



## 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 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 applicable)*
- If you have any questions about these requirements, you may contact Human Resources by email or phone.

|  |   |   |
|--|---|---|
| <input type="checkbox"/>                 | <b><i>New Employee<br/>Responsibility Checklist</i></b>   | <ul style="list-style-type: none"> <li>• Print this checklist as the cover page for your packet.</li> </ul>   |
| <b>Required Pre-Employment Documents</b> |   |   |
| <input type="checkbox"/>                 | <b><i>Background and Criminal<br/>History Record Search<br/>(FBI Fingerprint LIVE<br/>SCAN)</i></b>             | <ul style="list-style-type: none"> <li>• All School Division employees are required to undergo an FBI Fingerprint and Criminal Background Investigation, conducted at the Dinwiddie County Public Safety building. <b>The LIVE SCAN card is not available online. Employees may pick one up in the Human Resources Office.</b></li> <li>• The search will disclose convictions nationwide and the <b>results must be received before starting to work</b>. This could take 6-8 weeks if there is any arrest or conviction history.</li> </ul>   |
| <input type="checkbox"/>                 | <b><i>Commonwealth of VA<br/>Department of State Police<br/>Permission to Fingerprint<br/>(SP-325 Form)</i></b> | <ul style="list-style-type: none"> <li>• This form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified business/organization</li> </ul>   |
| <input type="checkbox"/>                 | <b><i>Central Registry<br/>Release of Information<br/>(CPS Form)</i></b>  | <ul style="list-style-type: none"> <li>• All School Division employees are required to have a Child Offender Background Investigation before starting to work.</li> <li>• <b>DO NOT SIGN this form</b> before coming to HR; we will notarize it for the employee.</li> <li>• <b>NO FEE IS REQUIRED.</b></li> <li>• Answer all questions completely and accurately by printing clearly in black ink.</li> <li>• Forms that contain strike outs, correction tape, or "white-out" will be returned.</li> <li>• All sections <b>MUST BE</b> completed. If left blank the form will be returned.</li> <li>• If a middle name is an initial, indicate "initial only" otherwise, enter a full birth middle name. If, no middle name, write "NMN".</li> <li>• If any answer is none, write "N/A", except for maiden name (leave blank) and middle name (write "NMN").</li> <li>• If extra space is needed to complete the form (i.e., providing information on addresses, spouses, and children), attach an additional sheet along with the form to be mailed.</li> </ul> |

|                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | <b>Direct Deposit Form</b>                             | <ul style="list-style-type: none"> <li>• Direct Deposit is required of all School Division employees. Earnings may be deposited into a checking or savings account or onto the Rapid! PayCard, if preferred.</li> <li>• <b>For Direct Deposit:</b> <ul style="list-style-type: none"> <li>✓ Complete the authorization form <b>and</b> attach a <b>voided personal check</b> or verification of <b>account information from employee's bank</b> (most are available online).</li> </ul> </li> <li>• <b>For Rapid! PayCard:</b> <ul style="list-style-type: none"> <li>✓ Rapid! PayCards are <b>prepaid cards</b> that are loaded up by employers <b>every pay</b> period. The <b>Rapid! PayCard®</b> lets employees collect, manage, and spend their money with the convenience of a prepaid card, while providing greater security than carrying cash.</li> <li>✓ Complete the authorization form. HR will set up the employee account, register and issue the employee's card.</li> </ul> </li> <li>• Employees will have online access to their pay stub with an explanation of their earnings and deductions.</li> </ul> |
| <input type="checkbox"/> | <b>Employee Demographic Record</b>                     | <ul style="list-style-type: none"> <li>• All School Division employees need to complete the <b>top portion</b> of this form with their contact information, as well as, their <b>emergency contact</b> information.</li> <li>• The remainder of the form (<i>gender, date of birth, marital status, ethnicity, education and veteran status</i>) is <b>voluntary</b>. Pursuant to federal regulations, we collect responses to these questions for record keeping/statistical purposes only. Federal law prohibits unlawful discrimination based on race, color, sex, age, national origin, religion, or disability.</li> <li>• Employees may provide future updates to HR.</li> </ul>   |
| <input type="checkbox"/> | <b>Employment Eligibility Verification (I-9 Form)</b>  | <ul style="list-style-type: none"> <li>• All School Division employees are required to complete the I-9 form to confirm their eligibility to work in the United States. The form must be completed on or before the first day of employment.</li> <li>• To complete this required form, refer to the list of acceptable identifications on the last page of the form and bring to HR either:             <ol style="list-style-type: none"> <li>1. One form of identification from List A.</li> </ol> <p><b>OR</b></p> <ol style="list-style-type: none"> <li>2. Two forms of identification. One from List B <b>AND</b> one from List C.</li> </ol> </li> <li>• <b>This form cannot be accepted without verification of the proper <u>original, unexpired</u> document(s), as listed above.</b></li> <li>• Employees only need to print and complete pages 1.</li> </ul>  |
| <input type="checkbox"/> | <b>Employment Verification</b>                         | <ul style="list-style-type: none"> <li>• Employees will need to complete this form, for prior employment verification and to receive transfer of any <b>eligible sick leave balances if applicable</b>.</li> <li>• Complete one sheet for each employer.</li> <li>• Complete PART I to grant permission for the previous employer to release all information requested.</li> <li>• Provide the prior employer's name and address.</li> </ul>   |
| <input type="checkbox"/> | <b>Notice to Employee Exempt from FLSA Regulations</b> | <ul style="list-style-type: none"> <li>• Employees must read and sign the Federal Fair Labor Standards Act.</li> <li>• <b>EXEMPT EMPLOYEES ONLY</b> need to complete. (<i>refer to job description for status</i>)</li> </ul>  |
| <input type="checkbox"/> | <b>Physician's Certificate (Tuberculin Screening)</b>  | <ul style="list-style-type: none"> <li>• All School Division employees must provide proof of a negative tuberculin test dated within one year of the employee's start date.</li> <li>• Employees who have not had a recent TB test are expected to have the screening performed and documented on the certification form.</li> <li>• Dinwiddie County Public Schools does not pay for the cost of the TB test. Employees may use a doctor or facility of their choice at their own expense.</li> <li>• An employee's TB test <b>must be completed</b> before bringing their documents into HR.</li> </ul>  |

