KENAI PENINSULA BOROUGH SCHOOL DISTRICT

Human Resources Department
148 North Binkley Street
Soldotna, Alaska 99669
Phone (907) 714-8888 Fax (907) 262-9645

Thank you for your interest in substituting with the Kenai Peninsula Borough School District. The process for becoming a substitute is self-paced. To be an approved substitute, you must complete the following:

- Online Application: www.kpbsd.org
- If applying to be a substitute teacher, you must provide:
    1. High School Diploma or recognized equivalent (Non-Certified)
    OR
    2. Valid Alaska Certificate - Teaching, Administrator, Special Services (Certified)
- W-4 Form
- Oath of Office
- I-9 Form
- Health Questionnaire
- Physical
    - Physical Exam required prior to initial employment and every 3 years afterwards
    - Not eligible for reimbursement
- KPBSD Safety Training on NeoGov.com
    - First Time users will receive an activation email from NeoGov.com.
    - Returning users should login with their existing credentials after receiving the course enrollment email.

Please monitor your license, certificate, and physical expiration dates to remain current on the substitute list.

KPBSD utilizes Absence Management (formerly Aesop), an automated service that streamlines the process of finding and managing substitute jobs. After orientation training and required paperwork has been completed and submitted to Human Resources, you will receive Absence Management login information via email.

**RETURNING SUBSTITUTES: All substitutes are deactivated at the end of each school year. Substitutes who were active at the end of the previous school year will receive a Summer Update Email with instructions on reactivating your sub status for the following year. Once all required, updated material has been submitted to the Human Resources Department, you will once again gain access to Absence Management (Aesop).

Substitute Positions		Rate of Pay
Teacher (Certified and at least 5 full years of KPBSD teaching experience)		$31.25/hr.
Teacher (Certified)		$28.13/hr.
Teacher (Non-Certified)		$20.00/hr.
Secretary (all clerical)		$18.75/hr.
Custodian/Stock Handler/Theater Crew		$18.00/hr.
Deaf Ed. Interpreter (Certified/Licensed)		$25.25/hr.
Food Service Cashier/Kitchen Assistant/Cook/Manager		$17.00/hr.
Aide/Special Education		$20.00/hr.
Aide/Instructional Assistant		$18.00/hr.
Tutor/Bilingual Instructor		$18.00/hr.
Nurse	Associate of Applied Science degree	$26.50/hr.
	Bachelor of Science degree in Nursing	$31.00/hr.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2024

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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, and when to use the estimator at *www.irs.gov/W4App*.

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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 Dependent and Other Credits

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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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)

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of Alaska and that I will faithfully discharge my duties as a KPBSD employee to the best of my ability.

Signature of Employee

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	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

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.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, 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)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: 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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C 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: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(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: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(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 For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** 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:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**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.

HEALTH QUESTIONNAIRE

This information is requested in the event of a future work injury and for other lawful employment purposes, and is not required until employed. Employer does not discriminate in hiring, promotion, or retention policies or practices against persons who have, in good faith, filed a claim for or received benefits under any Worker's Compensation Law.

Date: _____ Social Security Number: _____

Name: _____ Gender: ☐ M ☐ F

Mailing Address: _____ City, State, Zip: _____

PERSONAL MEDICAL HISTORY

Please mark answers to all questions! If any of your answers to these questions are marked "yes," please provide a full explanation of the condition and any past or ongoing treatment below.

Have you ever had or have you been treated for:

Yes	No	
☐	☐	Epilepsy
☐	☐	Diabetes
☐	☐	Cardiac Disease
☐	☐	Arthritis
☐	☐	Amputated foot, leg, arm, or hand
☐	☐	Loss of sight of one eye or both eyes
☐	☐	Loss of uncorrected vision
☐	☐	Spondylolisthesis
☐	☐	Residual disability from polio
☐	☐	Cerebral Palsy
☐	☐	Multiple sclerosis
☐	☐	Parkinson's Disease
☐	☐	Cerebral vascular accident
☐	☐	Tuberculosis

