



# DINWIDDIE COUNTY PUBLIC SCHOOLS

## NEW COACH RESPONSIBILITY CHECKLIST

**PLEASE COMPLETE ALL DOCUMENTS LISTED BELOW UNLESS OTHERWISE INSTRUCTED.**

- Print this document and all other documents listed under Required Pre-Employment Documents.
- All forms must be completed and turned in to the Human Resources Office on your **scheduled onboarding day**.
- If you do not have access to a printer, you may complete the forms, save to a flash drive and bring to the Human Resources office or schedule an appointment to complete your forms at the Human Resources office.
- The Human Resources Office is located in the Pamplin Administration Building, [14016 Boydton Plank Road, Dinwiddie, VA 23841](#)
- Required Pre-Employment Documents may be submitted any time prior to your scheduled onboarding day [Monday – Friday, 8:00 a.m. to 4:00 p.m.](#) in the Human Resources Office. No appointment is necessary if all forms have been completed. We cannot accept any paperwork through email.
- If you have any questions about these requirements, you may contact Human Resources by email or phone.

|  |   |   |
|--|---|---|
| <input type="checkbox"/>                 | <b><i>New Employee<br/>Responsibility Checklist</i></b>   | <ul style="list-style-type: none"> <li>● Print this checklist as the cover page for your packet.</li> </ul>   |
| <b>Required Pre-Employment Documents</b> |   |   |
| <input type="checkbox"/>                 | <b><i>Online Application</i></b>  | <ul style="list-style-type: none"> <li>● All employees are required to submit an online application.</li> </ul>   |
| <input type="checkbox"/>                 | <b><i>Background and Criminal<br/>History Record Search<br/>(FBI Fingerprint LIVE<br/>SCAN)</i></b> | <ul style="list-style-type: none"> <li>● All School Division employees are required to undergo an FBI Fingerprint and Criminal Background Investigation, conducted at the Dinwiddie County Public Safety building. <b>The LIVE SCAN card is not available online. Employees may pick one up in the Human Resources Office.</b></li> <li>● The search will disclose convictions nationwide and the <i>results must be received before starting to work</i>. This could take 6-8 weeks if there is any arrest or conviction history.</li> </ul>   |
| <input type="checkbox"/>                 | <b><i>Central Registry<br/>Release of Information<br/>(CPS Form)</i></b>                            | <ul style="list-style-type: none"> <li>● All School Division employees are required to have a Child Offender Background Investigation before starting to work.</li> <li>● <b>DO NOT SIGN this form</b> before coming to HR; we will notarize it for the employee.</li> <li>● <b>NO FEE IS REQUIRED.</b></li> <li>● Answer all questions completely and accurately by printing clearly in black ink.</li> <li>● Forms that contain strike outs, correction tape, or "white-out" will be returned.</li> <li>● All sections <b>MUST BE</b> completed. If left blank the form will be returned.</li> <li>● If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name. If, no middle name, write "NMN".</li> <li>● If any answer is none, write "N/A", except for maiden name (leave blank) and middle name (write "NMN").</li> <li>● If extra space is needed to complete the form (i.e., providing information on addresses, spouses, and children), attach an additional sheet along with the form to be mailed.</li> </ul> |

|                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <b>Direct Deposit Form</b>  | <ul style="list-style-type: none"> <li>● Direct Deposit is required of all School Division employees. Earnings may be deposited into a checking or savings account or onto the Rapid! PayCard, if preferred.</li> <li>● <b>For Direct Deposit:</b> <ul style="list-style-type: none"> <li>✓ Complete the authorization form <b>and</b> attach a <b>voided personal check</b> or verification of <b>account information from employee's bank</b> (most are available online).</li> <li>✓ <b>This form cannot be accepted without one of the above documents attached.</b></li> </ul> </li> <li>● <b>For Rapid! PayCard:</b> <ul style="list-style-type: none"> <li>✓ Rapid! PayCards are <b>prepaid cards</b> that are loaded up by employers <b>every pay period</b>. The <b>Rapid! PayCard®</b> lets employees collect, manage, and spend their money with the convenience of a prepaid card, while providing greater security than carrying cash.</li> <li>✓ Complete the authorization form. HR will set up the employee account, register and issue the employee's card.</li> </ul> </li> <li>● Employees will have online access to their pay stub with an explanation of their earnings and deductions.</li> </ul> |
| <input type="checkbox"/> | <b>Employee Demographic Record</b>  | <ul style="list-style-type: none"> <li>● All School Division employees need to complete the <b>top portion</b> of this form with their contact information, as well as, their <b>emergency contact</b> information.</li> <li>● The remainder of the form (<i>gender, date of birth, marital status, ethnicity, education and veteran status</i>) is <b>voluntary</b>. Pursuant to federal regulations, we collect responses to these questions for record keeping/statistical purposes only. Federal law prohibits unlawful discrimination based on race, color, sex, age, national origin, religion, or disability.</li> <li>● Employees may provide future updates to HR.</li> </ul>   |
| <input type="checkbox"/> | <b>Employment Eligibility Verification (I-9 Form)</b>   | <ul style="list-style-type: none"> <li>● All School Division employees are required to complete the I-9 form to confirm their eligibility to work in the United States. The form must be completed on or before the first day of employment.</li> <li>● To complete this required form, refer to the list of acceptable identifications on the last page of the form and bring to HR either: <ul style="list-style-type: none"> <li>1. One form of identification from List A.</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>2. Two forms of identification. One from List B <b>AND</b> one from List C.</li> </ul> </li> <li>● <b>This form cannot be accepted without verification of the proper <u>original, unexpired document(s)</u>, as listed above.</b></li> <li>● Employees only need to print and complete pages 1 and 2.</li> </ul>   |
| <input type="checkbox"/> | <b>Physician's Certificate (Tuberculin Screening)</b>   | <ul style="list-style-type: none"> <li>● All School Division employees must provide proof of a negative tuberculin test dated within one year of the employee's start date.</li> <li>● Employees who have not had a recent TB test are expected to have the screening performed and documented on the certification form.</li> <li>● Dinwiddie County Public Schools does not pay for the cost of the TB test. Employees may use a doctor or facility of their choice at their own expense.</li> <li>● An employee's TB test <b>must be completed</b> before bringing their documents into HR.</li> </ul>  |
| <input type="checkbox"/> | <b>Record of Employee's Date of Birth</b>   | <ul style="list-style-type: none"> <li>● All School Division employees are required to certify their date of birth as it may appear on either their birth certificate or marriage license.</li> </ul>  |
| <input type="checkbox"/> | <b>Regulations/Policies (Acceptable Computer System Use, Drug-Free Workplace, E-mail Usage)</b> | <ul style="list-style-type: none"> <li>● All School Division employees must sign each Consent/Release form for each of the three (3) Regulations/Policies and return to HR.</li> <li>● Employees should keep the Regulations/Policies for their records.</li> </ul>  |
| <input type="checkbox"/> | <b>VA-4</b>   | <ul style="list-style-type: none"> <li>● This form is required for state income taxes.</li> <li>● We cannot provide tax advice.</li> </ul>   |
| <input type="checkbox"/> | <b>W-4</b>  | <ul style="list-style-type: none"> <li>● This form is required for federal income taxes.</li> <li>● We cannot provide tax advice.</li> </ul>   |

