



HUMAN RESOURCES
12400 SE Freeman Way,
Milwaukie, Oregon 97222
Phone: 503-353-6000
Fax: 503-353-7378

INSTRUCTIONS FOR HIRING STUDENT WORKERS

- 1) **Instructions for Hiring.** Please read carefully. In order for the district to pay our student workers, we must have the following forms completed ***before*** a timecard is submitted to payroll. All documents need to be turned into Human Resources, #955, within 3 working days of starting the work assignment.
- 2) **Student Profile for Employment.** Please have student fill out completely. School representative will fill in the "1st Date Worked" field.
- 3) **I-9 Form.** Must be signed within 3-days from employee's first day of work. To complete the I-9 form student must present proper identification. For example, a current and valid Passport OR Photo ID and Social Security Card OR Photo ID and Original Birth Certificate. *****Take copy of student's ID which you will send with other documents to HR.*****
- 4) **W4 Forms (federal & state required).** Please have student complete and sign/date both forms. **Questions:** refer them to the optional worksheets/instruction pages for help. We cannot give tax advise.
- 5) **Direct Deposit.** If you are interested in having your paycheck deposited to your bank account, please complete this form. Otherwise your paycheck will be mailed. **Note:** if student does not have a bank account, please still collect the DD form with notes that they choose to "opt out".
- 6) **Criminal History Verification/Background Check Authorization Form.** Student to complete all sections, sign and date form.
- 7) **Fingerprint Payment Form.** Student is responsible for the \$66 criminal history/fingerprint fee (CASH, check made payable to NCSD, or payment voucher). Student needs to sign under payment information AND sign/date form below the acknowledgment section. Please attach payment to this form and sign the "Personnel Services Signature" line.
- 8) **Payment Voucher.** Please fill out voucher form with student name, budget code or "check will be sent", sign form, and date.
- 9) **Fieldprint Fingerprint Information Packet.** To schedule the student's fingerprint appointment please review the entire Fieldprint packet. You will need the Fieldprint code and school ID number (located at the bottom of the front page) when scheduling. There is a \$12.50 fee that must be paid by credit/debit or school P-card (upon approval). Student's appointment must be made within five (5) business days from receipt of packet.
- 10) **What to bring to fingerprint appointment.** Student will need to bring their appointment number, along with two (2) forms of valid identification, at least one (1) of which must be government-issued photo ID.

If you have any questions, please contact Jenn Johnson, Human Resources (503-353-6015).

Thank you for all that you do for our students!



STUDENT PROFILE FOR EMPLOYMENT

(Please print clearly)

1st DATE WORKED
(REQUIRED)

____/____/____

Name: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Gender: Female ☐ Male ☐ X ☐

Marital Status: Single ☐ Married ☐

Administrator: _____ (Print Name) _____ (Signature)

☐ Position Title: Student Kitchen Worker DAC/Unit#: _____

☐ Position Title: Student Land Lab Worker DAC/Unit#: _____

☐ Position Title: After-School Program Student Worker DAC/Unit#: _____

☐ Position Title: Temporary Tech Support DAC/Unit#: _____

☐ Other: _____ DAC/Unit#: _____

For the purpose of implementing the District's policies and to meet the reporting requirements of State and Federal agencies, please provide the following information below. ****Refer to back of form for: gender, ethnicity, and race definitions****

Part 1 - ETHNICITY:

Are you Hispanic or Latino? No ☐ Yes ☐

Part 2 - RACE: You may choose at least one of the following racial groups:

☐ Caucasian or White ☐ African American or Black ☐ Asian

☐ Native American or Alaska Native ☐ Native Hawaiian or Pacific Islander

☐ Two or More Races

Part 3 - LANGUAGE OF ORIGIN: First or native language(s) spoken in the home in early childhood

1. _____ 2. _____ 3. _____ 4. _____



GENDER DEFINITIONS:

F: Female

M: Male

X: People who identify as non-binary, including intersex and gender fluid, or non-specified

ETHNICITY DEFINITION:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

RACE DEFINITIONS:

Caucasian or White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

African American or Black – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native American or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and/or who maintain tribal affiliation or community attachment.

