



DINWIDDIE COUNTY PUBLIC SCHOOLS

NEW EMPLOYEE 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 or before 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, except the signed Letter of Intent.
- If you have any questions about these requirements, you may contact Human Resources by email or phone.

<input type="checkbox"/>	<i>New Employee Responsibility Checklist</i>	<ul style="list-style-type: none"> ● Print this checklist as the cover page for your packet.
Required Pre-Employment Documents		
<input type="checkbox"/>	<i>Background and Criminal History Record Search (FBI Fingerprint LIVE SCAN)</i>	<ul style="list-style-type: none"> ● All School Division employees are required to undergo an FBI Fingerprint and Criminal Background Investigation, conducted at the Dinwiddie County Public Safety building. The LIVE SCAN card is not available online. Employees may pick one up in the Human Resources Office. ● 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.
<input type="checkbox"/>	<i>Central Registry Release of Information (CPS Form)</i>	<ul style="list-style-type: none"> ● All School Division employees are required to have a Child Offender Background Investigation before starting to work. ● DO NOT SIGN this form before coming to HR; we will notarize it for the employee. ● NO FEE IS REQUIRED. ● Answer all questions completely and accurately by printing clearly in black ink. ● Forms that contain strike outs, correction tape, or "white-out" will be returned. ● All sections MUST BE completed. If left blank the form will be returned. ● If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name. If, no middle name, write "NMN". ● If any answer is none, write "N/A", except for maiden name (leave blank) and middle name (write "NMN"). ● 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.

<input type="checkbox"/>	<p>Direct Deposit Form</p>	<ul style="list-style-type: none"> • 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. • For Direct Deposit: <ul style="list-style-type: none"> ✓ Complete the authorization form and attach a voided personal check or verification of account information from employee's bank (most are available online). ✓ This form cannot be accepted without one of the above documents attached. • For Rapid! PayCard: <ul style="list-style-type: none"> ✓ Rapid! PayCards are prepaid cards that are loaded up by employers every pay period. The Rapid! PayCard® lets employees collect, manage, and spend their money with the convenience of a prepaid card, while providing greater security than carrying cash. ✓ Complete the authorization form. HR will set up the employee account, register and issue the employee's card. • Employees will have online access to their pay stub with an explanation of their earnings and deductions.
<input type="checkbox"/>	<p>Employee Demographic Record</p>	<ul style="list-style-type: none"> • All School Division employees need to complete the top portion of this form with their contact information, as well as, their emergency contact information. • The remainder of the form (<i>gender, date of birth, marital status, ethnicity, education and veteran status</i>) is voluntary. 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. • Employees may provide future updates to HR.
<input type="checkbox"/>	<p>Employment Eligibility Verification (I-9 Form)</p>	<ul style="list-style-type: none"> • 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. • To complete this required form, refer to the list of acceptable identifications on the last page of the form and bring to HR either: <ol style="list-style-type: none"> 1. One form of identification from List A. <p>OR</p> <ol style="list-style-type: none"> 2. Two forms of identification. One from List B AND one from List C. • This form cannot be accepted without verification of the proper <u>original, unexpired</u> document(s), as listed above. • Employees only need to print and complete pages 1 and 2.
<input type="checkbox"/>	<p>Employment Verification</p>	<ul style="list-style-type: none"> • Employees will need to complete this form, for prior employment verification and to receive transfer of any eligible sick leave balances. • Complete one sheet for each employer. • Complete PART I to grant permission for the previous employer to release all information requested. • Provide the prior employer's name and address.
<input type="checkbox"/>	<p>Notice to Employee Exempt from FLSA Regulations</p>	<ul style="list-style-type: none"> • Employees must read and sign the Federal Fair Labor Standards Act.
<input type="checkbox"/>	<p>Physician's Certificate (Tuberculin Screening)</p>	<ul style="list-style-type: none"> • All School Division employees must provide proof of a negative tuberculin test dated within one year of the employee's start date. • Employees who have not had a recent TB test are expected to have the screening performed and documented on the certification form. • 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. • An employee's TB test must be completed before bringing their documents into HR.