**Search Fee \$10.00**

## INSTRUCTIONS

### Purpose

The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

### **Read all instructions before completing the form: (Incomplete forms will be returned)**

1. Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete or print clearly may delay or deny your request. Given the nature of the form and the actions to be taken when received, the **Office of Background Investigations shall not accept forms that have been altered in any fashion.** Forms that contain strike outs, correction tape or white-out will be returned.
2. If a middle name is an initial, indicate “initial only” otherwise, enter a full middle name given at birth.
3. For “other names used” list all previous names; nick names, all previous married names, legal name changes, changes due to adoption, etc. Circle appropriate title description on the form.
4. If the answer to any question is none, write “N/A”.
5. Sign the Central Registry Release of Information Form in the presence of an official Notary Public. Each request form must be notarized. Only original signatures will be accepted. No copies of the form will be accepted.
6. A \$10.00 fee is charged for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, payment may be combined on in one money order, company/business check, or cashier’s check. (ex. 4 requests at \$10.00 each will total \$40.00). A \$50 fee will be charged for all returned checks.)

All money orders, company/business checks, or cashier checks should be made payable to:  
Virginia Department of Social Services.

**Personal checks and cash will not be accepted.**

7. For agencies and facilities that require several searches per year, an agency code will be assigned to expedite processing of the search requests.
8. If additional space is needed to complete the form (ie. providing information on addresses, spouses, and children) attach an 8x11 sheet sheet of paper along with your form to be mailed.
9. Search results are not transferable and are not considered official beyond the requesting agency or individual.
10. Mail your completed form and additional sheets (if used) to:

**Virginia Department of Social Services  
Office of Background Investigations - Search Unit  
801 East Main Street, 6th Floor  
Richmond, VA 23219-2901**

**Search Fee \$10.00**

**Purpose of Search, Check one:**  Adam Walsh Law  Adoptive Parent  Babysitter/Family Day Care  
 CASA  Children’s Residential Facility  Custody Evaluation  Day Care Center  Foster Parent  
 Institutional Employee  Other Employment  School Personnel  Volunteer  Other

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

|                |  |     |  |  |  |
|----------------|--|-----|--|--|--|
| Name           |  |     | Payment/FIPS Code<br>(Use only if assigned by OBI-CRU) |  |  |
| Address        |  |     |  |  |  |
| City           | State                                      | Zip |  |  |  |
| Contact Name   | Tel.#                                      | Ext |  |  |  |
| Contact E-Mail | Mandatory if agency code has been assigned |     |  |  |  |

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

|  |  |   |      |  |  |
|--|--|---|------|--|--|
| Last Name                                    | First Name   | Full Middle Name – (given at birth) - <b>No initials</b><br>(if middle name is an initial, indicate "Initial Only") |      |  |  |
| Maiden Name (last name before marriage)      | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (MM/DD/YYYY)  | Race |  |  |
| Driver’s License Number or ID #              | Social Security Number   | Other names used; nicknames, legal names (refer to instruction page)  |      |  |  |
| Current Address (Include Street # and Apt #) | City   | State   | Zip  |  |  |

**Applicant’s Prior Addresses**

| Include Street # and Apt # | City | State | Zip | Start Date (MM/YY) | End Date (MM/YY) |
|----------------------------|------|-------|-----|--------------------|------------------|
|                            |      |       |     |                    |                  |
|                            |      |       |     |                    |                  |
|                            |      |       |     |                    |                  |

**Marital Status** Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

| Last Name | First Name | Full Middle Name<br>(given at birth) | Maiden Name | Race | Sex   | Date of Birth<br>(MM/DD/YYYY) |
|-----------|------------|--------------------------------------|-------------|------|---|-------------------------------|
|           |            |                                      |             |      | <input type="checkbox"/> Male <input type="checkbox"/> Female |                               |
|           |            |                                      |             |      | <input type="checkbox"/> Male <input type="checkbox"/> Female |                               |
|           |            |                                      |             |      | <input type="checkbox"/> Male <input type="checkbox"/> Female |                               |

**List all of your children.** If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

| Last Name | First Name | Full Middle Name<br>(given at birth) | Relationship | Sex   | Date of Birth<br>(MM/DD/YYYY) |
|-----------|------------|--------------------------------------|--------------|---|-------------------------------|
|           |            |                                      |              | <input type="checkbox"/> Male <input type="checkbox"/> Female |                               |
|           |            |                                      |              | <input type="checkbox"/> Male <input type="checkbox"/> Female |                               |
|           |            |                                      |              | <input type="checkbox"/> Male <input type="checkbox"/> Female |                               |



**Search Fee \$10.00**

**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

\_\_\_\_\_  
Signature of person whose name is being searched  
(Sign in presence of Notary)

\_\_\_\_\_  
Parent or Guardian signature required for minor  
children under the age of 18

**PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL**

City/County of \_\_\_\_\_  
Commonwealth/State of \_\_\_\_\_  
Acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature** ..... **Notary Number**  
My Commission Expires: \_\_\_\_\_

Notary Seal

**PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY**

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

2. \_\_\_\_ Based on information provided by the Local Department of Social Services, we have determined that \_\_\_\_\_ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

\_\_\_\_\_ Dept. of Social Services in reference to referral \_\_\_\_\_ phone# \_\_\_\_\_

3. \_\_\_\_ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: \_\_\_\_\_ Date: \_\_\_\_\_

OBI Staff Only



# Dinwiddie County Public Schools

## Direct Deposit Authorization Form / Pay Card Registration

|                            |            |               |                    |
|----------------------------|------------|---------------|--------------------|
| Name: Last, First, Initial |            | Date of Birth |                    |
|                            |            |               |                    |
| Address (Mailing)          |            | City          | State              |
|                            |            |               |                    |
| Home Phone                 | Cell Phone | Email Address | Employee ID or SSN |
|                            |            |               |                    |

**Direct Deposit** – I have a bank account already. Here is the information to set me up. I can establish direct deposit to one or up to a maximum of four (4) bank accounts for payroll payments. The dollar amount indicates the amount I want of my paycheck to be deposited into each account. A voided check for each account is **MANDATORY**.