Two or More Races – All persons who identify with more than one of the above five races.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

2022

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

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

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **3** \$

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

**Step 5:
Sign
Here**

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

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

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

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

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

2022 Form OR-W-4

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(Rev. 09-30-21, ver. 01)

Oregon Department of Revenue



Office use only

Oregon Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> Redetermination
Address			City	State ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

1. **Select one:** ☐ Single ☐ Married ☐ Married, but withholding at the higher single rate.

Note: Check the "Single" box if you're married and you're legally separated or if your spouse is a nonresident alien.

2. **Allowances.** Total number of allowances you're claiming on line **A4**, **B15**, or **C5**. If you meet a qualification to skip the worksheets and you aren't exempt, **enter 0**2.

3. **Additional amount**, if any, you want withheld from each paycheck..... 3. .00

4. **Exemption from withholding.** I certify that my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:

- Enter the corresponding exemption code. (See instructions)..... 4a.
- Write "Exempt" 4b.

Sign here. Under penalty of false swearing, I declare that the information provided is true, correct, and complete.

Employee's signature (This form isn't valid unless signed.)	Date
---	------

Employer use only.

Employer's name	Federal employer identification number (FEIN)		
Employer's address	City	State	ZIP code

— Submit this form to your employer —

NORTH CLACKAMAS SCHOOL DISTRICT

Required Form

Direct Deposit Authorization

This form supersedes any direct deposit form previously submitted

EMPLOYEE # _____

Employee Name: _____ SSN (if no Employee #): _____

☐ New to Direct Deposit

☐ Change Account(s) or Financial Institution(s)

☐ Add Account(s)

☐ Change Amount Only (no documentation required)

INSTRUCTIONS

Please complete and return this form directly to Business Services in-person, by mail, or courier to 957. **DO NOT EMAIL THIS FORM.**

It is required that you attach a voided check or other bank documentation with routing and account numbers so account information can be verified. Direct Deposit forms received by the 10th of the month will become effective for the current month's payroll.

Because of its many benefits, direct deposit is highly encouraged. To opt out of direct deposit, please contact Business Services at 503.353.1905 or 503.353.6022 or in writing at Business Services, 12400 SE Freeman Way, Milwaukie, OR 97222.

On payday you will receive an earnings statement showing gross pay, taxes, deductions, and net pay. Your net pay can be directly deposited into a single account or distributed in up to three different accounts.

IMPORTANT: Your routing number is the first set of numbers on the lower left corner of your check. Your account number is the second set of numbers following the routing number.

ACCOUNT DESIGNATIONS

Financial Institution _____ Routing number _____

Accountholder Name _____ Account number _____

☐ Checking

☐ Savings

☐ All

☐ Dollar Amount \$ _____

Financial Institution _____ Routing number _____

Accountholder Name _____ Account number _____

☐ Checking

☐ Savings

☐ All

☐ Dollar Amount \$ _____

Financial Institution _____ Routing number _____

Accountholder Name _____ Account number _____

☐ Checking

☐ Savings

☐ All

☐ Dollar Amount \$ _____

IMPORTANT INFORMATION

Please note: The District (NCSD) recommends that you schedule automatic payments on the 27th or later to assure funds are in your account. If the ESD technology center suffers significant physical damage, the disaster recovery plan includes a minimum of one day delay in access to the payroll system. In the event of a significant natural disaster in this area, the power required to operate equipment and produce payroll may be unavailable for a period of time.

AUTHORIZATION

I hereby authorize NCSD to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account(s) indicated above. This authority remains in full force until NCSD has received timely notification from me of its termination.

Signature _____

Date ____ / ____ / ____ Day phone (____) _____

North Clackamas School District

Criminal History Verification/Background Check Authorization Form

TO BE COMPLETED BY CANDIDATE
PLEASE PRINT ALL REQUESTED INFORMATION.