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | <b>Record of Employee's Date of Birth</b>   | <ul style="list-style-type: none"> <li>All School Division employees are required to certify their date of birth as it may appear on either their birth certificate or marriage license.</li> </ul>   |
| <input type="checkbox"/> | <b>Commonwealth of VA Department of State Police Waiver</b>                                     | <ul style="list-style-type: none"> <li>Read and sign Waiver Agreement and Statement in Section 1.</li> </ul>  |
| <input type="checkbox"/> | <b>Regulations/Policies (Acceptable Computer System Use, Drug-Free Workplace, E-mail Usage)</b> | <ul style="list-style-type: none"> <li>All School Division employees must sign each Consent/Release form for each of the three (3) Regulations/Policies and return to HR.</li> <li>Employees should keep the Regulations/Policies for their records.</li> </ul> |
| <input type="checkbox"/> | <b>VA-4</b>   | <ul style="list-style-type: none"> <li>This form is required for state income taxes.</li> <li>We cannot provide tax advice.</li> </ul>  |
| <input type="checkbox"/> | <b>W-4</b>  | <ul style="list-style-type: none"> <li>This form is required for federal income taxes.</li> <li>We cannot provide tax advice.</li> </ul>  |

**Other Required Employment Documents (if applicable to your position)**

|                          |   |  |
|--------------------------|---|--|
| <input type="checkbox"/> | <b>Signed Letter of Intent (If applicable)</b>            | <ul style="list-style-type: none"> <li>The employee's letter will be emailed. This must be signed and emailed back <b>within three (3) days of receipt.</b></li> </ul>   |
| <input type="checkbox"/> | <b>Application for a Virginia License (If applicable)</b> | <ul style="list-style-type: none"> <li>Visit the Virginia Department of Education at: <a href="http://www.doe.virginia.gov/teaching/licensure/">http://www.doe.virginia.gov/teaching/licensure/</a>.</li> <li>Select the appropriate licensure packet. See licensure checklist below for additional details. The Provisional Special Education License is available through HR.</li> <li>Complete the licensure checklist and all required licensure documents.</li> <li>Employees must submit completed licensure packets, along with their check or money order, to the HR Office <b>by the prescribed deadline.</b></li> <li>Proof of applicable <b>professional license</b>, as described in the job description, must be provided. Submit a copy of your license along with your other required documents.</li> </ul> |