<input type="checkbox"/>	Record of Employee's Date of Birth	<ul style="list-style-type: none"> All School Division employees are required to certify their date of birth as it may appear on either their birth certificate or marriage license.
<input type="checkbox"/>	Regulations/Policies (Acceptable Computer System Use, Drug-Free Workplace, E-mail Usage)	<ul style="list-style-type: none"> All School Division employees must sign each Consent/Release form for each of the three (3) Regulations/Policies and return to HR. Employees should keep the Regulations/Policies for their records.
<input type="checkbox"/>	VA-4	<ul style="list-style-type: none"> This form is required for state income taxes. We cannot provide tax advice.
<input type="checkbox"/>	W-4	<ul style="list-style-type: none"> This form is required for federal income taxes. We cannot provide tax advice.

Other Required Employment Documents

<input type="checkbox"/>	Signed Letter of Intent	<ul style="list-style-type: none"> The employee's letter will be emailed. This must be signed and emailed back within three (3) days of receipt.
<input type="checkbox"/>	Application for a Virginia License	<ul style="list-style-type: none"> Visit the Virginia Department of Education at: http://www.doe.virginia.gov/teaching/licensure/. Select the appropriate licensure packet. See licensure checklist below for additional details. The Provisional Special Education License is available through HR. Complete the licensure checklist and all required licensure documents. Employees must submit completed licensure packets, along with their check or money order, to the HR Office within fifteen (15) days of receiving their Letter of Intent.

**The following information applies to all new contracted employees at DCPS.
Please review the checklist with your supervisor within your first week of work.**

<input checked="" type="checkbox"/>	When	What	Responsible Party
<input type="checkbox"/>	First Day	<ul style="list-style-type: none"> Employee attends scheduled onboarding day. 	Onboarding Team
<input type="checkbox"/>		<ul style="list-style-type: none"> Employee must bring all required pre-employment documents (above), if not already submitted. 	<i>(Documents must be original or certified copies. Photocopies cannot be accepted.)</i> Human Resources Specialist
<input type="checkbox"/>		<ul style="list-style-type: none"> Employee gets fingerprinted at the Dinwiddie Public Safety building, if not already completed. 	Employee
<input type="checkbox"/>		<ul style="list-style-type: none"> Employee laptop is issued. 	Technology
<input type="checkbox"/>		<ul style="list-style-type: none"> IT sets up new account / Creates email ID. 	Technology
<input type="checkbox"/>		<ul style="list-style-type: none"> Employee Portal is created. 	Benefits Coordinator
<input type="checkbox"/>		<ul style="list-style-type: none"> Frontline account is created and employees learn to track their leave. 	Benefits Coordinator
<input type="checkbox"/>		<ul style="list-style-type: none"> Overview of employee benefits. 	Benefits Coordinator / Mark III
<input type="checkbox"/>		<ul style="list-style-type: none"> Learn more about the school division, procedures, and additional information. 	Human Resources
<input type="checkbox"/>		<ul style="list-style-type: none"> Learn more about DCPS payroll and finance. 	Payroll / Finance
<input type="checkbox"/>		<ul style="list-style-type: none"> Employee will be photographed for a DCPS ID badge and will receive their badge at New Teacher Orientation or sent to your school/department. 	Receptionist
<input type="checkbox"/>	First Week	<ul style="list-style-type: none"> Employee meets with Benefits Coordinator if needed. 	Employee / Benefits Coordinator
<input type="checkbox"/>		<ul style="list-style-type: none"> New Teacher Orientation for all new teachers. 	Instructional Specialist (Innovation & Development)
<input type="checkbox"/>		<ul style="list-style-type: none"> Employee reviews required policies, training and learns to complete a timesheet if applicable. 	Employee / Building Administrator