Full Legal Name: _____
Last First Middle

Other Names Used: _____

Current Address: _____

City/State/ZIP Code: _____

Driver License #/State: _____ Social Security #: _____ Date of Birth: _____

List all your previous addresses in the **last 10 years** including all school and military locations. Attach separate piece of paper if needed.

Date From	Date to	Complete Street Address	City/State	Zip
	current			

North Clackamas School District

Criminal History Verification/Background Check Authorization Form

WARNING: Falsely responding or failure to fully disclose information to the questions listed below may prohibit your employment or clearance for volunteer assignment. If you have any questions, be certain you ask before you submit this form. DO NOT ASSUME conviction records have been AUTOMATICALLY sealed, removed, or expunged.

1. Have you **EVER** been convicted of a sex-related crime? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.

2. Have you **EVER** been convicted of a crime involving violence or threat of violence? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.

3. Have you **EVER** been convicted of a crime involving criminal activity with drugs or alcoholic beverages? O yes O no
If yes, was the conviction in Oregon or another state? Please specify which state if not Oregon.

4. Have you **EVER** been convicted of any other crime except a minor traffic violation? This includes traffic crimes. O yes O no
5. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? O yes O no

If you answered yes to any of the above questions, please explain in detail on a separate piece of paper and attach.

Advisory: A criminal history and background check will be made by the North Clackamas School District (NCSD). Providing your social security number on this form is required in order for the district to complete the criminal history verification and background check process.

The privacy act of 1974 (PL.93-579) requires that federal, state or local agencies inform individuals whose social security number is requested whether such disclosure is mandatory or voluntary, basis of authority for such solicitation and uses which will be made of it.

By signing below, I verify that the information I provided on this document is true and accurate to the best of my knowledge. I also understand that any false statements may be sufficient to deny me from any employment, contract or volunteer work with NCSD. I verify that I have read the warning statement above and agree to the terms and conditions of North Clackamas criminal history verification and background check process.

Applicant Signature _____ **Date:** _____

This section to be completed by NCSD.

- | | | |
|--------------------------|-------------------------------|-------------------------|
| O New Hire Certified | O Rehire Certified | O Substitute Certified |
| O New Hire Classified | O Rehire Classified | O Substitute Classified |
| O New Hire Administrator | O SSA/Casual Temporary Worker | O Volunteer |

NCSD review: _____ Date: _____

Revised Jan 2011

Pg 2

Date: ____/____/____

Employee Name: _____

Job Title: _____

To: North Clackamas School District 12
12400 SE Freeman Way
Milwaukie, OR 97222

I understand that payment of all fees associated with criminal history records checks and fingerprinting, not to exceed actual costs, are my responsibility. I understand that the actual cost payable to the District for these services at the present time is \$66.00. There is an additional fee of \$1.98 (3%) when using credit card.

(Please note that paid coaches, AVID tutors, student workers and substitutes are required to pay or provide a payment voucher for the \$66 fee before receiving your Fieldprint fingerprint packet)

☐ I have attached payment of exact CASH ____ Check # _____ Voucher ____ Credit Card ____
Receipt # _____

☐ I am an employee, receive a monthly paycheck, and authorize North Clackamas School District to withhold \$66.00 from my 1st paycheck:

Signature of employee, temporary, substitute or contractor

Personnel Services Signature

cc: Employee File

APPLICANT CRIMINAL HISTORY RECORDS CHECKS/FINGERPRINTS ACKNOWLEDGEMENT

I understand that criminal history record checks and/or fingerprinting are required by law and Board policy. Employment shall be offered prior to fingerprint collection. Upon notification by the Superintendent of Public Instruction or designee or State Board of Education that an individual has been convicted or has made a false statement as to conviction of any crimes prohibiting employment or contract status with the district, the Superintendent shall terminate that employment or contract status immediately.

I understand that an individual so terminated may appeal action taken by the district as a result of such checks in accordance with procedures established by law or by the Board policy. Applicable appeal rights will be provided by the district upon such termination from district employment or contract status.