**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"/>            | <b>First Day</b>  | <ul style="list-style-type: none"> <li>Employee attends scheduled onboarding day.</li> </ul>   | Onboarding Team   |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Employee must bring all required pre-employment documents (above), if not already submitted.</li> </ul>           | (Documents must be original or certified copies. Photocopies cannot be accepted.)<br>Human Resources Specialist |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Employee gets fingerprinted at the Dinwiddie Public Safety building, if not already completed.</li> </ul>         | Employee  |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Employee laptop is issued. (if applicable for position)</li> </ul>  | Technology  |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>IT provides new account / Creates email ID.</li> </ul>  | Technology  |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Employee Portal is created.</li> </ul>  | Benefits Coordinator  |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Overview of employee benefits. (Full-time contracted employees only)</li> </ul>                                   | Benefits Coordinator / Mark III   |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Learn more about the school division, procedures, and additional information.</li> </ul>                          | Human Resources   |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Learn more about DCPS payroll and finance.</li> </ul>   | Payroll / Finance   |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Employee will be photographed for a DCPS ID badge.</li> <li>Badges are sent to your school/department.</li> </ul> | Receptionist  |
| <input type="checkbox"/>            |                   | <ul style="list-style-type: none"> <li>Employee meets with Benefits Coordinator if needed. (Full-time contracted employees only)</li> </ul>              | Employee / Benefits Coordinator   |
| <input type="checkbox"/>            | <b>First Week</b> | <ul style="list-style-type: none"> <li>Employee reviews required policies, training and learns to complete a timesheet if applicable.</li> </ul>         | Employee / Building Administrator   |
| <input type="checkbox"/>            |                   |  |   |

| ✓                        | When  | What  | Responsible Party                 |
|--------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> | <b>First Month</b><br><i>(Benefits are offered to all full-time contracted employees)</i> | <ul style="list-style-type: none"> <li>Enroll in or waive health coverage. Open Enrollments must be completed by August 15<sup>th</sup>. Supplemental Benefits Enrollment must be completed by August 30<sup>th</sup>. Annual Enrollments must be completed within 30 calendar days of employment.</li> </ul> | Employee / Mark III               |
| <input type="checkbox"/> |   | <ul style="list-style-type: none"> <li>Enroll in flexible spending (if desired) by deadline provided during Open Enrollment.</li> </ul>   | Employee / Benefits Coordinator   |
| <input type="checkbox"/> |   | <ul style="list-style-type: none"> <li>Review and evaluate retirement savings options.</li> </ul>   | Employee / Benefits Coordinator   |
| <input type="checkbox"/> |   | <ul style="list-style-type: none"> <li>Apply for group life insurance (if desired) by 31<sup>st</sup> calendar day of employment.</li> </ul>  | Employee / Benefits Coordinator   |
| <input type="checkbox"/> |   | <ul style="list-style-type: none"> <li>Complete all required training.</li> </ul>   | Employee / Building Administrator |
| <input type="checkbox"/> | <b>Varies</b>   | <ul style="list-style-type: none"> <li>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.</li> </ul>  | Employee                          |

## LICENSURE

**Licensure documents for specified personnel are due to Human Resources by the prescribed deadline** or your contract may be null and void, and you may be placed on substitute pay status. 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.

**ALL Other Professional Licenses (if applicable):** Employees must meet the licensure requirements within their job description. Proof of licensure is required by providing a copy of your valid unexpired license to the Human Resources department.

## USE THIS LINK TO ACCESS THE LICENSE APPLICATION

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

QUESTIONS? Contact Jessica Eppes at jeppes@dcpsnet.org or 804-469-4190

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



**~~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 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**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Purpose of Search, Check one:</b>            |  |   |  |  |  |
| <input type="checkbox"/> Adam Walsh Law         | <input type="checkbox"/> Adoptive Parent                 | <input type="checkbox"/> Babysitter/Family Day Care |  |  |  |
| <input type="checkbox"/> CASA                   | <input type="checkbox"/> Children's Residential Facility | <input type="checkbox"/> Custody Evaluation         | <input type="checkbox"/> Day Care Center | <input type="checkbox"/> Foster Parent |  |
| <input type="checkbox"/> Institutional Employee | <input type="checkbox"/> Other Employment                | <input type="checkbox"/> School Personnel           | <input type="checkbox"/> Volunteer       | <input type="checkbox"/> Other         |  |

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

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

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

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

**Applicant's Prior Addresses**

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

**Marital Status**    Single    Married    Divorced    Widowed    Partner

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

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

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

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



**Search Fee \$10.00**

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

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

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

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

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

City/County of \_\_\_\_\_

Commonwealth/State of \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public Signature** ..... **Botary 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 / PayCard Registration

|                            |               |                    |     |
|----------------------------|---------------|--------------------|-----|
| Name: Last, First, Initial |               | Date of Birth      |     |
|                            |               |                    |     |
| Address (Mailing)          | City          | State              | Zip |
|                            |               |                    |     |
| Phone Number               | Email Address | Employee SS Number |     |
|                            |               |                    |     |

☐ **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.

