

Amy Minor
Superintendent
of Schools

George Trieb
Business & Operations
Manager

Carrie Lutz
Director of Student
Support Services

Jean Shea
Director of Instructional
Support Services

Gwendolyn Carmolli
Director of Curriculum
& Instruction



Colchester School District

Administrative Offices, 59 Rathe Road, PO Box 27, Colchester, Vermont 05446

Phone: (802) 264-5999 • www.csdvt.org • Fax: (802) 318-4669

VERMONT CRIME INFORMATION CENTER FINGERPRINT AUTHORIZATION CERTIFICATE

*****APPLICANT:** You must bring this certificate with you to your fingerprinting appointment. Identification Center staff **WILL NOT** submit your fingerprints to VCIC for processing without this form.***

* Agency Code: **00321**

REASON FINGERPRINTED: **(CHECK ONLY ONE)**

Adoption Education NCPA–Employment NCPA–Volunteer Secretary of State

NAME: _____
Last First Middle

MAIDEN/OTHER NAMES:

DOB: _____ SSN: _____ GENDER: FEMALE MALE OTHER

PLACE OF BIRTH: _____
Town State Country

TELEPHONE NUMBER: _____

In addition to Vermont, I have resided or been employed in the states circled below:

AL CO DE GA HI ID IL IN IA KY LA MD MA MN MS MO MT

NB(NE) NV NH NM OH OR RI SC TN UT WV WY

I certify that I have read the Privacy Act Statement attached and acknowledge the authority, purpose and uses for which my fingerprints are being taken as described in that statement.

Applicant Signature: _____

I certify that the above applicant has appeared before me and paid his or her criminal record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Our agency is responsible for paying the record check fee. I understand that the Department of Public Safety will bill my agency for this record check.

Agency Staff Signature: _____ Date: _____

Print Name/Title: _____

IDENTIFICATION CENTER USE ONLY:

TVT: _____ Date Printed: _____

ATTN: ID Center's the following fields are required * before prints can be taken



Colchester School District

Administrative Offices, 59 Rathe Road, PO Box 27, Colchester, Vermont 05446

Phone: (802) 264-5999 • www.csdvt.org • Fax: (802) 318-4669

Privacy Act Statement

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

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

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

Applicant Notification of Procedures to Update an FBI Record

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.



Colchester School District

Administrative Offices, 59 Rathe Road, PO Box 27, Colchester, Vermont 05446

Phone: (802) 264-5999 • www.csdvt.org • Fax: (802) 318-4669

REQUEST FOR SECONDARY DISSEMINATION

Requesting School: **COLCHESTER SCHOOL DISTRICT**
59 Rathe Road
P.O. BOX 27
COLCHESTER, VT 05446

School of Origin: _____

APPLICANT: _____
Last First Middle

RELEASE

I, _____, hereby acknowledge and agree to the release of my Vermont Criminal Record Check to the above listed school for employment.

Signature of Applicant: _____ Date: _____
(signed in the presence of school official or notary public)

Identity Verified by: _____ Date: _____
(printed name of official making identification)

Signature of School Official: _____

I understand that within 30 days of receiving the results of the record check, I have a right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

Amy Minor
Superintendent
of Schools

George Trieb
Business & Operations
Manager

Carrie Lutz
Director of Student
Support Services

Jean Shea
Director of Instructional
Support Services

Gwendolyn Carmolli
Director of Curriculum
& Instruction



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REQUEST FOR CRIMINAL RECORD CHECK

_____ Initial Request

_____ Request for Secondary Dissemination from: _____
(name of school that completed original record check)

TYPE OR PRINT LEGIBLY

1. APPLICANT: _____
Last First Middle

2. MAIDEN/OTHER NAMES: _____

3. GENDER: FEMALE MALE

4. RACE: _____

5. SOCIAL SECURITY NUMBER: _____

6. PLACE OF BIRTH: _____
Town/City State Country

7. DATE OF BIRTH: _____
Month Day Year

8. TELEPHONE NUMBER: _____ / _____
Area Code Number

9. CURRENT ADDRESS: _____
Street Address/P.O. Box Town/City State Zip Code

RELEASE

I, _____, hereby acknowledge and agree to a check of any record of criminal convictions as per VSA, Title 16, Chapter 5, Subchapter 4 which may be maintained by the Vermont Crime Information Center, the criminal record repositories of other states where I have been employer and/or resided, and the FBI.

