



## ROSELLE SCHOOL DISTRICT 12

Administration Office  
100 East Walnut Street · Roselle, IL 60172  
Phone: (630) 529-2091 · Fax: (630) 529-2467  
[www.sd12.org](http://www.sd12.org)  
Dr. Mary Henderson, Superintendent

Roselle Middle School  
500 South Park  
Roselle, IL 60172  
Phone: (630) 529-201

Spring Hills Elementary  
560 Pinecroft  
Roselle, IL 60172  
Phone: (630) 529-1883

Dear Prospective Substitute Teacher:

Please complete all of the attached forms and return them to me at your earliest convenience. Once your file is complete, I will contact you when an opening is available.

In addition to the attached forms, I will need:

- A copy of your Teaching Certificate registered with the DuPage County Regional Office of Education, and a copy of your Covid-19 vaccination card.

**And**

- A copy of your Birth Certificate or Passport

**Or**

- A copy of your Driver's License and Social Security Card.

If you have any questions, please feel free to contact me. Thank you for your interest in Roselle District 12.

Sincerely,

*Cynthia A Beard*

Cynthia A. Beard  
Payroll/Benefits Coordinator  
District 12 Sub Caller  
630-994-1011

Roselle District No.12 DuPage County  
100 E. Walnut Street  
Roselle, IL 60172  
Phone:(630) 529-2091  
Fax: (630) 529-2467

**AN EQUAL OPPORTUNITY EMPLOYER**

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**SUBSTITUTE TEACHER APPLICATION  
(PLEASE TYPE OR PRINT)**

**It is the policy of the District to decide all matters relating to employment solely on the basis of personal qualities and abilities. There is no discrimination on the basis of race, religion, creed, color, sex, including pregnancy, childbirth, or related medical conditions, age, national origin, ancestry, marital status, unfavorable discharge from military service, citizenship status, military status, or physical or mental disability unrelated to ability.**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_

Teaching Preference (Please include grade levels you do NOT wish to be considered subbing in).

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**DuPage County Certification:** Yes\_\_\_\_ No\_\_\_\_ Pending\_\_\_\_

**ILLINOIS CERTIFICATION**

Yes\_\_\_\_ No\_\_\_\_ Pending\_\_\_\_

If yes, Type(s): \_\_\_\_\_

If pending, give date of application:

\_\_\_\_\_

**OUT OF STATE CERTIFICATION**

Yes\_\_\_\_ No\_\_\_\_ Pending\_\_\_\_

If yes, Type(s): \_\_\_\_\_

Certificate No.(s) \_\_\_\_\_

## **Education**

Include name and location of high school, undergraduate work, and graduate course work completed and/or presently enrolled.

NAME OF SCHOOL OR INSTITUTION	COURSE	DIPLOMA OR DEGREE	SEMESTER HOURS CREDIT
High School			
College or University			
Graduate School			

Please list below your college major(s) and minor(s) as indicated, and include your grade point average in those areas, based on a 4.00 grading system. Also, include the total semester hours in each area. A complete application, full credentials, and an official transcript **MUST** be included in your papers before final action will be taken.

COLLEGE MAJOR	GRADE AVERAGE	SEMESTER HOURS	COLLEGE MINOR	GRADE AVERAGE	SEMESTER HOURS

### College or University (Undergraduate)

Please relate any college or university experiences that relate to your knowledge, attitude, skills, or ability as a professional educator in this school district. Please include special interests, talents, activities, professional memberships, honors, offices held, or hobbies:

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## **TEACHING EXPERIENCE- IF APPLICABLE**

List all jobs you have held regarding your paid teaching experience(s). List present or most recent position first.

NAME & PHONE NO. OF SCHOOL	ADDRESS OF SCHOOL	DATES (From-To)	TOTAL YEARS OF EXP.	PRINCIPAL	GRADES & SUBJECTS TAUGHT

## **EXPERIENCE OTHER THAN TEACHING**

List here in chronological order, present or most recent position first, all practical experience other than teaching. List trade or business experience, travel, social work, work in camps, experience with youth, temporary or part-time jobs, and active military service (include branch of service).