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: \_\_\_\_\_ 124085244

Account Number: \_\_\_\_\_

Customer ID: \_\_\_\_\_

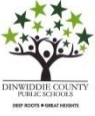
A voided check, bank direct deposit form, screen capture or other acceptable forms of documentation from the financial institution, as approved by the employer, is required for each bank account. **DISCLAIMER: If you do not provide sufficient documentation, we cannot be held liable if your deposit is delayed due to incorrect information given. Although we will work to rectify any issues as soon as possible, processing times may vary depending on the situation.**

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# DINWIDDIE COUNTY PUBLIC SCHOOLS

## HUMAN RESOURCES DEPARTMENT

### EMPLOYEE DEMOGRAPHIC RECORD

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

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

POSITION \_\_\_\_\_

LOCATION \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

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

#### **IN AN EMERGENCY PLEASE NOTIFY**

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

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

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

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

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

Gender ☐ Female ☐ Male ☐ Non-Binary Date of Birth \_\_\_\_\_ MARITAL STATUS Married ☐ Single ☐  
*(Month/Day/Year)*

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

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

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

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

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

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

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

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

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

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

Dinwiddie County Public Schools  
14016 Boynton 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 07/31/2026

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

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

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

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

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

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

| List A  |  | OR  | List B   | AND | List C                                |
|---|--|---|--|-----|---------------------------------------|
| Document Title 1  |  |   |  |     |                                       |
| Issuing Authority   |  |   |  |     |                                       |
| Document Number (if any)  |  |   |  |     |                                       |
| Expiration Date (if any)  |  |   |  |     |                                       |
| Document Title 2 (if any)   |  | <b>Additional Information</b>   |  |     |                                       |
| Issuing Authority   |  |   |  |     |                                       |
| Document Number (if any)  |  |   |  |     |                                       |
| Expiration Date (if any)  |  |   |  |     |                                       |
| Document Title 3 (if any)   |  |   |  |     |                                       |
| Issuing Authority   |  | Check here if you used an alternative procedure authorized by DHS to examine documents. |  |     |                                       |
| Document Number (if any)  |  |   |  |     |                                       |
| Expiration Date (if any)  |  |   |  |     |                                       |
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. |  |   |  |     | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative  |  |   | Signature of Employer or Authorized Representative                         |     | Today's Date (mm/dd/yyyy)             |
| Employer's Business or Organization Name  |  |   | Employer's Business or Organization Address, City or Town, State, ZIP Code |     |                                       |

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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

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



# 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<br>IN<br>CONTRACT YR. | NO. OF<br>DAYS<br>EMPLOYED | SPECIFY<br>FULL TIME/<br>PART TIME | POSITION HELD |
|-------------------|-----------------|-----------------------------------|----------------------------|------------------------------------|---------------|
| FROM<br>MO/DAY/YR | TO<br>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:** Kathy McCoun, 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

# FORM VA-4

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF TAXATION  
**PERSONAL EXEMPTION WORKSHEET**  
(See back for instructions)

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

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

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

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

COMPLETE THE APPLICABLE LINES BELOW

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

Signature

Date

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

## FORM VA-4 INSTRUCTIONS

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

### PERSONAL EXEMPTION WORKSHEET

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

Line 1. You may claim an exemption for yourself.

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

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

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

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

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

### FORM VA-4

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

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

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

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

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

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

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

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

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



## Acceptable Computer System Use

Section G – Personnel; Code IIBEA-R/GAB-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, flash drives, servers, personal computers, tablets, cellular phones, smartphones, artificial intelligence, 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.
  - submitting work generated by another or artificial intelligence and claiming it as your own
  - 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, bullying, 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 not utilize another user's password to access hardware or software (including online and artificial intelligence resources).
- 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 - Employee

Statement of Agreement

Section G – Personnel; Code IIBEA/GAB-F

**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](#), Acceptable Computer System Use. If you have any questions about this policy or regulation, contact your supervisor or your building 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, downloaded material, and artificial intelligence content without prior notice to me. I further understand that should I violate the Acceptable Use Policy or Regulation, my computer system privileges may be revoked and disciplinary action and/or legal action may be taken against me.

