



Glenn County Office of Education
311 S. Villa Avenue, Willows, CA 95988
Phone: (530) 934-6575 * Fax: (530) 934-6694

EMERGENCY 30-DAY SUBSTITUTE

(First Time Substitute Teacher)

- Transcripts (**Official**)
- CBEST Verification
- Emergency 30-day Substitute Teacher permit, online application submission done by GCOE **Fee (\$100.00 CTC Online Application Fee)**
- GCOE Employment Application
- Substitute Teacher Information Form
- Authorization Release form
- Retirement Forms
- W-4 Form
- I-9 Form
- TB Test
- Social Security Card
- California Driver's License
- Online Mandated Reporter Training AB1432

Live Scan Fingerprint Fees:

First Time Substitute Teacher (30-day Permit)

- \$49.00 DOJ/FBI (CTC Fingerprints & GCOE Fingerprints)
- \$20.00 Processing Fee
- \$69.00 Total**

CREDENTIAL HOLDER

(Credential and 30-day Permit holder)

- GCOE Employment Application
- Substitute Teacher Information Form
- Authorization Release Form
- Retirement Forms
- W-4 Form
- I-9 Form
- TB Test
- Credential
- Social Security Card
- California Driver's License
- Online Mandated Reporter Training AB1432

Live Scan Fingerprint Fee:

- \$52.00 DOJ (GCOE Fingerprints)

Due to the adoption of Assembly Bill 1610 and 1612, you must have fingerprint clearance prior to being eligible to be listed on the substitute list. This is an employment issue. The fee must be cash, cashier's check, or money order made out to the Glenn County Office of Education.

**PLEASE CALL THE FRONT DESK AT 934-6575 EXT: 3000
IN ADVANCE FOR A LIVE SCAN APPOINTMENT**

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL GLADYS LOPEZ, AT EXT: 3128
OR TERESA SQUIER, AT EXT: 3150**



SUBSTITUTE TEACHING INFORMATION FORM

Please complete this form and return it to the Glenn County Office of Education,
311 South Villa Avenue, Willows, CA 95988 if you wish to substitute.



NAME AND ADDRESS:

SCHOOL YEAR: _____

PHONE #: _____

OTHER #: _____

EMAIL: _____

CREDENTIAL:

Please be sure that your credential is current. If you have a new credential please register with the credential technician.

TB SKIN TEST/CHEST X-RAY CERTIFICATE/TB RISK ASSESSMENT CERTIFICATE:

A valid X-Ray Certificate, TB Skin Test, or TB Risk Assessment Certificate must be filed with the office before we can call you for teaching. TB skin tests are valid for **four** years from the date taken.

RETIREMENT: Are you a current member of STRS? Yes No
 Are you retired & receiving STRS? Yes No
 Are you a member of PERS? Yes No

PORTION OF COUNTY (OR SCHOOLS) IN WHICH YOU WISH TO TEACH:

List "All", "Capay", "Lake", "Plaza", "Orland Area", "Hamilton Area", "Princeton Area", "Willows Areas", "Stony Creek", "GCOE", "Walden Academy"

GRADES OR SUBJECTS PREFERRED:

What grades? _____

What subjects do you prefer to teach? _____

What Credentials do you hold? _____

Would you like to sub for Special Education? _____

REMARKS: _____

Signature

Date

Please return this form immediately so we can get this information to our districts.

NOTE: IF AT ANYTIME DURING THE YEAR YOU CHANGE YOUR ADDRESS OR WISH TO BE OFF THE LIST, PLEASE NOTIFY TERESA SQUIER AT EXT: 3150 OR GLADYS LOPEZ AT EXT: 3128 (530) 934-6575.



GLENN COUNTY
OFFICE of EDUCATION

GLENN COUNTY OFFICE OF EDUCATION

An Equal Opportunity Provider

311 S. Villa Avenue - Willows, California 95988

(530) 934-6575 * Fax (530) 934-6576

APPLICATION FOR CERTIFICATED ASSIGNMENT

Name: _____
(Last) (First) (Middle)

Address: _____ Res. Phone: _____

(City) (State) (Zip) Bus. Phone: _____

Driver's License No. _____

E-mail Address: _____

1. POSITION APPLIED FOR: _____
Elementary: _____ Secondary: _____ Administration: _____ Special Education: _____ Other: _____

2. In order of preference, list alternative subject(s) or grade levels you are qualified to teach.
1. _____ 2. _____ 3. _____

3. List all valid California teaching credentials (please use exact title and subject area when appropriate):

Have you passed CBEST? Yes: ___ No: ___
(If answer is no, please include plan to address this requirement)

4. POST - SECONDARY EDUCATIONAL BACKGROUND (Also list summer sessions)

Dates Attended	College or University & Location	Degree	Major	Minor

Total semester hours or undergraduate college credit: _____ Graduate credit: _____