Bank Name: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Checking       Savings

Bank Name: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Checking       Savings

Bank Name: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Checking       Savings

Bank Name: \_\_\_\_\_  
 Bank Routing Number: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Checking       Savings

**rapid! PayCard** – I would like to register my new rapid! PayCard® Visa® Payroll Card.

Name: \_\_\_\_\_ rapid! PayCard \_\_\_\_\_  
 Routing Number: 0311-0116-9  
 Account Number: \_\_\_\_\_  
 Customer ID: \_\_\_\_\_

*I authorize Dinwiddie County Public Schools to deposit directly into the account(s) shown, my financial institution to credit my account(s), and/or I hereby authorize Dinwiddie County Public Schools to assign a rapid! PayCard and initiate credit entries and any correcting entries to my assigned rapid! PayCard account. The direct deposit(s) will be made on each payday. This authorization will remain in effect until updated direct deposit information is received. All payroll changes must be submitted to Dinwiddie County Public Schools no later than the 10<sup>th</sup> of the month in order to become effective for that month's payroll. In the event funds are deposited erroneously into my account, I authorize Dinwiddie County Public Schools to debit my account(s), not to exceed the original amount of the credit.*

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date



# DINWIDDIE COUNTY PUBLIC SCHOOLS

## HUMAN RESOURCES DEPARTMENT

### EMPLOYEE DEMOGRAPHIC RECORD

NAME \_\_\_\_\_  
First Name, Full Middle Name, Full Last Name

EMAIL ADDRESS \_\_\_\_\_

POSITION \_\_\_\_\_ LOCATION \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(Include Area Code)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**IN AN EMERGENCY PLEASE NOTIFY**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(Include Area Code)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_  
(Spouse, parent, child, other)

*The Dinwiddie County School Board is an equal opportunity employer. Subject to Title VI and Title VII of the Civil Rights Act of 1964 and the Uniformed Services Employment and Reemployment Rights Act (USERRA), the Dinwiddie County School Board may be required to submit reports to federal, state or legal entities to identify the number of our employees belonging to each specified protected veteran category, gender and race/ethnicity category.*

*Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential, maintained separate from other personnel records and only accessed by the human resource department.*

Gender  Female  Male      Date of Birth \_\_\_\_\_      MARITAL STATUS    Married  Single   
(Month/Day/Year)

**CHECK (✓) THE RACIAL OR ETHNIC GROUP WITH WHICH YOU IDENTIFY**

- White (not Hispanic or Latino)** *(A person having origins in any of the original peoples of Europe, the Middle East or North Africa)*
- Black (not Hispanic or Latino)** *(A person having origins in any of the black racial groups of Africa)*
- Hispanic or Latino** *(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)*
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** *(A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)*
- Asian (not Hispanic or Latino)** *(A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)*
- American Indian or Alaska Native (not Hispanic or Latino)** *(A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)*
- Other** \_\_\_\_\_

**CHECK (✓) THE HIGHEST LEVEL OF EDUCATION COMPLETED (Check only one)**

- Less than 8<sup>th</sup> Grade
- Completed 8<sup>th</sup> Grade
- Attended High School
- High School Graduate or Equivalent
- Attended College and/or Associate's Degree
- College Graduate
- Attended Graduate School
- Master's Degree
- Graduate Study beyond Master's Requirements
- Ph. D. or Professional Degree

**PROTECTED VETERANS** (choose ALL that apply)

- Active duty wartime or campaign badge Veteran** (a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.)
- Armed Forces Service Medal Veteran** (any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159.)
- Disabled Veteran** (a veteran of the U.S. military, ground, naval or air service who (1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) was discharged or released from active duty because of a service-connected disability.)

*If you are a disabled veteran, it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.*

*The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.*

- Recently Separated Veteran** (a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.)
- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran.

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

Dinwiddie County Public Schools  
14016 Boydton Plank Road, P.O. Box 7  
Dinwiddie, Virginia 23841  
(804) 469-4190





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

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

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

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

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

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

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

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

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

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

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

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

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



*Employer Completes Next Page*





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

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

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

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

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                   | AND | List C<br>Employment Authorization                     |
|---|----|--------------------------------------|-----|--|
| Document Title                                  |    | Document Title                       |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                    |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                      |     | Document Number  |
| Expiration Date (if any)(mm/dd/yyyy)            |    | Expiration Date (if any)(mm/dd/yyyy) |     | Expiration Date (if any)(mm/dd/yyyy)                   |
| Document Title                                  |    | Additional Information               |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |
| Document Title                                  |    |                                      |     |  |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |

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

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

|  |   |                           |  |          |
|--|---|---------------------------|--|----------|
| Signature of Employer or Authorized Representative                   |   | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative |          |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative |                           | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |   | City or Town              | State  | ZIP Code |

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

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

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

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

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

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

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

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



Dinwiddie County Public Schools  
14016 Boydton Plank Road / P.O. Box 7  
Dinwiddie, Virginia 23841

**PHYSICIAN'S TUBERCULOSIS CERTIFICATION  
FOR EMPLOYEES OF  
DINWIDDIE COUNTY PUBLIC SCHOOLS**

“As a condition to employment, every public school employee, including without limitation teachers, cafeteria workers, janitors and bus drivers, shall submit a certificate signed by a licensed physician, or by a registered nurse licensed pursuant to Article 2 (§ [54.1-3016](#) et seq.) of Chapter 30 of Title 54.1, stating that such employee appears free of communicable tuberculosis. Such certificate shall be based on recorded results of such skin tests, X-rays and other examinations, singly or in combination, as are deemed necessary by a licensed physician that have been performed within the twelve months' period immediately preceding submission of the certificate. After consulting with the local health director, any school board may require the submission of such certificates annually, or at such intervals as it deems appropriate, as a condition to continued employment.”

Code of Virginia § 22.1-300

Name of Employee \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address of Employee \_\_\_\_\_  
\_\_\_\_\_

**In compliance with State law, on the basis of chest x-ray, tests and/or examinations, I hereby certify that the above named is believed free of communicable tuberculosis as of this date.**

Signature of Health Care Provider \_\_\_\_\_

Address of Health Care Provider \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Health Care Provider \_\_\_\_\_

Date of Examination \_\_\_\_\_

I am a licensed health care provider in \_\_\_\_\_, United States of America.  
(State or District)

***This form MUST be returned to the Human Resources Department, Dinwiddie County Public Schools***



**Dinwiddie County Public Schools**  
**P.O. Box 7**  
**Dinwiddie, Virginia 23841**

## **RECORD OF EMPLOYEE'S BIRTH DATE**

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the following is  
my correct birth date as recorded on my  birth certificate /  marriage license.