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

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

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





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

**DRUG-FREE WORKPLACE**  
**REGULATIONS**

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

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

**Prohibited Conduct**

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

**Discipline**

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

**Distribution of Policy**

All employees are given a copy of this policy.

**Drug-Free Awareness Program**

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

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

# **ALCOHOL AND DRUG TESTING REQUIREMENTS**

## **DEFINITIONS**

### **ALCOHOL**

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

### **ALCOHOL USE**

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

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

Required to operate a Commercial Motor Vehicle (CMV)

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

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

### **FHWA**

The Federal Highway Administration

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

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

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

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

### **STAND DOWN**

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

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

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



## DRUG-FREE WORKPLACE CONSENT/RELEASE FORM

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

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

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

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Name of Employee

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Assignment/Work Location

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Signature

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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 notice-boards hosted therein. E-mail and other electronic information systems will reduce the need for paper-based communication. DCPS makes an e-mail system available and encourages the appropriate use of e-mail as an alternative to paper based communication.

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

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

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

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

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

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

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

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

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

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

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

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### **Cautionary Notes**

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

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

### **Auditing**

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

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

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



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

**Retention**

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

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

**Deletion and Archiving**

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

**Security – Opening and Closing of Accounts**

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

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

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

**Disclaimer**

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

**Review**

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



## **E-mail Usage Policy**

### **Statement of Agreement**

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

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

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

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

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



# COMMONWEALTH OF VIRGINIA

## DEPARTMENT OF STATE POLICE

### National Criminal Record Request for Employees or Volunteers Providing Care to Children, the Elderly, or Disabled under the National Child Protection Act and the Volunteers for Children Act

Pursuant to the National Child Protection Act of 1993, as amended, this form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom national criminal history records are requested by a qualified business/organization under these laws.

#### Instructions to the Applicant/Volunteer and Qualified Business/Organization:

- **Applicant** must provide name, address and date of birth and sign the disclosure in Section I. Optionally, the Applicant may complete and sign the Waiver Agreement and Statement in Section I. One Applicant Fingerprint Card (FD-258) must be completed and submitted with this form.
- **Qualified Business/Organization** must complete all information in Section II. Complete payment information in Section III. Mail a *copy* of this completed form and Applicant Fingerprint Card (FD-258) with payment to: Virginia State Police, Non-Criminal Justice, P.O. Box 85076, Richmond, VA 23285-5076. This signed *original* form must be retained by the qualified business/organization. If the fingerprint card is mailed to VSP, a *copy* of this form should be attached.

#### SECTION I. APPLICANT OR VOLUNTEER – PLEASE READ THOROUGHLY

The qualified business/organization named below is entitled by §19.2-392.02 of the Code of Virginia to:

1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal records search the qualified business/organization may choose to deny me unsupervised access to children, the elderly, or disabled for which the entity provides care.

I am a current prospective (check one): ☐ Employee ☐ Volunteer

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### APPLICANT/VOLUNTEER DISCLOSURE

By virtue of my signature I certify the name, address, and personal descriptive information is accurate as recorded on this document and fingerprint impressions belong to me. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form.

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

#### WAIVER AGREEMENT AND STATEMENT - OPTIONAL

I hereby authorize (**Enter Name of Qualified Business/Organization**) \_\_\_\_\_ to submit a set of my fingerprints through the fingerprint vendor or mail along with this form to the Virginia State Police (VSP), for the purpose of accessing and reviewing Virginia and national criminal history records that may pertain to me directly from the Virginia Central Criminal Records Exchange (CCRE) pursuant to Virginia Code §19.2-389. By signing this optional Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified business/organization with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

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

#### SECTION II. TO BE COMPLETED BY QUALIFIED BUSINESS/ORGANIZATION

I hereby submit this written request for the fingerprints attached to be searched through the CCRE and the Federal Bureau of Investigation to assist in determining suitability for employment/volunteering services in the care of children, the elderly or disabled. As recorded in the section below. I represent a qualified business/organization entitled to receive fingerprint-based searches pursuant to §19.2-392.02 of the Code of Virginia.