List languages that you read, speak, or write fluently: _____

5. List professional organizations, clubs, societies or other professional associations of which you are a member: _____

6. List any Scholastic Distinctions: _____

7. General Information

Dates available for employment: _____	Are you under contract? Yes: ___ No: ___
If yes, where? _____	Present Position: _____
Are any criminal charges, including sexual, pending against you? (If yes, explain in writing) Yes: ___ No: ___	
Have you ever been convicted of any criminal felony or misdemeanor? If yes, explain when, where, and disposition of case(s). Yes: ___ No: ___	
Has your credential ever been suspended or revoked? (If yes, explain) Yes: ___ No: ___	
Have you ever been dismissed, or asked to resign, from any certificated position? Yes: ___ No: ___ (If yes, please explain on a separate page.)	Are you able to perform the essential functions required of the position for which you are making application with or without a reasonable accommodation? Yes: ___ No: ___

8. TEACHING EXPERIENCE - Begin with most recent experience. (List teaching, supervision and administrative experience.)

Dates	Position, Subject &/or Grade Level	Name & Address of Institution	Name of Supervisor & Phone number

Total years of teaching experience: _____ Total years of administrative experience: _____

9. WORK EXPERIENCE OTHER THAN TEACHING:

Dates	Name & Address of Employer	Supervisor & Phone #	Your Position

10. TRAVEL EXPERIENCE Dates and Places: _____

11. VOCATIONAL INTERESTS:

12. Please list three personal references (name, address and phone). Do not list prior employers.

1. _____
2. _____
3. _____

13. Are you a current member of STRS? Yes: _____ No: _____

Are you retired & receiving STRS? Yes: _____ No: _____

14. CONFIDENTIAL FILE:

15. College or Agency _____

Address _____

Have you requested the Placement Office to forward your file to us? Yes: _____ No: _____

PROOF OF CITIZENSHIP, TB CLEARANCE, AND FINGERPRINTING ARE REQUIRED IF EMPLOYED.

I HEREBY CERTIFY that all statements made on this application are true and correct to the best of my knowledge. I authorize investigation of all statements recorded. I release from all liability persons and organizations reporting information required by this application. I understand and agree that misstatements or omission of material facts herein may result in disqualification for or dismissal from employment.

Signature of Applicant _____ Date _____

GENERAL INFORMATION:

How did you learn of this position? _____

Are you authorized to work in the U.S.? _____ Yes _____ No

Have you ever had a child enrolled in any Child and Family Service programs? _____ Yes _____ No

Have you ever provided licensed childcare in your home for any of Child and Family Service programs? _____ Yes _____ No

Use the space below for any additional information that you feel is pertinent.

“The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Please check one box for each of the following categories:

Male

Female

Ethnicity Category

Hispanic or Latino

Not Hispanic or Latino

Race Category

American Indian or Alaska Native (Persons having origins in any of the original people of North, Central or South America.)

Chinese

Japanese

Korean

Vietnamese

Asian Indian

Laotian

Cambodian

Hmong

Other Asian

Hawaiian

Guamanian

Samoan

Tahitian

Other Pacific Islander

Filipino/Filipino American

African American or Black

White (Persons having origins in any of the original peoples of Europe, North African, Northwestern Asia of the Middle East.)

This is an Equal Opportunity Provider. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . 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.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.		
	• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.		
	• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2015</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. 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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.		
<ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete 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 or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 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 \$4,000 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 \$65,000 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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 Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

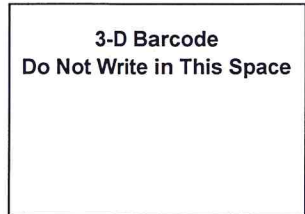
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Glenn County Office of Ed.	
Employer's Business or Organization Address (Street Number and Name) 311 S. Villa Ave.		City or Town Willows	State CA	Zip Code 95988

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

RETIREMENT SYSTEM

Please check below.....

I am currently a member in:

- State Teacher Retirement System (STRS)
- Public Employees Retirement System (PERS)
- I am currently not a member in (PERS) or (STRS)

Classified employment only:

- I am currently employed at a school district/districts:
 (District) (District)
- I was previous employed at a school district,
(District & Year)

Print Name

Social Security Number

Signature

Date

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

Employee Name _____ **Employee ID#** _____

Employer Name Glenn Co. Office of Ed. **Employer ID#** 11

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

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ **Date** _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



GLENN COUNTY
OFFICE of EDUCATION

Glenn County Office of Education
311 S. Villa Ave.
Willows, CA 95988
(530) 934-6575
(530) 934-6694 HR Fax

AUTHORIZATION RELEASE FORM

I hereby authorize the Glenn County Office of Education, Human Resource Department to release the following documents to the school districts for employment use only: W-4, California Drivers License, Social Security Card, TB, STRS form, and Credential.

Print Name

Signature

Date



MANDATED REPORTER TRAINING

Child Abuse & Neglect

(AB 1432)

As of January 1, 2015 California requires school districts, county offices of education, etc. to provide annual training to all employees and persons working on their behalf who are mandated reporters. Glenn County Office of Education is offering online training through a state approved site.

The training is approximately one hour. You will need to pass the test at the end of the training with 80% or more.

Completion of this training is a mandatory requirement in order to be a GCOE substitute per AB 1432.

This is the link to DCSS online Training:

<http://educators.mandatedreporterca.com>

If there are any questions please contact Teresa Squier at (530)934-6575 ex 3150.