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

\_\_\_\_\_  
Signature

# Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

**2020**

|  |  |           |  |
|--|--|-----------|--|
| <b>Step 1:</b><br><b>Enter Personal Information</b>  | (a) First name and middle initial              | Last name | (b) Social security number   |
|  | Address  |           | ▶ <b>Does your name match the name on your social security card?</b> 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) <b>Single or Married filing separately</b> |           |  |
| <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er))<br><input type="checkbox"/> <b>Head of household</b> (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 online estimator, and privacy.

**Step 2:** 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.

**Multiple Jobs or Spouse Works**

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 2020 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:</b><br><b>Claim Dependents</b>             | If your 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):</b><br><b>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 <b>pay period</b>   | <b>4(c)</b> | \$ |

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

|                       |   |                          |                                      |
|-----------------------|---|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address   | First date of employment | Employer identification number (EIN) |
|                       | Dinwiddie County Public Schools<br>14016 Boydton Plank Road / PO Box 7<br>Dinwiddie, Virginia 23841 |                          | 54-6001255                           |

## General Instructions

### 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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**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 the 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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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:
  - \$24,800 if you're married filing jointly or qualifying widow(er)
  - \$18,650 if you're head of
  - \$12,400 if you're single or married filing separately
 ..... 2 \$ \_\_\_\_\_
  
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). 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   | \$220           | \$850           | \$900           | \$1,020         | \$1,020         | \$1,020         | \$1,020         | \$1,020         | \$1,210         | \$1,870           | \$1,870           |
| \$10,000 -19,999                               | 220   | 1,220           | 1,900           | 2,100           | 2,220           | 2,220           | 2,220           | 2,220           | 2,410           | 3,410           | 4,070             | 4,070             |
| \$20,000 -29,999                               | 850   | 1,900           | 2,730           | 2,930           | 3,050           | 3,050           | 3,050           | 3,240           | 4,240           | 5,240           | 5,900             | 5,900             |
| \$30,000 -39,999                               | 900   | 2,100           | 2,930           | 3,130           | 3,250           | 3,250           | 3,440           | 4,440           | 5,440           | 6,440           | 7,100             | 7,100             |
| \$40,000 -49,999                               | 1,020   | 2,220           | 3,050           | 3,250           | 3,370           | 3,570           | 4,570           | 5,570           | 6,570           | 7,570           | 8,220             | 8,220             |
| \$50,000 -59,999                               | 1,020   | 2,220           | 3,050           | 3,250           | 3,570           | 4,570           | 5,570           | 6,570           | 7,570           | 8,570           | 9,220             | 9,220             |
| \$60,000 -69,999                               | 1,020   | 2,220           | 3,050           | 3,440           | 4,570           | 5,570           | 6,570           | 7,570           | 8,570           | 9,570           | 10,220            | 10,220            |
| \$70,000 -79,999                               | 1,020   | 2,220           | 3,240           | 4,440           | 5,570           | 6,570           | 7,570           | 8,570           | 9,570           | 10,570          | 11,220            | 11,240            |
| \$80,000 -99,999                               | 1,060   | 3,260           | 5,090           | 6,290           | 7,420           | 8,420           | 9,420           | 10,420          | 11,420          | 12,420          | 13,260            | 13,460            |
| \$100,000 -149,999                             | 1,870   | 4,070           | 5,900           | 7,100           | 8,220           | 9,320           | 10,520          | 11,720          | 12,920          | 14,120          | 14,980            | 15,180            |
| \$150,000 -239,999                             | 2,040   | 4,440           | 6,470           | 7,870           | 9,190           | 10,390          | 11,590          | 12,790          | 13,990          | 15,190          | 16,050            | 16,250            |
| \$240,000 -259,999                             | 2,040   | 4,440           | 6,470           | 7,870           | 9,190           | 10,390          | 11,590          | 12,790          | 13,990          | 15,520          | 17,170            | 18,170            |
| \$260,000 -279,999                             | 2,040   | 4,440           | 6,470           | 7,870           | 9,190           | 10,390          | 11,590          | 13,120          | 15,120          | 17,120          | 18,770            | 19,770            |
| \$280,000 -299,999                             | 2,040   | 4,440           | 6,470           | 7,870           | 9,190           | 10,720          | 12,720          | 14,720          | 16,720          | 18,720          | 20,370            | 21,370            |
| \$300,000 -319,999                             | 2,040   | 4,440           | 6,470           | 8,200           | 10,320          | 12,320          | 14,320          | 16,320          | 18,320          | 20,320          | 21,970            | 22,970            |
| \$320,000 -364,999                             | 2,720   | 5,920           | 8,750           | 10,950          | 13,070          | 15,070          | 17,070          | 19,070          | 21,290          | 23,590          | 25,540            | 26,840            |
| \$365,000 -524,999                             | 2,970   | 6,470           | 9,600           | 12,100          | 14,530          | 16,830          | 19,130          | 21,430          | 23,730          | 26,030          | 27,980            | 29,280            |
| \$525,000 and over                             | 3,140   | 6,840           | 10,170          | 12,870          | 15,500          | 18,000          | 20,500          | 23,000          | 25,500          | 28,000          | 30,150            | 31,650            |