Business/Organization Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Account/Tracking # \_\_\_\_\_

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Printed name

#### SECTION III. PAYMENT OPTIONS:

Check one payment choice – personal checks not accepted:

**Search Fees: Employment - \$27.00 Volunteer - \$20.00**

☐ MasterCard ☐ Visa ☐ Virginia State Police NCJ Account or Tracking # \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

☐ Certified/Business Check or Money Order payable to Virginia State Police

**ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION**

## Notice to Applicant/Volunteer

### Directions for Challenging a Criminal History Record

In the event you are determined not qualified to work or volunteer in a position that involves access to children, the elderly or disabled you may initiate a personal review of a criminal record. Please remember: you were fingerprinted for the position and the Central Criminal Records Exchange (CCRE) of the Department of State Police has determined the fingerprints are identical to criminal fingerprints on file at CCRE and/or the Federal Bureau of Investigation (FBI) and a conviction exists which is a barrier to employment or volunteering services. To initiate a review of a criminal record, follow these instructions:

#### CCRE – Criminal Record within the Commonwealth of Virginia

Report to Virginia State Police Administrative Headquarters between the hours of 8:00 am and 4:30 pm at 7700 Midlothian Turnpike, Richmond, Virginia or a VSP Area Office\* and inform the receptionist you desire to challenge a criminal record. You must provide two forms of identification, one of which must contain a photograph. Your fingerprints will be obtained and searched against the criminal record fingerprint database and the criminal history record for the State of Virginia only will be reviewed with you. Should you have a discrepancy either at the charge or final disposition level you must address it with the contributor of the record or the court or arresting agency that submitted the record to CCRE. CCRE staff will provide the necessary guidance and information to establish contact with a contributing agency.

\* VSP Area Office locations are listed at: [https://www.vsp.virginia.gov/Office\\_Locations.shtml](https://www.vsp.virginia.gov/Office_Locations.shtml)

#### FBI – Criminal Record outside the Commonwealth of Virginia

Telephone the FBI, Special Correspondence Unit at (304) 625-5590, or visit <https://www.fbi.gov/services/cjis/identity-history-summary-checks> for instructions.

#### Privacy Act Statement

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

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

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

Applicant's Rights: Your fingerprints will be used to check the criminal history records of the FBI and the Central Criminal Records Exchange (CCRE) of the Virginia State Police. You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) You may obtain a copy of your Virginia Criminal History by submitting VSP Form SP-167, available at [http://www.vsp.state.va.us/CJIS\\_Criminal\\_Record\\_Check.shtml](http://www.vsp.state.va.us/CJIS_Criminal_Record_Check.shtml), to the CCRE. You may challenge the accuracy or completeness of a Virginia criminal history record through the CCRE Expungement/Record Challenge Section, which can be reached at (804) 674-6723 for further information about this process.

**ORIGINAL SIGNED FORM MUST BE RETAINED BY QUALIFIED BUSINESS/ORGANIZATION. IF THE SUBMISSION OF FINGERPRINTS IS NOT DONE ELECTRONICALLY, A FINGERPRINT CARD SHOULD BE MAILED TO VSP ALONG WITH A COPY OF THIS FORM.**

# VIRGINIA HUMAN RIGHTS ACT REASONABLE ACCOMMODATIONS FOR DISABILITY

## **Protections from Discrimination – Va. Code § 2.2-3905.1**

Effective July 1, 2021, employers with more than five employees for a 20-week period in the current or preceding year must provide reasonable accommodations for otherwise qualified persons with disabilities if necessary to assist such person in performing a particular job, unless the accommodation would impose an undue hardship on the employer. “Person with a disability” means any person who has a physical or mental impairment that substantially limits one or more of her major life activities or who has a record of such impairment. Employers also may not, in response to a request for a reasonable accommodation for disability:

- take adverse actions against an employee;
- deny employment or promotions; or
- require an employee to take leave if another reasonable accommodation can be provided.

## **Reasonable Accommodations**

Examples of reasonable accommodations include modifying work policies, permitting the use of leave, reassignment to a vacant position, acquisition or modification of equipment, assistance with manual labor, job restructuring, a modified work schedule, and light duty assignments.

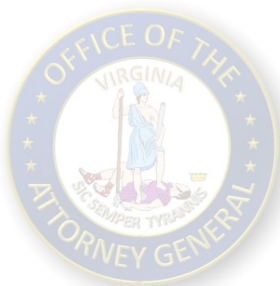
## **Interactive Process**

When an employee requests an accommodation, employers must engage in a timely, good faith interactive process with the employee to determine if the requested accommodation is reasonable and, if not, discuss alternative reasonable accommodations that may be provided.

## **Complaints**

Any person who believes they were discriminated against on this basis may file a complaint with the Office of Civil Rights.

## **OFFICE OF THE ATTORNEY GENERAL**



Office of Civil Rights  
202 North 9<sup>th</sup> Street  
Richmond, Virginia 23219  
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