TITLE/POSITION	EXPLAIN DUTIES	INCLUSIVE DATES (Mon.-Yr)	NAME AND ADDRESS OF EMPLOYEE	NAME AND PHONE # OF SUPERVISOR

## **REFERENCES**

Give at least two (2) names of others who have observed and know your work. THESE SHOULD BE PEOPLE NOT LISTED ON OTHER CREDENTIALS.

NAME	ADDRESS	PHONE NO.	IN WHAT CAPACITY DO YOU KNOW THE PERSON

Use this area for a personal statement. You may wish to help us evaluate your qualifications by giving additional information about your educational outlook, hobbies, outside interests, honors received, personal or professional achievements, and publications. Use an additional sheet if necessary.

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## **PERSONAL QUALITIES**

Have you ever been convicted of a felony? (Do not report any convictions for which the record has been expunged, sealed, or impounded.)

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please:\_\_\_\_\_

Have you ever failed to be rehired?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please:\_\_\_\_\_

Have you been asked to resign from a teaching position?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please:\_\_\_\_\_

## **PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY**

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

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

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

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

## PLEASE READ AND SIGN

I hereby certify that the facts set forth above and on the preceding pages of this application for employment are true, accurate and complete. I understand that any misrepresentations or omissions of facts made by me in this application or my failure to hold off the proper Illinois certificate(s) shall be considered sufficient cause for my disqualification for or dismissal from employment. Further, I understand that pursuant to 105 ILCS 5/22-6.5, my failure to provide requested employment or employer history which is material to my qualifications for employment or the provision of statements which I do not believe to be true may be a Class A misdemeanor. I understand that this application and records become the property of the district. In addition, I understand that an offer of employment is contingent upon my submitting the required Immigration (I-9) and the health and medical examinations forms required by the District pursuant to The School Code, 105 ILCS 5/24-5

I hereby authorize Roselle School District No. 12 to forward my name to the Illinois Department of State Police for the purpose of conducting a criminal background check as required by The Illinois School Code, Section 10-21.9, and agree to execute any forms required by said the department for such purpose. I understand that Roselle School District No. 12 may further conduct a check for any indicated reports of child abuse under the Abused and Neglected Child Reporting Act, 325 ILCS 5/1 et seq. Furthermore, I hereby indemnify, save, and hold harmless Roselle School District No. 12 and its officers, agents, and employees from any claim and liability or damage which may arise from the proceedings of the Illinois State Police or Department of Children and Family Services in conjunction with the above background checks. I understand that an offer of employment, or continued employment if hired, is contingent upon my passing of Illinois State Police (and Child Abuse Registry) background check(s).

I hereby authorize Roselle School District No. 12 to conduct work history and reference checks to determine my acceptability for employment. Pursuant to the Illinois Personnel Review Act, 820 ILCS 40//.01 et seq., I hereby waive written notice from my current employer and/or any previous employers and authorize them to release information regarding any disciplinary actions taken against me within the past four years. Further, I hereby release the officers, agents, employees, and directors of each of my past employers and Roselle District No. 12, its officers, agents, and employees from any and all liability arising from disclosure of personnel records and from verbal appraisals of my past performance. I understand and agree that this waiver includes any and all manners of actions that I may now have or may have in the future concerning such disclosures, regardless of their nature.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

THIS SPACE FOR OFFICE USE ONLY	
<b>Application reviewed by:</b> _____	
<b>Date received:</b> _____	
<b>Date of Interview:</b> _____	
<b>T.B. Certificate:</b> _____	
<b>Salary Information:</b>	
Hourly	_____
Salary	_____