**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                                     | \$460   | \$940           | \$1,020         | \$1,020         | \$1,470         | \$1,870         | \$1,870         | \$1,870         | \$1,870         | \$2,040         | \$2,040           | \$2,040           |
| \$10,000 -19,999                               | 940   | 1,530           | 1,610           | 2,060           | 3,060           | 3,460           | 3,460           | 3,460           | 3,640           | 3,830           | 3,830             | 3,830             |
| \$20,000 -29,999                               | 1,020   | 1,610           | 2,130           | 3,130           | 4,130           | 4,540           | 4,540           | 4,720           | 4,920           | 5,110           | 5,110             | 5,110             |
| \$30,000 -39,999                               | 1,020   | 2,060           | 3,130           | 4,130           | 5,130           | 5,540           | 5,720           | 5,920           | 6,120           | 6,310           | 6,310             | 6,310             |
| \$40,000 -59,999                               | 1,870   | 3,460           | 4,540           | 5,540           | 6,690           | 7,290           | 7,490           | 7,690           | 7,890           | 8,080           | 8,080             | 8,080             |
| \$60,000 -79,999                               | 1,870   | 3,460           | 4,690           | 5,890           | 7,090           | 7,690           | 7,890           | 8,090           | 8,290           | 8,480           | 9,260             | 10,060            |
| \$80,000 - 99,999                              | 2,020   | 3,810           | 5,090           | 6,290           | 7,490           | 8,090           | 8,290           | 8,490           | 9,470           | 10,460          | 11,260            | 12,060            |
| \$100,000 -124,999                             | 2,040   | 3,830           | 5,110           | 6,310           | 7,510           | 8,430           | 9,430           | 10,430          | 11,430          | 12,420          | 13,520            | 14,620            |
| \$125,000 -149,999                             | 2,040   | 3,830           | 5,110           | 7,030           | 9,030           | 10,430          | 11,430          | 12,580          | 13,880          | 15,170          | 16,270            | 17,370            |
| \$150,000 -174,999                             | 2,360   | 4,950           | 7,030           | 9,030           | 11,030          | 12,730          | 14,030          | 15,330          | 16,630          | 17,920          | 19,020            | 20,120            |
| \$175,000 -199,999                             | 2,720   | 5,310           | 7,540           | 9,840           | 12,140          | 13,840          | 15,140          | 16,440          | 17,740          | 19,030          | 20,130            | 21,230            |
| \$200,000 -249,999                             | 2,970   | 5,860           | 8,240           | 10,540          | 12,840          | 14,540          | 15,840          | 17,140          | 18,440          | 19,730          | 20,830            | 21,930            |
| \$250,000 -399,999                             | 2,970   | 5,860           | 8,240           | 10,540          | 12,840          | 14,540          | 15,840          | 17,140          | 18,440          | 19,730          | 20,830            | 21,930            |
| \$400,000 -449,999                             | 2,970   | 5,860           | 8,240           | 10,540          | 12,840          | 14,540          | 15,840          | 17,140          | 18,450          | 19,940          | 21,240            | 22,540            |
| \$450,000 and over                             | 3,140   | 6,230           | 8,810           | 11,310          | 13,810          | 15,710          | 17,210          | 18,710          | 20,210          | 21,700          | 23,000            | 24,300            |

**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   | \$830           | \$930           | \$1,020         | \$1,020         | \$1,020         | \$1,480         | \$1,870         | \$1,870         | \$1,930         | \$2,040           | \$2,040           |
| \$10,000 -19,999                               | 830   | 1,920           | 2,130           | 2,220           | 2,220           | 2,680           | 3,680           | 4,070           | 4,130           | 4,330           | 4,440             | 4,440             |
| \$20,000 -29,999                               | 930   | 2,130           | 2,350           | 2,430           | 2,900           | 3,900           | 4,900           | 5,340           | 5,540           | 5,740           | 5,850             | 5,850             |
| \$30,000 -39,999                               | 1,020   | 2,220           | 2,430           | 2,980           | 3,980           | 4,980           | 6,040           | 6,630           | 6,830           | 7,030           | 7,140             | 7,140             |
| \$40,000 -59,999                               | 1,020   | 2,530           | 3,750           | 4,830           | 5,860           | 7,060           | 8,260           | 8,850           | 9,050           | 9,250           | 9,360             | 9,360             |
| \$60,000 -79,999                               | 1,870   | 4,070           | 5,310           | 6,600           | 7,800           | 9,000           | 10,200          | 10,780          | 10,980          | 11,180          | 11,580            | 12,380            |
| \$80,000 - 99,999                              | 1,900   | 4,300           | 5,710           | 7,000           | 8,200           | 9,400           | 10,600          | 11,180          | 11,670          | 12,670          | 13,580            | 14,380            |
| \$100,000 -124,999                             | 2,040   | 4,440           | 5,850           | 7,140           | 8,340           | 9,540           | 11,360          | 12,750          | 13,750          | 14,750          | 15,770            | 16,870            |
| \$125,000 -149,999                             | 2,040   | 4,440           | 5,850           | 7,360           | 9,360           | 11,360          | 13,360          | 14,750          | 16,010          | 17,310          | 18,520            | 19,620            |
| \$150,000 -174,999                             | 2,040   | 5,060           | 7,280           | 9,360           | 11,360          | 13,480          | 15,780          | 17,460          | 18,760          | 20,060          | 21,270            | 22,370            |
| \$175,000 -199,999                             | 2,720   | 5,920           | 8,130           | 10,480          | 12,780          | 15,080          | 17,380          | 19,070          | 20,370          | 21,670          | 22,880            | 23,980            |
| \$200,000 -249,999                             | 2,970   | 6,470           | 8,990           | 11,370          | 13,670          | 15,970          | 18,270          | 19,960          | 21,260          | 22,560          | 23,770            | 24,870            |
| \$250,000 -349,999                             | 2,970   | 6,470           | 8,990           | 11,370          | 13,670          | 15,970          | 18,270          | 19,960          | 21,260          | 22,560          | 23,770            | 24,870            |
| \$350,000 -449,999                             | 2,970   | 6,470           | 8,990           | 11,370          | 13,670          | 15,970          | 18,270          | 19,960          | 21,260          | 22,560          | 23,900            | 25,200            |
| \$450,000 and over                             | 3,140   | 6,840           | 9,560           | 12,140          | 14,640          | 17,140          | 19,640          | 21,530          | 23,030          | 24,530          | 25,940            | 27,240            |

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

-----  
Detach here and give the certificate to your employer. Keep the top portion for your records  
-----

### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

|                             |       |          |
|-----------------------------|-------|----------|
| Your Social Security Number | Name  |          |
| Street Address              |       |          |
| City                        | State | Zip Code |

#### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

## FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

### PERSONAL EXEMPTION WORKSHEET

**You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.**

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

**NOTE:** A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

### FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

|                                      | Taxable Years<br>2005, 2006<br>and 2007 | Taxable Years<br>2008 and<br>2009 | Taxable Years<br>2010 and<br>2011 | Taxable Years<br>2012 and<br>Beyond |
|--------------------------------------|---|-----------------------------------|-----------------------------------|-------------------------------------|
| Single                               | \$7,000                                 | \$11,250                          | \$11,650                          | \$11,950                            |
| Married                              | \$14,000                                | \$22,500                          | \$23,300                          | \$23,900                            |
| Married, filing a separate<br>return | \$7,000                                 | \$11,250                          | \$11,650                          | \$11,950                            |

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.



## Acceptable Computer System Use

Section G – Personnel; Code GAB-R/IIBEA-R

All use of the Dinwiddie School Division's computer system shall be consistent with the School Board's goal of promoting educational excellence by facilitating resource sharing, innovation and communication. The term computer system includes, but is not limited to, hardware, software, data, communication lines and devices, terminals, printers, CD-ROM devices, tape or flash drives, servers, mainframe and personal computers, tablets, cellular phones, smart phones, the internet and any other internal or external network.