Glenn County Office of Education

311 S. Ville Ave
Willows, CA 95988

Phone: 530-934-6575 ex 3150
Fax: 530-934-6694



GLENN COUNTY
OFFICE of EDUCATION

Expect Success

TB Testing at the Glenn County Health Department

Orland Health Clinic:
345 Yolo Street

1st Tuesday 4:00 - 6:00 p.m.
3rd Tuesday 9:00 - 11:30 a.m.

Willows Health Clinic:
240 N. Villa Street

2nd Tuesday 4:00 - 6:00 p.m.
4th Tuesday 9:00 - 11:30 a.m.

***If you have questions, please call the
Glenn County Health Department at – 934-6588***





GLENN COUNTY
OFFICE *of* EDUCATION

SUBSTITUTE TEACHER PAY RATES

Capay Joint Union	\$85.00
Hamilton Unified School District	\$100.00
Lake School	\$85.00
Orland Joint Unified	
Grades K-5	\$115
Grades 6-12	\$125
Plaza School	\$85.00
Princeton Joint Unified	\$100.00
Stony Creek Joint Unified	\$110.00
Willows Unified	\$100.00
County Schools	\$115.00
Walden Academy	\$105.00

Rev. February 10, 2014

GLENN COUNTY SCHOOL DISTRICTS

CAPAY JOINT UNION SCHOOL DISTRICT (K-8)

7504 Cutting Avenue
Orland, CA 95963 (530) 865-1222
FAX: 865-1214

HAMILTON UNIFIED SCHOOL DISTRICT

620 Canal Street/P.O. Box 277
Hamilton City, CA 95951 (530) 826-3474
FAX: 826-0419

HAMILTON ELEMENTARY SCHOOL (K-8)

277 Capay Avenue/P.O. Box 277
Hamilton City, CA 95951 (530) 826-3474
FAX 826-0419

HAMILTON HIGH SCHOOL (9-12)

620 Canal Street/P.O. Box 488
Hamilton City, CA 95951 (530) 826-3261
FAX: 826-0440

LAKE SCHOOL DISTRICT (K-12)

4672 Co. Rd. N
Orland, CA 95963 (530) 865-1255
FAX: 865-1203

ORLAND UNIFIED SCHOOL DISTRICT

1320 6th Street
Orland, CA 95963 (530) 865-1200
FAX: 865-1202

MILL STREET SCHOOL (K-2)

102 Mill Street
Orland, CA 95963 (530) 865-1240

FAIRVIEW SCHOOL (3-5)

1308 Fairview Street
Orland, CA 95963 (530) 865-1235

C.K. PRICE SCHOOL (6-8)

1212 Marin Street
Orland, CA 95963 (530) 865-1225

ORLAND HIGH SCHOOL (9-12)

101 Shasta Street
Orland, CA 95963 (530) 865-1210

PLAZA SCHOOL DISTRICT (K-8)

7322 Co. Rd. 24
Orland, CA 95963 (530) 865-1250
FAX: 865-1252

PRINCETON JOINT UNIFIED SCHOOL DIST.

473 State Street/P.O. Box 8
Princeton, CA 95970 (530) 439-2261
FAX: 439-2113

PRINCETON ELEMENTARY SCHOOL (K-6)

428 Norman Road/P.O. Box 8
Princeton, CA 95970 (530) 439-2501
FAX: 439-2512

PRINCETON JR/SR HIGH SCHOOL (7-12)

473 State Street/P.O. Box 8
Princeton, CA 95970 (530) 439-2261

STONY CREEK JOINT UNIFIED SCHOOL DISTRICT

3430 Co. Rd. 309/P.O. Box 68
Elk Creek, CA 95939 (530) 968-5361
FAX: 968-5102

ELK CREEK ELEM. SCHOOL (K-6)

3430 Co. Rd. 309/P.O. Box 68
Elk Creek, CA 95939 (530) 968-5288
FAX: 968-5535

ELK CREEK JR/SR HIGH SCHOOL

3430 Co. Rd. 309/P.O. Box 68
Elk Creek, CA 95939 (530) 968-5361
FAX: 968-5102

NDIAN VALLEY ELEM. SCH. (K-6)

5180 Lodoga-Stonyford Rd./P.O. Box 279
Stonyford, CA 95979 (530) 963-3210
FAX: 963-3047

WILLOWS UNIFIED SCHOOL DISTRICT

334 W. Sycamore Street
Willows, CA 95988 (530) 934-6600
FAX: 934-6609

MURDOCK SCHOOL (K-4)

655 W. French Street
Willows, CA 95988 (530) 934-6640
FAX: 934-6557

WILLOWS INTERMEDIATE SCHOOL (5-8)

1145 W. Cedar Street
Willows, CA 95988 (530) 934-6633
FAX: 934-6697

WILLOWS HIGH SCHOOL (9-12)

203 N. Murdock Ave.
Willows, CA 95988 (530) 934-6611
FAX: 934-6619

WALDEN ACADEMY (K-8)

1149 W. Wood Street
Willows, CA 95988 (530) 361-6480
FAX: 361-6174