DuPage Regional Office of  
**EDUCATION**  
Excellence in Education

**DR. DARLENE J. RUSCITTI**  
Regional Superintendent  
DuPage County Schools

421 N. County Farm Road  
Wheaton, Illinois 60187  
Phone: 630.407.5800  
Fax: 630.407.5802

**FINGERPRINTING IS DONE BY APPOINTMENT ONLY. Schedule your appointment in the  
Licensure section of our website: [www.dupageroe.org](http://www.dupageroe.org) or call 630-407-5800**

**APPLICANT INFORMATION FOR CRIMINAL HISTORY CHECK REPORTS (SUB/CTR)**

**TO BE COMPLETED BY THE APPLICANT PRIOR TO ARRIVAL AT THE ROE. PLEASE USE CODES BELOW.**

Last Name	First Name	Middle Name	Phone

Address	City	State	Zip Code
		IL	

Date of Birth	US State of Birth State (if in US) or Country	*Sex	*Please *Race	Use Codes *Eyes	Below* *Hair	*Skin	Height ft	in	Weight

Social Security Number	ID Type (DL, ID, Passport)	ID Number

Email Address	Former Last Name(s)/Alias

**\*PLEASE USE THE FOLLOWING CODES WHEN COMPLETING THIS FORM:\***

SEX	RACE	EYES	HAIR	SKIN TONE
M Male	W Caucasian/Latino	BLK Black	BAL Bald	ALB Albino
F Female	B Black	MAR Maroon	GRY Gray/Part	LBR L Brwn
U Unknwn	A Asian/PI	MUL Multi	GRN Green	RUD Ruddy
	I Am. Indian	BLN Blonde	SDY Sandy	BLK Black
	U Unknown	BRN Brown	ONG Orange	LGT Light
		PNK Pink	WHI White	SAL Sallow
		GRN Green	XXX Unknwn	DBR D Brwn
		XXX Unknwn	BLU Blue	MBR M Brwn
			PLE Purple	YEL Yellow
			XXX Unknwn	DRK Dark
			BRO Brown	MED Medium
			PNK Pink	FAR Fair
				OLV Olive

Signature of Applicant

Date

**DO NOT WRITE BELOW THIS LINE – FOR ROE OFFICE USE ONLY**

Payment Amount: _____	TCN 1: 806 _____	SO: _____ VC: _____
Type/Number: _____ / _____	TCN 2: 806 _____	Filemaker: _____
Photo ID Checked: _____	Purpose: <u>CSE</u> <u>NSE</u> <u>AWA</u>	Scanned: _____
IEIN: _____	Fingerprinted By: _____	CBI Cover: <u>Substitute</u>
Lic/Regist: _____ / _____	Applicant Verified: _____	<u>Other w/ IEIN</u>
MAIL or PICK UP	HOLD FOR LICENSE?	<u>Other w/o IEIN</u>
		<u>STS Short Term Sub</u>
		<u>CTR Results</u>

Revised 10/18 – SUB/CTR Form

### Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information are generally authorized under 28 U.S.C. 54 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 the 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 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 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.

### AUTHORIZED/RELEASE STATEMENT

Section 10-21 .9 of the Illinois School Code requires all applicants for employment with a school district, who have direct daily contact with the pupils of any district school, to authorize fingerprint-based criminal history records to check to determine if the applicant has been convicted of certain enumerated offenses, or within the last 7 years, of any other felony, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not yet been initiated.

I authorize the DuPage County Regional Office of Education to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check. I further authorize the DuPage Regional Office of Education to check for my name on the Statewide Illinois Sex Offender Database and the Illinois Statewide and Child Murder and Violent Offenders Against Youth Database.

I understand that if I have been arrested at any time the criminal history report will have to go through a review process, which will extend the time necessary to release the criminal background check. I can expedite this review process by providing all court records regarding the disposition of any charges.

I understand that I am responsible for the payment of the cost of the fingerprint-based criminal history check and Regional Office reviews of the Statewide Sex Offender Database and Statewide Child Murderer and Violence Offender Against Youth Database.