In addition to Vermont, I have resided or been employed in the following states: _____

I understand that the results of such check(s) will be made available to the Colchester School District for use in reviewing my suitability for employment. I further understand that within 30 days of receiving the results of the record check, I have a right to appeal the findings to the Vermont Criminal Information Center, Department of Public Safety, 45 State Drive, Waterbury, VT 05671-1300.

Signature of Applicant: _____ Date: _____ (OVER)

Identity Verified by: _____ Date: _____

Title: _____

Amy Minor
Superintendent
of Schools

George Trieb
Business & Operations
Manager

Carrie Lutz
Director of Student
Support Services

Jean Shea
Director of Instructional
Support Services

Gwendolyn Carmolli
Director of Curriculum
& Instruction

RELEASE FOR SUBSCRIPTION SERVICE

Pursuant to Title 16, Chapter 5, Section 255 recognized Supervisory Union or Recognized School Officials are entitled to receive criminal conviction record information on an applicant applying for employment for an educational facility. Title 20, Chapter 117, Section 2064 now allows an educational facility to receive conviction information on any criminal record with applicant permission during the course of employment. (Not to be used for NCPA–Employment or NCPA-Volunteers).

PLEASE PRINT CLEARLY & LEGIBLY

NAME: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

_____ I give permission for the educational facility above to receive updates to my criminal conviction record via VCIC’s subscription service.

_____ I **do not** give permission for the educational facility above to receive updates on my criminal conviction record.

I understand that this criminal record information will be used for reviewing my suitability for employment/ continued employment. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Criminal Information Center, Department of Public Safety, 45 State Drive, Waterbury, Vermont 05671-1300.

SIGNATURE: _____

DATE: _____

VT Form HC-2	DECLARATION OF HEALTH CARE COVERAGE	This form must be completed annually by all uncovered employees. Employers must retain this form for 3 years.
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Employer: This form is only to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

Employer's Legal Name *(Please print)* Colchester School District

Employee: Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee's Full Name <i>(Please print)</i>	
Employee ID or Social Security Number	Date of Birth

Will the employee be under the age of 18 for the entire calendar year? YES NO

If YES, stop. Please sign the bottom of the form and submit it to your employer.

If NO, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

~~1. My employer has offered health care coverage, and I am eligible.~~

~~I have accepted the health care coverage offered and provided by my employer.~~

~~2. My employer has offered health care coverage, and I am eligible. I have not accepted my employer's coverage.~~

~~I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.~~

~~My coverage is provided through: _____~~

~~I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.~~

~~I have Medicaid.~~

~~I have no health care coverage.~~

3. My employer has offered health care coverage, but I am not eligible.

I am a part-time employee who works fewer than 30 hours per week, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

I have health care coverage that offers hospital and physicians services.

My coverage is provided through: _____

I am a part-time or seasonal employee, and I do not have health care coverage or I am covered by Medicaid.

I have no health care coverage.

Note to the Employer: You must include the individuals who have checked a box under #3 in your uncovered hours if you do not offer your plan to all employees.

I certify the above information is accurate and true to best of my knowledge and belief.

Employee Signature _____ **Date** _____

Note: If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.

DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____

Last four digits of SSN (required): **XXX-XX-**_____

Beginning with the pay of _____

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **BLANK CHECK REQUIRED**

Amount to Deposit: Net Check or \$ _____ /check

Attach to form.

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **(attach blank check to this form)**

Amount to Deposit: Net Check or \$ _____ /check

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **(attach blank check to this form)**

Amount to Deposit: Net Check or \$ _____ /check

Name of Bank: _____

Account Number: _____

Routing Number: _____

Type of Account: Savings or Checking **(attach blank check to this form)**

Amount to Deposit: Net Check or \$ _____ /check

I authorize the Colchester School District to deposit my net payroll check or fixed amount to the above account(s). It is my responsibility to notify Central Office/Payroll of any changes in authorization (i.e. – account number change, bank change, closed account, etc.).

Signature: _____

E-mail Address (required): _____

Date: _____

PLEASE RETURN THIS FORM TO THE CENTRAL OFFICE – PAYROLL