### Computer System Use-Terms and Conditions:

1. **Acceptable Use.** Access to the Division's computer system shall be (1) for the purposes of education or research and be consistent with the educational objectives of the Division or (2) for legitimate school business.
2. **Privilege.** The use of the Division's computer system is a privilege, not a right.
3. **Unacceptable Use.** Each user is responsible for his or her actions on the computer system. Prohibited conduct includes but is not limited to:
  - using the network for any illegal or unauthorized activity, including violation of copyright or contracts, or transmitting any material in violation of any federal, state, or local law.
  - sending, receiving, viewing or downloading illegal material via the computer system.
  - unauthorized downloading of software.
  - using the computer system for private financial or commercial purposes.
  - wastefully using resources, such as file space.
  - gaining unauthorized access to resources or entities.
  - posting material created by another without his or her consent.
  - submitting, posting, publishing, or displaying any obscene, profane, threatening, illegal, or other inappropriate material.
  - using the computer system while access privileges are suspended or revoked.
  - vandalizing the computer system, including destroying data by creating or spreading viruses or by other means.
  - intimidating, harassing, bully, or coercing others.
  - threatening illegal or immoral acts.
4. **Network Etiquette.** Each user is expected to abide by generally accepted rules of etiquette, including the following:
  - be polite.
  - users shall not forge, intercept or interfere with electronic mail messages.
  - use appropriate language. The use of obscene, lewd, profane, lascivious, threatening or disrespectful language is prohibited.
  - users shall not post personal information other than directory information as defined in Policy [JO](#) Student Records about themselves or others.
  - users shall respect the computer system's resource limits.
  - users shall not post chain letters or download large files.
  - users shall not use the computer system to disrupt others.
  - users shall not modify or delete data owned by others.

5. **Liability.** The School Board makes no warranties for the computer system it provides. The School Board shall not be responsible for any damages to the user from use of the computer system, including loss of data, non-delivery or missed delivery of information, or service interruptions. The School Division denies any responsibility for the accuracy or quality of information obtained through the computer system. The user agrees to indemnify the School Board for any losses, costs, or damages incurred by the School Board relating to or arising out of any violation of these procedures.
6. **Security.** Computer system security is a high priority for the school division. If any user identifies a security problem, the user shall notify the building principal or system administrator immediately. All users shall keep their passwords confidential and shall follow computer virus protection procedures.
7. **Vandalism.** Intentional destruction of or interference with any part of the computer system through creating or downloading computer viruses or by any other means is prohibited.
8. **Charges.** The School Division assumes no responsibility for any unauthorized charges or fees as a result of using the computer system, including telephone or long-distance charges.
9. **Electronic Mail.** The School Division's electronic mail system is owned and controlled by the School Division. The School Division may provide electronic mail to aid students and staff in fulfilling their duties and as an education tool. Electronic mail is not private. Students' electronic mail will be monitored. The electronic mail of staff may be monitored and accessed by the School Division. All electronic mail may be archived. Unauthorized access to an electronic mail account by any student or employee is prohibited. Users may be held responsible and personally liable for the content of any electronic message they create or that is created under their account or password. Downloading any file attached to an electronic message is prohibited unless the user is certain of that message's authenticity and the nature of the file.
10. **Enforcement.** Software will be installed on the division's computers having Internet access to filter or block internet access through such computers to child pornography and obscenity. The online activities of users may also be monitored manually.

**Any violation of these regulations shall result in loss of computer system privileges and may also result in appropriate disciplinary action, as determined by School Board policy, or legal action.**



## Acceptable Computer System Use Statement of Agreement

**Each employee must acknowledge and sign this Agreement as a condition for using the School Division's computer system.**

Prior to acknowledging this Agreement, read Policy [GAB/IIBEA](#) and Regulation [GAB-R/IIBEA-R](#), Acceptable Computer System Use. If you have any questions about this policy or regulation, contact your supervisor or your student's principal.

I understand and agree to abide by the School Division's Acceptable Computer System Use Policy and Regulation. I understand that the School Division may access and monitor, and archive my use of the computer system, including my use of the internet, e-mail and downloaded material, without prior notice to me. I further understand that should I violate the Acceptable Use Policy or Regulation, my computer system privileges may be revoked and disciplinary action and/or legal action may be taken against me.

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

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

School/Department: \_\_\_\_\_



**Dinwiddie County Public Schools**  
**P.O. Box 7**  
**Dinwiddie, Virginia 23841**

## **DRUG-FREE WORKPLACE REGULATIONS**

1. If an employee has voluntarily sought assistance for prior use, and voluntarily admits to a drug or alcohol problem prior to any testing (random/reasonable suspicion), and upon the review of a favorable Substance Abuse Professional (SAP) evaluation, an employee may be placed on a non-safety sensitive position during rehabilitation. A list will be provided of SAPs.
2. Any employee, while on duty, who tests between a level of .02 - .07 for alcohol will stand-down twelve (12) hours from time of testing without pay. The employee must report to designated personnel before returning to duty and submit to re-testing. Testing at a level of and above .08 for alcohol or the presence of a controlled substance will result in resignation or immediate termination of employment.
3. The employee will pay for any rehabilitation in conjunction with their health insurance plan.
4. An employee subject to testing due to reasonable suspicion will be transported by school authorities within two (2) hours maximum to a designated collection site.
5. Employees refusing to submit to testing (random/reasonable suspicion) may be terminated.
6. Designated school authorities shall follow School Board policy and provide proper documentation should an employee exercise his/her hearing rights as specified in Dinwiddie County Public Schools Personnel Policy GBEA (Unlawful Manufacture, Distribution, Dispensing, Possession or Use of a Controlled Substance).

**Policy GBEA:** The Dinwiddie County School Board is committed to maintaining a Drug-Free Workplace.

### **Prohibited Conduct**

Employees may not unlawfully manufacture, distribute, dispense, possess or use a controlled substance on school property, at any school activity or on any school-sponsored trip. It is a condition of employment that each employee of the Dinwiddie School Board will not engage in such prohibited conduct and will notify the Dinwiddie School Board of any criminal drug conviction for a violation occurring on school property, at any school activity or on any school-sponsored trip no later than 5 days after such conviction. An employee who is convicted of criminal drug activity for a violation occurring on school property, at any school activity or on any school-sponsored trip will be subject to appropriate discipline, up to and including termination, or required to satisfactorily participate in a drug abuse assistance or rehabilitation program.

### **Discipline**

Within 30 days of receiving notice from a School Board employee as described above, the superintendent and School Board will take appropriate personnel action up to and including dismissal of any employee found to have engaged in prohibited conduct listed above or require satisfactory participation in a drug abuse assistance or rehabilitation program approved by a federal, state, or local health, law enforcement, or other appropriate agency.