I understand that submitting a fingerprint-based criminal history check report is necessary to work in Dupage County Public Schools, AND I understand that obtaining such a report does not guarantee that I will be hired by Dupage County school. I understand that negative results on any of these reports could exclude me from working in Dupage schools and could result in the suspension, revocation, or surrender of my education license(s).

I authorize the Regional Superintendent to share criminal history reports with the Superintendents of School Districts, other Regional Superintendents, and the State Teacher Licensure Board, I further understand that a copy of the criminal history check shall be provided to me.

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, including but not limited to civil, criminal, and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 263017 of the Criminal Identification Act.

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Name (Please Print)

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Date

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Signature

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IEIN or Lst 4 of SSN





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### EMPLOYMENT HEALTH EXAMINATION RECORD

#### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ M ☐ F ☐  
Last First Middle

Address: \_\_\_\_\_  
Street City State

#### PHYSICAL EXAMINATION RESULTS

##### Overall physical condition:

SKIN: \_\_\_\_\_ VISION: \_\_\_\_\_ HEART: \_\_\_\_\_ HEARING: \_\_\_\_\_

URINALYSIS \_\_\_\_\_ ALBUMEN: \_\_\_\_\_ SUGAR: \_\_\_\_\_ BLOOD: \_\_\_\_\_

HERNIA: \_\_\_\_\_ VARICOSE VEINS: \_\_\_\_\_ NOSE & THROAT: \_\_\_\_\_

RESPIRATORY SYSTEM: \_\_\_\_\_

Give complete description of any physical finding not included above: \_\_\_\_\_

\_\_\_\_\_

Give a complete description of any physical disability not included above: \_\_\_\_\_

\_\_\_\_\_

#### PHYSICIAN CERTIFICATION

I hereby certify that I have examined the above named applicant, and that the information reported is a complete and accurate record of such examination.

Date of Exam: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Name and Address (Please Print)

**Illinois State Board of Education**  
**New U.S. Department of Education Race and Ethnicity Data Standards**

**SAMPLE DATA COLLECTION FORM**

Note: The student's parents or guardians should respond to both questions (Part A and Part B). If the parents or guardians decline to respond to either question (Part A or Part B), school district staff are required to provide the missing information by observer identification.

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

**Part A.** Is this employee Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **Choose only one.**

\_\_\_\_ No, not Hispanic/Latino

\_\_\_\_ Yes, Hispanic/Latino

**Part B.** What is this employee's race? **Choose one or more.**

\_\_\_\_ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

\_\_\_\_ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.)

\_\_\_\_ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_\_ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

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Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

# Instruction

## Exhibit- Staff Authorization for Electronic Network Access

This form accompanies Administrative Procedure 6:235-AP1, Acceptable Use of Electronic Networks. Each staff member must sign this Authorization as a condition for using the District's Electronic Network connection. Please submit this form to the Building Principal.

All use of the Internet shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. This Authorization does not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. The failure of any user to follow the terms of Administrative Procedure 6:235-AP1, Acceptable Use of Electronic Networks, will result in the loss of privileges, disciplinary action, and/or legal action. The signature at the end of this document is legally binding and indicates that the individual has read the terms and conditions carefully and understands their significance.

Staff members need only sign this Authorization for Electronic Network Access once while employed by the School District.

I understand and will abide by the Acceptable Use of Electronic Networks. I understand that the District and/or its agents may access and monitor my use of the District's electronic network, including the Internet, my email, and downloaded material, without prior notice to me. I further understand that should I commit any violation, my access privileges may be revoked, and disciplinary action and/or legal action may be taken. In consideration of using the District's electronic network connection and having access to public networks, I hereby release the School District and its Board of Education members, employees, and agents from any claim and damages arising from my use of, or inability to use the District's electronic network, including the Internet.