Any fees associated with criminal history checks and fingerprinting, not to exceed actual costs, shall be the responsibility of the individual.

Should I refuse to consent to criminal history records checks or refuse to be fingerprinted, I shall be terminated from employment or contract status by the Superintendent immediately. I understand that individuals who have successfully completed an Oregon and FBI criminal history records check by a previous employer and have not since resided outside Oregon may be exempt from this requirement. It is the responsibility of the individual to inform the district of the existence of such records.

Signature

Date

NORTH CLACKAMAS SCHOOLS

HR DEPARTMENT

PAYMENT VOUCHER

Unit # or DAC _____, will send a check made payable to **North Clackamas Schools** or enter budget code for transfer in the amount of **\$66.00** to cover the fingerprint/criminal background verification processing fee for

_____ Budget Code: _____
Employee Name

Signature: _____ Date: ____/____/____
Authorized School Representative

Please send checks to North Clackamas Schools HR Dept., #955

NORTH CLACKAMAS SCHOOLS

HR DEPARTMENT

PAYMENT VOUCHER

Unit # or DAC _____, will send a check made payable to **North Clackamas Schools** or enter a budget code for transfer in the amount of **\$66.00** to cover the fingerprint/criminal background verification processing fee for

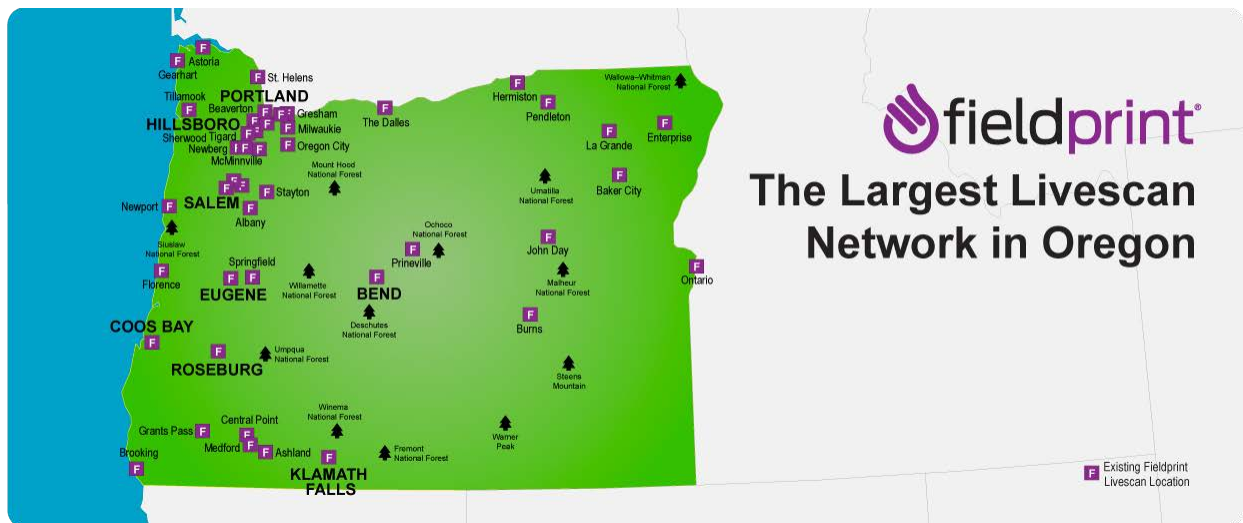
_____ Budget Code: _____
Employee Name

Signature: _____ Date: ____/____/____
Authorized School Representative

Please send checks to North Clackamas Schools HR Dept., #955



Fieldprint® Fingerprinting Serving Oregon



To get started visit

<http://fieldprintoregon.com> for registration and scheduling fingerprint appointments.