✓	When	What	Responsible Party
<input type="checkbox"/>	<i>First Month</i>	<ul style="list-style-type: none"> Enroll in or waive health coverage. Open Enrollments must be completed by August 30th. Annual Enrollments must be completed within 30 calendar days of employment. 	Employee / Mark III
<input type="checkbox"/>		<ul style="list-style-type: none"> Enroll in flexible spending (if desired) by 30th calendar day of employment. 	Employee / Benefits Coordinator
<input type="checkbox"/>		<ul style="list-style-type: none"> Review and evaluate retirement savings options. 	Employee / Benefits Coordinator
<input type="checkbox"/>		<ul style="list-style-type: none"> Apply for group life insurance (if desired) by 31st calendar day of employment. 	Employee / Benefits Coordinator
<input type="checkbox"/>		<ul style="list-style-type: none"> Complete all required training. 	Employee / Building Administrator
<input type="checkbox"/>		<ul style="list-style-type: none"> Teachers only: Work with your Principal to set goals in Perform. 	Building Administrator
<input type="checkbox"/>	<i>Varies</i>	<ul style="list-style-type: none"> Life Status Changes such as birth, death, adoption, or marriage should be reported to the Benefits Coordinator or Mark III if an adjustment to insurance needs to be made. 	Employee

HUMAN RESOURCES
 14016 Boydton Plank Road / PO Box 7
 PHONE: (804) 469-4190
 FAX: (804) 469-4197

LICENSURE CHECKLIST

Teachers, principals, guidance counselors, school psychologists, school social workers, school managers, vocational evaluators, and superintendents are required to hold a valid license by the Virginia Department of Education. **Licensure documents for all personnel are due to the Director of Human Resources within 15 days from your start date.** Otherwise, your contract may be null and void, and you may be placed on substitute pay status.

- **REQUIRED Application for a Virginia License:** Complete pages 1 and 2.
- **REQUIRED Application fee:** The fee is determined by your address on the application: \$100.00 for Virginia residents; \$150.00 out-of-state. A check or money order, payable to the Treasurer of Virginia, is accepted.
- **REQUIRED Official transcript(s) conferring all degree(s) and transfer credits:** The VDOE does not accept photocopies, PDFs, eSCRIP-SAFE transcripts. Transcripts by third-party vendors like Parchment and Transcripts Network must arrive in a sealed envelope.
- **REQUIRED Child Abuse Recognition and Intervention Training:** Submit a copy of your certificate from the free 90-minute training available at <http://www.dss.virginia.gov/abuse/mr.cgi>. Select the “Required Training/Courses” tab under the Heading “Child Protective Services.” Then, select the “CWSE 5691 Child Abuse and Neglect: Recognizing, Reporting, & Responding (for educators) (Web page).
- **REQUIRED Emergency First Aid, CPR, and Use of AEDs:** Evidence of the certification or training in emergency first aid, cardiopulmonary resuscitation, and the use of automated external defibrillators shall include hands-on practice of the skills necessary to perform cardiopulmonary resuscitation.
- **REQUIRED Dyslexia Awareness training:** Submit a copy of your certificate from the free module available at: <http://www.doe.virginia.gov/teaching/licensure/dyslexia-module/story.html>.

College Verification Form (if applicable): If you completed a teacher preparation program, send the form to the Licensure Office at the college or university where you completed your program. The university licensure official or designee should complete the required information and return it directly to DCPS, Human Resources.

Report on Experience Form* (if applicable): If you have full-time contracted teaching experience in grades K-12, complete the upper portion of the form and send it to your previous employer. The Human Resources Official or manager must sign, date, and return the form directly to DCPS, Human Resources.

School Counselor Training (if applicable): Persons seeking initial licensure or renewal of a license with an endorsement as a school counselor must complete training in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse. Use the link to access the license application below for updates.

Out-of-State Teaching Licenses* (if applicable): If you have a valid out-of-state teaching license, submit a copy. Test scores (if applicable): We can apply for the license without your test scores. Teachers who meet the test exemption criteria must verify 3+ years full-time K-12 experience on the Report on Experience Form* and provide a copy of a valid, out-of-state full teaching license*.

Industry Certification (if applicable): Every teacher seeking initial licensure with an endorsement in the area of career and technical education shall have an industry certification credential in the area in which the teacher seeks endorsement. The eight broad career and technical areas required to hold an industry certification include: Agriculture Education, Business and Information Technology, Family and Consumer Sciences Education, Health and Medical Sciences Education, Marketing, Military Science, Technology Education, Trade and Industrial Education. An Industry certification credential is earned by successfully completing a Board of Education-approved industry certification examination, being issued a state professional license, or successfully completing an occupational competency examination. For more information, refer to the Industry Credential Guidance Document available on the Virginia Department of Education’s Website.