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User Name (Please Print)

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User Signature

---

Date

Dated: August 3, 2022

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

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Employee Name

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Employee ID#

---

Employee Name

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Employee ID#

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

**Windfall Elimination Provision**

The windfall elimination provision (WEP), 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](http://www.socialsecurity.gov). You may also call toll-free at 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 which 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: \_\_\_\_\_

## **General Personnel**

### **Drug- and Alcohol-Free Workplace**

All District workplaces are drug and alcohol-free workplaces. All employees shall be prohibited from

1. Unlawful manufacture, dispensing, distribution, possession, use, or being under the influence of a controlled substance while on District premises or while performing work for the District, and
2. Distribution, consumption, use, possession, or being under the influence of alcohol while on District premises or while performing work for the District.

For purposes of this policy, a controlled substance means a substance that is:

1. Not legally obtainable,
2. Being used in a manner different than prescribed,
3. Legally obtainable, but has not been legally obtained, or
4. Referenced in federal or State-controlled substances acts.

As a condition of employment, each employee shall:

1. Abide by the terms of the District policy respecting a drug and alcohol-free workplace; and
2. Notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than 5 calendar days after such a conviction.

In order to make employees aware of the dangers of drug and alcohol abuse, the District will:

1. Provide each employee with a copy of the District Drug and Alcohol-Free Workplace Policy;
2. Post notice of the District Drug and Alcohol-Free Workplace policy in a place where other information for employees is posted;
3. Make available materials from local, State, and national anti-drug and alcohol-abuse organizations;
4. Enlist the aid of community and State agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees;
5. Establish a drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace,
  - b. Available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
  - c. The penalties that the District may impose upon employees for violations of this policy.

### **District Action Upon Violation of Policy**

An employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the Board of Education may require the employee to successfully complete an appropriate drug or alcohol abuse, employee-assistance rehabilitation program.

The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate State or federal agency from which the District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: Americans with Disabilities Act, 42 U.S.C. 12114.  
Controlled Substance Act, 21 U.S.C. 812; 21 C.F.R. 1308.11-1308.15.  
Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. 7101 et seq.  
Drug-Free Workplace Act, 30 ILCS 580/.

ADOPTED: April 24, 2012

## DRUG-FREE WORKPLACE

I, \_\_\_\_\_, hereby acknowledge receipt of the District's Drug-Free Workplace Policy and Rules and promise to abide by them.

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Printed Name

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Employee's Signature

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Date



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## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_, understand that when I am employed as a  
(Employee Name)

\_\_\_\_\_, I will become a mandated reporter under the  
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

CANTS 22  
Rev. 5/2019

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701  
[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)



## **6. Registration of Software**

The District will register every software package according to the manufacturer's policies.

Software must be registered in the name of the District and department/school in which it will be used. The Software Manager shall maintain a register of all of the District's software and shall keep a library of software licenses. The registration must contain

- a. The title and publisher of all software including freeware and public domain.
- b. The date and source of software acquisition.
- c. The location of each installation.
- d. The existence and location of original copies of the software.
- e. The software product's serial number.

## **7. Installation of Software**

After the registration requirements above have been met, the software may be installed either by the Software Manager or the designee who will be using the software. Manuals, tutorials, and other user materials should be provided to the user. A copy of the applicable license agreement shall be made available to the user.

## **8. Backup and Disaster Recovery**

The software Manager is responsible for the supervision of backing up the networks. Individual users of hard drives and stand-alone software are responsible for backing up their own hard drives and software. In addition, employees can

- a. Have a copy of an original software program for archival purposes. Only one copy of the program, either the original or the copy may be used at any one time.
- b. Have a new copy of the archival program in the event that the original is damaged or destroyed.
- c. Work to ensure that all software license agreements are signed before the software is used.

Employees can not:

- a. Load a program onto multiple hard drives for simultaneous use absent a license agreement that allows such usage.
- b. Load a program onto a local area network or disk-sharing system absent a license agreement that allows such usage.
- c. Make or use unauthorized copies of copyrighted software programs or allow students to make or use unauthorized copies of software programs on school computer equipment.

## **9. Documentation**

Original manuals, tutorials, and other user-orientated documented information should be kept with the software.