### **Distribution of Policy**

All employees are given a copy of this policy.

### **Drug-Free Awareness Program**

The Dinwiddie School Board shall establish a drug-free awareness program to inform its employees about the dangers of drug abuse in the workplace, the Board's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs and the penalties that may be imposed upon employees for violations of laws and policies regarding drug abuse.

**NOTE:** All employees who hold a commercial drivers license (CDL) will be subject to these rules and regulation in addition to Department of Transportation regulations and FHWA rules.

# ALCOHOL AND DRUG TESTING REQUIREMENTS

## DEFINITIONS

### **ALCOHOL**

The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl and isopropyl alcohol.

### **ALCOHOL USE**

The consumption of any beverage, mixture, or preparation, including any medication containing alcohol.

### **CDL – COMMERCIAL DRIVERS LICENSE**

Required to operate a Commercial Motor Vehicle (CMV)

### **EVIDENTIAL BREATH TESTING DEVICE (EBT)**

A device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath and placed on NHTSA's "Confirming List of Evidential Breath Measurement Devices" (CPL).

### **FHWA**

The Federal Highway Administration

### **MEDICAL REVIEW OFFICER (MRO)**

A licensed physician (medical doctor or doctor of osteopathy) responsible for receiving laboratory results generated by an employer's drug testing program who has knowledge of substance abuse disorders, and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

### **REFUSAL TO SUBMIT (to an alcohol or controlled substances test)**

Means that an employee (1) fails to provide adequate breath for testing without a valid medical explanation after he or she has received notice of the requirements for breath testing in accordance with the provisions of this part, (2) fails to provide adequate urine for controlled substance testing without a valid medical explanation after he or she has received notice of the requirement for urine testing in accordance with the provisions of this part, or (3) engages in conduct that clearly obstructs the testing process.

### **STAND DOWN**

Means the employee who tests above 0.02 on an alcohol breath test will not be allowed to remain on the job for a designated period of time and is subject to the sanctions contained in the regulations.

### **SUBSTANCE ABUSE PROFESSIONAL (SAP)**

A licensed physical (medical doctor or doctor of osteopathy), or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission) with knowledge or and clinical experience in the diagnosis and treatment or alcohol and controlled substances related disorders.





## DRUG-FREE WORKPLACE CONSENT/RELEASE FORM

As a condition of my employment with the Dinwiddie County School Board, I certify the following:

1. I have received and read Policy [GBEA](#) (Unlawful Manufacture, Distribution, Dispensing, Possession or Use of a Controlled Substance) and regulations regarding a drug-free and alcohol-free workplace as required by The Drug-Free Workplace Act, 41 U.S.C., Section 701, [et.seq.](#) and the Code of Virginia, Section 22.10397, and I agree to abide by the terms stated therein.
2. I agree to abide by the School Board's drug and alcohol regulations and submit to random/reasonable suspicion tests, while on duty, as a condition of my continued employment. I authorize any laboratory or medical provider to release test results to the Dinwiddie County School Board and designated personnel.
3. I understand upon reasonable suspicion that if I am in violation of this regulation, the Superintendent, or his/her designee, may require that I be tested for alcohol by use of a breathalyzer (or equivalent device), or be tested for drugs at a designated facility.
4. I expressly authorize the School Board or its Medical Review Office (MRO), upon request, to release any test-related information, including positive results, to the Unemployment Compensation Commission or other government agency investigating my employment or the termination thereof.
5. I agree to notify the Director of Human Resources of the Dinwiddie County Public Schools of any criminal drug or controlled substance statute conviction within five (5) days. I understand that within ten (10) working days of notice, the Director of Human Resources and/or his/her designee will advise any affected federal agency of that conviction. I understand that I may receive disciplinary sanctions up to and including dismissal of any such convictions, as well as for any other violation of the school system's regulations regarding controlled substance and alcohol abuse.

I understand that this agreement does not limit any right to terminate my employment or be terminated in accordance with federal and state laws.

---

Name of Employee

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Assignment/Work Location

---

Signature

---

Date



## **E-mail Usage Policy**

Section G – Personnel; Code – G

### **Introduction**

This policy sets out the general rules and guidelines for use of electronic mail (e-mail) in the Dinwiddie County Public Schools (DCPS), including electronic noticeboards hosted therein. E-mail and other electronic information systems will reduce the need for paper-based communication. DCPS makes an e-mail system available and encourages the appropriate use of e-mail as an alternative to paper based communication.

The DCPS e-mail system is coordinated and managed by the Department of Technology. No other e-mail system (server or client) is recognized or supported by DCPS.

### **Use of E-mail**

The e-mail system is DCPS property and DCPS reserves the right to monitor and to access any e-mail messages. The use of e-mail for personal purposes is permitted for convenience. All users are responsible for ensuring that their e-mail usage is within regulations and is ethical and lawful. The sending of text or images that contain material of an offensive, indecent or obscene nature is prohibited.

Provided the appropriate security guidelines are followed, e-mails sent from one user to another on the same e-mail system are relatively secure - any other e-mails should at all times be regarded as having the same status as a postcard. Users of e-mail should be aware of formal requirements and good practice in the use of e-mail as set out in the sections below.

E-mail may be used for any legal activity in furtherance of the aims or policies of DCPS, subject to the conditions listed below. The following specific uses are excluded:

- Any use that violates DCPS policies, standards or administrative notices;
- The use of another individual's e-mail account using that individual's identity (i.e. the individual's username/password details);
- Impersonation or misrepresentation of another individual;
- Alterations of source or destination address information;
- The use of e-mail that could result in the inadvertent commitment of DCPS to a contract or agreement if it appears to the other party that he/she has authority to do so;
- The use of e-mail for personal reasons to promote or denigrate companies or organizations, or defame other employees.

### **Misuse of E-mail**

Penalties for misuse of e-mail will depend on the seriousness of the offence, and be in accordance with current DCPS Procedures.