Yes	No	
☐	☐	Silicosis
☐	☐	Hemophilia
☐	☐	Chronic osteomyelitis
☐	☐	Osteoporosis
☐	☐	Ankylosis of joints
☐	☐	Hyperinsulinism
☐	☐	Muscular dystrophies
☐	☐	Arteriosclerosis
☐	☐	Thrombophlebitis
☐	☐	Varicose veins
☐	☐	Heavy metal poisoning
☐	☐	Ionizing radiation injury
☐	☐	Compressed air sequelae
☐	☐	Ruptured intervertebral disc

Yes	No	
☐	☐	Do you have any physical defects or any partial disability?
☐	☐	Do you have any condition that may require a special work assignment?
☐	☐	Have you ever filed for compensation or received benefits as a result of an occupation injury or accident?
☐	☐	Have you ever received a partial disability? %
☐	☐	Have you ever been advised to have a surgical operation or medical treatment that has not been done?

GENERAL HISTORY

List surgery, illness or injuries, name and address of hospital or physicians. Please explain in detail above questions marked yes.

I hereby certify that I have answered the above questions to the best of my knowledge and the answers are true and complete. I understand that misrepresentation or omission of facts is cause for dismissal and may result in denial of workers' compensation benefits.

Signature _____ Date _____

Kenai Peninsula Borough School District
PAYROLL DIRECT DEPOSIT AUTHORIZATION

Name (please print) | *E# or Social Security Number*

Work Location

I hereby authorize the KPBSD to make net payroll deposits to my account as indicated below:

Payroll remittance to:

☐ Checking
☐ Savings

Financial Institution

Financial Institution Routing Number | *Account Number*

ATTACH A VOIDED CHECK or BANK ISSUED DIRECT DEPOSIT AUTHORIZATION
(Used to verify your bank transit routing and account number)

I also authorize KPBSD, if necessary, to make adjustments to the above account to correct any credit entries made in error. This authority remains in effect as long as I am employed or until KPBSD receives written notice from me. I understand that thirty (30) days written notice is required to change financial institutions, account numbers or type of account. Direct Deposit begins **after** the above account information has been electronically verified.

For employees on a 12-month pay option, changes for summer payrolls **must be** received by May 10th. The next opportunity to change is September.

If this form is received by the 10th of the month, direct deposit will take effect at the end of the following month. It takes one full pay cycle to begin receiving payments via electronic direct deposit. If your form is received after the 10th, direct deposit will be delayed for two pay periods.

DIRECT DEPOSIT is not available to financial institutions in foreign countries. KPBSD reserves the right to refuse a financial institution if that institution does not comply with ACH regulations.

Employee Signature | *Date*

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
148 N. Binkley Street
Soldotna, Alaska 99669
Phone: (907) 714-8888 Fax: (907) 262-9645

PHYSICAL EXAMINATION INSTRUCTIONS

EMPLOYEE:

1. Page I and II stay with the physician. **Part III, Statement of Examining Physician, should be signed by the examining physician and returned to the Human Resources Department by the employee.**
2. ***Employees who are covered under the KPBSD Health Plan must submit the claim to the Health Plan for reimbursement; normally the doctor's office will submit it for you.*** Part time employees who qualify (see KPEA and KPESA Collective Bargaining Agreement for qualification requirements) for reimbursement must submit an **itemized statement** with the paid receipt to the Human Resources Department. If you have other insurance coverage, please submit the ***Explanation of Benefits (EOB***) if you have an out of pocket cost for your physical; physicals are covered at 100% per the Affordable Care Act (ACA). **Late physicals will not be reimbursed**.
3. ***No reimbursement will be made for physical examinations required for initial employment. Substitute and Temporary employees are not eligible for reimbursement.***
4. The Kenai Peninsula Borough School District Board of Education Policy AR 4112.4 requires a physical examination prior to initial employment and every three years afterwards.
5. The examination is required in an effort to eliminate exposure of school children to communicable disease and to ensure the employee's physical and emotional fitness for his/her duties.

PHYSICIAN:

1. A careful review of past history and a complete physical examination should be performed.
2. The Physical Examination Record should be retained in your permanent patient record to maintain confidentiality of the employee's medical record.
3. Laboratory tests other than those specified for initial employment (urinalysis) should be done when indicated.
4. Payment for the examination and laboratory tests is the responsibility of the individual examined.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
PHYSICAL EXAMINATION

I.RECORDS RELEASE

(Completed by Employee)

Required for initial employment and every three years afterwards by the Kenai Peninsula Borough School District for all employees in accordance with the Kenai Peninsula Borough School District Board of Education Policy 4112.4.