Fieldprint customer service staff is also available at toll-free phone: **(877) 614-4364** or via email at **CustomerService@fieldprint.com**

Due to location and convenience, we recommend

**Mail House Plus
4230 SE King Rd.
Milwaukie, Oregon 97222
(503) 786-4040**

Name: _____ **Job Title:** _____

North Clackamas School District Fieldprint Code: FPNorthClackamasSD12

School ID Number: 1924

\$12.50 Fingerprint Fee (Credit/Debit Card Only)

INSTRUCTIONS FOR FINGERPRINTING

CRIMINAL HISTORY RECORD CHECKS AND/OR FINGERPRINTING

All employees having direct, unsupervised contact with students shall be required to submit to a nationwide criminal history records check and fingerprinting. The District shall begin the employment of an individual on a probationary basis pending the return and disposition of such checks. Criminal history record checks and/or fingerprinting fees as required shall be paid by the individual.

1. Once you receive your fingerprint packet you will need to fill out, sign and submit payment or voucher to the HR Dept. receptionist. You will also need to sign and date the criminal history/fingerprint acknowledgement form. Once the paperwork is complete and payment is made you will receive the fingerprint code needed to schedule your appointment.
2. Visit <http://www.fieldprintoregon.com> to find a Fieldprint location and schedule your appointment. Due to location and convenience, we recommend Mail House Plus, 4230 SE King Rd. in Milwaukie. (503) 786-4040. You will need your fingerprint code when scheduling. This will be printed on the front page of the packet.
3. Follow the easy step by step instructions for entering the information required by the state of Oregon into the secure website.
4. When arriving for your appointment you will need your appointment number and two forms of valid identification (see list of accepted identification).

Thank you in advance for your prompt attention to this process. As a condition of your employment you will have five (5) business days to schedule and attend your fingerprint appointment.

How It Works

- Schedule A Visit



Getting Started Is Easy

Simply enroll by completing our easy-to-follow steps: **Enter the Fieldprint Code provided by your employer**; enter information required by the state of Oregon into our secure website.

Entering this information into the site means you don't need to re-enter the same information at the collection site. You can then schedule an appointment online to be fingerprinted at a date, time, and location most convenient for you!

- Attend Appointment



What To Bring

When arriving for your scheduled appointment, you only need to bring your appointment number, along with two forms of valid identification, such as a driver's license or passport. Your fingerprints are collected electronically by our trained technicians and securely transmitted back to us. Your part is now done!

- Get Results Fast!



Fieldprint Does The Rest

We electronically submit your fingerprints to the state for you. The results of your background check are then sent back to your employer or licensing agency.

How do I schedule an appointment to have my fingerprints collected?

Go to: <http://fieldprintoregon.com>

Click "Schedule an Appointment" and you will be prompted to create a secure user account. Next, enter the Fieldprint Code that was provided to you by your employer. After entering your Fieldprint Code, you will be prompted to enter all demographic information required by the State of Oregon. Once this step is complete, you will be able to search for a fingerprinting location and schedule an appointment at a date and time most convenient for you!

What personal information do I need to complete to register?

The state of Oregon and the FBI require the following demographic information to conduct a fingerprint-based background check:

Name	Sex/Gender
Alias (if any)	Race Height
Home Address	Social Security Number
Date of Birth	City & State of Birth
Country of Citizenship	Weight
Home Address	Hair Color
Work/Office Address	Eye Color
Phone Number	Email Address

What do I need to bring to my fingerprinting appointment?

Two (2) forms of identification, at least one (1) of which must be a valid government-issued photo ID
Your appointment number

What types of ID are accepted?

Acceptable primary IDs include:

- State-issued Driver's License
- State-issued Non-Driver's License ID Card
- U.S. Passport
- Military Identification Card
- Work Visa w/ Photo
- DOD Common Access Card
- Foreign Driver's License

Acceptable secondary IDs include:

- Credit Card
- Bank Statement
- Electric Bill
- Birth Certificate
- Marriage Certificate
- Citizenship or Naturalization Certificate
- School ID w/ Photograph
- Vehicle Registration/Title
- Voter Registration Card
- Bank Statement/Paycheck Stub
- Draft Record
- Native American tribal document