## **10. Home Computer Software**

Personal software may be brought from home but must go through the same use approval process. To use personal software on District machines, ownership of the software must be turned over to the software on to the District and become the property of the District along with licenses. This is necessary in order to maintain the integrity of the District's stated purpose for having a software policy. The Software Manager or designee shall be responsible for installing all

software on District machines. However, employees who wish to use their own machine with their own software within the District may do so without causing license or copyright infringements.

#### **11. Software Audits**

The Software Manager will conduct an annual audit of all district PCs to ensure that the District complies with all software licenses. Surprise audits may be conducted as well. During the annual audit, the District will search for computer viruses and eliminate any that are found.

#### **12. Penalties and Reprimands**

Anyone who violates this policy will be referred to the Building Principal and Superintendent for possible disciplinary action.

I have read the District's Software Policy and agree to abide by it.

---

Employee Signature

---

Date

**Employee's Withholding Certificate**

OMB No. 1545-0074

**2022**

- ▶ **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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3: Claim Dependents</b>	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 and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . .	<b>4(c)</b>	\$

**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](http://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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**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 these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

**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; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 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 2022 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:  $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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 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.



**Married Filing Jointly or Qualifying Widow(er)**

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,440	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



**Note:** These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income Tax from other (non-wage) Illinois income.

### Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of a Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to [tax.illinois.gov](http://tax.illinois.gov).

**Note** If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

### When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

IL-W-4 (R-05/20)

### When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

**Example:** If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

### How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

### What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

### What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will

receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

**Note:** For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds \$500,000 for returns with a federal filing status of married filing jointly, or \$250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

### How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

**Note** If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

### How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at [tax.illinois.gov](http://tax.illinois.gov) to obtain a copy.

### Where do I get help?

- Visit our website at [tax.illinois.gov](http://tax.illinois.gov)
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
- Write to  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19044  
SPRINGFIELD IL 62794-9044



# Illinois Withholding Allowance Worksheet

## General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.  
☐ I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. 1 \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older. ☐ I am legally blind.  
☐ My spouse is 65 or older. ☐ My spouse is legally blind.

- 5 Enter the total number of boxes you checked. 5 \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

✂ ————— Cut here and give the certificate to your employer. Keep the top portion for your records. ————— ✂



Illinois Department of Revenue

## IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

- 1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- 2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- 3 Enter the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

Printed by the authority of the State of Illinois - PO Number: 2200208 - 500 copies IL-W-4 (R-05/20)

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.



# Roselle School District 12

## Direct Deposit Program

1) What is a Direct Deposit?	Direct deposit is the deposit of funds electronically into a bank account rather than through a physical, paper check.
2) Check with your bank	To be sure they accept automated pay deposits, you will have to contact your bank.
3) Pay statements	You will receive a record of your earnings (including- gross pay, deductions, and net pay, each payroll.)

**Return the form below to proceed with your Direct Deposit Enrollment**

INSTRUCTIONS: Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

I authorize Roselle School District No. 12 to initiate credit entries to my checking or savings account indicated below and the institution named below, hereinafter called "Institution", to deposit to the same account. I further authorize Roselle School District No. 12 to initiate debits to my account to correct any errors, and "Institution" to initiate any such corrections to my account. This authority is to remain in full force and effect until Roselle School District No. 12 and "Institution" has received written notification from me of its termination, in such time and in such manner, as to afford Roselle School District No. 12 and "Institution" a reasonable opportunity to act on it, prior to deposit to the account.

Employee Signature \_\_\_\_\_ Institution Account No. \_\_\_\_\_

Employee Name \_\_\_\_\_ Institution Name \_\_\_\_\_

Address \_\_\_\_\_ Institution Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Institution Phone No. \_\_\_\_\_

Phone Number \_\_\_\_\_ Institution Transit ABA \_\_\_\_\_  
(This number can be obtained from your Banking Institution)

\_\_\_\_\_  
**E-mail Address** (necessary to receive Direct Deposit Check Stub)