USE THIS LINK TO ACCESS THE LICENSE APPLICATION

<http://www.doe.virginia.gov/teaching/licensure/index.shtml>

QUESTIONS? Contact Emily Branch at ebranch@dcpsnet.org or 804-469-4190

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 (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) - No initials (if middle name is an initial, indicate "Initial Only")			
Maiden Name (last name before marriage)	Sex <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 (given at birth)	Maiden Name	Race	Sex	Date of Birth (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 (given at birth)	Relationship	Sex	Date of Birth (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 10th 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 8th Grade
- Completed 8th 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 □□□□ - □□ - □□□□		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): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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.")

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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.

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

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.



VERIFICATION OF EMPLOYMENT

DINWIDDIE COUNTY PUBLIC SCHOOLS
 ATTN: HUMAN RESOURCES
 P.O. BOX 7
 DINWIDDIE, VIRGINIA 23841
 (804) 469-4190
 Fax: (804) 469-4197

The Dinwiddie County Public School System has employed me and I hereby grant permission to release all information requested in Part II below. I would appreciate your completing and returning this form within five (5) days to the Human Resources Department at the address or fax number above.

 Signature (include name under which employed)

PART I: TO BE COMPLETED BY EMPLOYEE

First Name _____ Middle Name _____ Last Name _____

Social Security Number _____ Position Held _____

PART II: TO BE COMPLETED BY FORMER EMPLOYER

(Please list each school session separately)

DATES OF SERVICE		NO. OF DAYS IN CONTRACT YR.	NO. OF DAYS EMPLOYED	SPECIFY FULL TIME/ PART TIME	POSITION HELD
FROM MO/DAY/YR	TO MO/DAY/YR				

Was the employee on a continuing contract? Yes No

Was the school accredited at the time of employment? Yes No

If yes, list name of accrediting agency _____

Sick Leave Balance: _____ days/hours as of _____ (please circle days or hours)

Signature _____ Title _____

School System Employer _____ Date: _____

Address _____

Phone Number () _____



DINWIDDIE COUNTY PUBLIC SCHOOLS
ATTN: HUMAN RESOURCES
P.O. BOX 7
DINWIDDIE, VIRGINIA 23841
(804) 469-4190
Fax: (804) 469-4197

TO: **Personnel Department**

NAME OF SCHOOL: _____

ADDRESS: _____

FROM: Sheri Athey, Human Resources Specialist
Dinwiddie County Public Schools

DATE: _____

RE: **Employment Verification**

The person named on the reverse side has been employed by our school system and has indicated that he/she served in a professional capacity with your school system or institution. We would appreciate it if you would complete and return the information requested within five (5) days to the Human Resources Department at the address or fax number above.

If you need additional information, please contact me at (804) 469-4190.



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

NOTICE TO EMPLOYEE EXEMPT FROM FLSA REGULATIONS

Employee's Name (Print)

It has been determined that you are exempt from the provisions of the Federal Fair Labor Standards Act (FLSA).

Exempt employees are employees who, based on the duties performed and the manner of compensation, are exempt from the FLSA minimum wage and overtime provisions. Exempt employees are paid an established monthly or annual salary and are expected to fulfill the duties of their positions regardless of the hours worked. They do not receive premium overtime, straight overtime or compensatory time for working more than forty (40) hours in a workweek.

Employee's Signature

Date



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

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) Single or Married filing separately		

- Married filing jointly** (or Qualifying widow(er))
- Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App 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.)

Step 3: Claim Dependents	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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

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

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Dinwiddie County Public Schools 14016 Boydton Plank Road / PO Box 7 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.

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 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 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.

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

The superintendent and School Board will take appropriate personnel action up to and including dismissal of any employee found in violation of paragraphs A(1) or A(2), above. Such personnel action will include the imposition of a sanction on, or the requiring of the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is convicted of a violation occurring on school property, at any school activity or on any school-sponsored trip.

Distribution of Policy

All employees shall be 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 statue 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

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.

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.

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.

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: _____