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### **Code of Practice for E-mail Users**

Users should make every effort to adhere to the following guidelines for appropriate use:

- Check your e-mails regularly;
- Be polite. Messages sent by e-mail can often seem abrupt, even when this is not the intention. Use professional courtesy and discretion. The use of all upper-case text in either the subject or the body of an e-mail should also be avoided as this is deemed to be the e-mail equivalent of shouting;
- Do not reply with history of message if it is not necessary, especially if it incorporates a large attachment.
- Do not use "Reply to All" and distribution lists unless the message is relevant to all the specified recipients in order to keep the number of your messages to a minimum and reduce the risk of sending messages to the wrong people;
- Set the Auto Responder (Out-of-Office) to deal with your e-mail if you are away;
- Messages should be clearly addressed to those from whom an action or response is expected, "cc" or "bcc" should be used for other recipients of the message;
- Respect privacy and consider this aspect before forwarding messages;
- Delete unwanted or unnecessary e-mail. It is the user's responsibility to manage their own e-mail folders and keep within the quota limits set. The Technology Department can give advice and assistance if required;
- Unsolicited e-mail, especially with an attachment, may contain a virus. If in doubt, delete the e-mail or contact the Technology Department before opening if possible;
- Do not attempt to carry out confidential or sensitive tasks exclusively by e-mail;
- Enter a meaningful 'Subject' field to help the reader anticipate the content correctly;
- Do not use all or part of someone else's message without acknowledgement. Do not edit someone else's message without making clear the changes that you have made and do not distribute other people's messages without permission;
- Avoid subscribing to unnecessary mailing lists. Unsubscribe from mailing lists when they are no longer required;
- E-mail group lists provided by the Technology Department should be used for matters of DCPS or individual school business. Use of multiple e-mail group lists should be avoided unless absolutely necessary. Prior permission from the Technology Department is required to send a message to all users;
- Do not forward e-mail "chain letters". These are e-mails which either ask you to forward them on to all your friends (or to everyone you know) or which state that something bad will happen if you do not forward them on. E-mails of this type, including those warning about something (e.g. computer viruses), are almost certainly hoaxes;
- If you are unsure about any e-mail that you've received, contact the Technology Department for assistance.

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### **Cautionary Notes**

The nature of e-mail is such that total confidentiality cannot be guaranteed and users should be aware of the following points about the use of e-mail:

- Copies of e-mail may exist on a back-up copy or a remote system even after the author or recipient has deleted the message;
- E-mail may be forwarded by any recipient without the author's consent, although it may not have been the author's intention. A forwarded message may be a modified version of the original;
- It is possible for the author or sender of an e-mail to disguise or alter their identity;
- Organizations outside DCPS may have different policies on e-mail. Some consider it the property of the organization, subject to examination, copying or forwarding. Be aware of this possibility when sending e-mail;
- A reply to a personal message sent via a 'list server' or electronic bulletin board may be inadvertently distributed to all subscribers to the list;
- Usernames and passwords should not be disclosed to others. This could result in security breaches and other people using your e-mail account to send unauthorized messages. Suspected security breaches should be reported to the Technology Department at once;
- Once a message is sent, there is no way to recall it. Check carefully that messages are addressed to the correct recipient(s) before sending.

### **Auditing**

The Technology Department does not routinely monitor or access e-mail. All e-mails, however, arriving at Dinwiddie County Public Schools are automatically scanned for viruses and for "spam" content, i.e. whether they match unsolicited, nuisance, e-mails previously sent to the School DCPS - any such e-mails are blocked. Filtering/virus-scanning can never be 100% effective so any unsolicited e-mails/attachments should always be treated with caution. Similarly, an e-mail may be incorrectly marked as infected or "spam" and therefore some e-mails could be blocked unnecessarily. The Technology Department reserves the right of access to users' e-mail and audit logs on both the client workstation as well as the servers for legitimate purposes, such as investigation of complaints of misuse. Content and audit logs for both sent and received e-mail may be inspected (including personal e-mail) at any time without notice. Authorization must always be given by the Director of the Technology Department (or designee) for access to staff e-mail.

The Technology Department will endeavor to maintain privacy of e-mail. There may be special cases, however, when it is essential that e-mail messages are accessed due to, for example, illness of the owner of a mailbox. In these instances, on the request of the appropriate Administrative personnel and on the authorization of the Director of the Technology Department (or designee), the Technology Department may locate and make available e-mail messages for access by a member of staff. The owner of the mailbox will be notified in due course.

Certain authorized members of the Technology Department may necessarily have access to the contents of e-mail messages in the course of system administration. Any knowledge thus obtained will not be communicated to others, unless required for system administration.

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The Technology Department reserves the right to take special actions in administering e-mail if this is essential to preserve the integrity or functionality of the systems. This may include the deletion of e-mail.

**Retention**

DCPS has an automatic centralized system to archive e-mails. This enables DCPS to track down previous e-mails in respect of correspondence that would be significant in an internal or external matter (e.g. correspondence of a contractual nature). It will also be used to provide access to information, when required to do so, in response to a request for information pursuant to the Virginia Freedom of Information Act.

The e-mails are stored as part of an archiving system. Generally, e-mails will be archived for a period of no less than two calendar years.

**Deletion and Archiving**

E-mail messages are archived along with other files in accordance with existing Technology Department operational procedures so messages deleted by users might still be held on archives. Archiving of e-mail messages, however, is not intended to act as a backup to user mailboxes and recovery will be limited to division critical messages. Users should make an effort to maintain their own essential messages.

**Security – Opening and Closing of Accounts**

Computer and e-mail accounts for staff are set up by the Technology Department. Associated passwords are issued directly to the end user or via faculty staff.

Before leaving employment at Dinwiddie County Public Schools, staff should unsubscribe from any e-mail lists that they may have subscribed to and delete any personal e-mails in their account. If there are any work-related e-mails that need to be transferred to another user then these e-mails should be forwarded as appropriate – contact the Technology Department if assistance is required.

At the discretion of the DCPS Administration, following the departure of a member of staff from DCPS, that user's e-mail account will be disabled for a period of 2 weeks after which time the account will be deleted. DCPS Administration may request access to the closed mailbox be given to another member of staff for this duration.

**Disclaimer**

All e-mail messages sent from DCPS will include an e-mail disclaimer, as follows: "The information conveyed in this communication is intended for the use of the original addressee(s), and may be legally privileged, confidential, and/or exempt from disclosure under applicable law. If this communication was not addressed or copied to you, then you have received it in error and are strictly prohibited from reading, copying, distributing, disseminating, or transmitting any of the information it conveys. If you received this communication in error, please destroy all electronic, paper, and other copies, and notify the sender of the error immediately. Accidental transmission of this communication is not intended to waive any privilege or confidentiality protected under Virginia's Freedom of Information Act."

**Review**

It is the responsibility of the Technology Department to review regularly the content of the Electronic Mail Usage Policy for relevancy.



## **E-mail Usage Policy**

### **Statement of Agreement**

Each employee must acknowledge and sign this Agreement as a condition for using the Division's email system.

By my signature below, I attest that I have read [Policy Section G – Personnel](#); [Code G](#); and will comply with the E-Mail Usage policy employed by Dinwiddie County Public Schools.

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

School/Department: \_\_\_\_\_

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