Name _____ Age _____ Marital Status _____

School or Location _____ Position _____

PAST MEDICAL HISTORY (Completed by Employee)

SURGERIES: ☐ Yes ☐ No Please list dates and types of surgery below:

_____

_____

_____

_____

HOSPITALIZATIONS: ☐ Yes ☐ No Please list dates and types of illness below:

_____

_____

_____

_____

PREVIOUS ILLNESSES: Provide dates:

Asthma _____ Arthritis _____ Diabetes _____ Tuberculosis or positive PPD _____

Measles, Mumps & Rubella _____ Peptic Ulcer _____ Chicken Pox _____ Nervous Troubles _____

Other Chronic Illnesses or conditions: _____

IMMUNIZATIONS: Provide most recent dates:

Diphtheria _____ Influenza _____ Pertussis _____ Polio _____

Tetanus _____ Tuberculin Test _____ Result _____

Pneumonia _____ Hepatitis A _____ Hepatitis B _____

MMR (Measles, Mumps, Rubella) _____ Childhood immunizations completed? Yes/No _____

The information above is complete and true to the best of my knowledge. I authorize release of the above information and the physical examination findings to the Commissioner, Department of Education and Early Development, and the Kenai Peninsula Borough School District.

Signature of Employee _____

Physicians: Keep this records release in your patient record file.
Do NOT return this page to the Kenai Peninsula Borough School District.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT

II. HEALTH EXAMINATION

(Completed by Physician)

Name _____ Age _____ Date _____

General Inspection: Height _____ Weight _____

Eyes: Vision R/20 _____ L/20 _____ Note Abnormalities _____

Ears: Hearing _____ Note Abnormalities _____

Nose and Sinuses _____

Throat and Tonsils _____

Teeth and Mouth _____

Neck and Thyroid _____

Chest _____

Lungs _____

Heart Rate _____ Rhythm _____ Murmur _____

Blood Pressure _____ Hernia (Specify site and seriousness) _____

Nervous and Mental (describe abnormalities) _____

Skin _____

Other _____

LABORATORY TEST REQUIRED FOR INITIAL EMPLOYMENT ONLY:

Urinalysis: Date _____ Sugar _____ Albumen _____ Other _____

Remarks by Physician: _____

Signature _____

Physician: Retain this form in your patient record file. Complete, sign, and give the statement on the next page to the employee.
Do NOT return this page to the Kenai Peninsula Borough School District.

KENAI PENINSULA BOROUGH SCHOOL DISTRICT
PHYSICIAN EXAMINATION

III. STATEMENT OF EXAMINING PHYSICIAN

Employee Number _____ Position _____

School or Location _____

Attention Human Resources Department:

Employee Legal Name _____ Date _____

The examination included a review of his/her past medical history and a thorough physical examination. A copy of the medical history and examination findings will be maintained in my patient file records and may be reviewed by you or your authorized representative upon written request.

The employee was found to be free from communicable disease and to be physically and emotionally fit for his/her proposed duties.
YES ☐ **NO**** ☐

****If NO, the employee was found to be unfit for the following reasons:**

The following required tests were performed and results are available from the examining physician:

Physical Examination:	**Yes** ☐	No ☐	Date given _____	Results _____
*Urinalysis:	Yes ☐	No ☐	Date given _____	Results _____

***A urinalysis is required for KPBSD <u>initial</u> <u>employment</u> <u>only</u>.**

_____
Signature

_____
Print Name

_____
Name of Practice

_____
Mailing Address

_____
Telephone Number

_____
Fax Number

This form must be returned to the Kenai Peninsula Borough School District Human Resources Department. *Employees who are covered under the KPBSD Health Plan must submit the claim to the Health Plan for reimbursement; normally the doctor's office will submit it for you.* Part time employees who qualify for reimbursement must submit an itemized statement with the paid receipt to the Human Resources Department. Late physicals will <u>not</u> be reimbursed.