

SUBSTITUTE PACKET

Classroom Teacher/Teaching Assistant

Thank you for your interest in substituting at Greenwood School District 50. Please read the following information very carefully as to how to become a substitute with Greenwood School District 50:

Qualifications of Substituting

Greenwood School District 50 does not permit full-time college students to substitute. This is due to the fact that most college students are only available during breaks and the cost to the district of each substitute to process, train, and maintain on the list.

To qualify to serve as a substitute in Greenwood School District 50, the following criteria must be satisfied:

- Completion of High School Diploma, GED or greater.
- A SLED check will be completed by Greenwood School District 50 prior to the hiring of any substitute.
- Complete the district substitute processing.
- Complete the ½ day district substitute training program.
- Complete the ½ day teacher shadow program.

Substitute teachers must be at least 21 years of age to be eligible for high school assignments.

Substitutes are processed in groups one day per week. To Substitute at Greenwood School District 50, you must provide/complete the following BEFORE you call for an appointment:

Tuberculin Skin Test - a form is provided for TB results
(we will accept previous results up to 5 years back)

Verification of Highest Level of Education

We will accept a copy of your degree/diploma or a transcript showing the number of hours earned
You must have proof of your highest level of education to receive payment at that level.

Application for Employment

Please complete and bring with you to your appointment

I-9 Verification Form

Complete section 1 to bring with you to your appointment

Driver's License or Photo ID

You must bring to your appointment

Social Security Card

You must bring to your appointment

To schedule your processing session, contact Jeanie Dean or via e-mail at deanj@gwd50.org. If you have substituted previously, please let us know.

Important Note: Substitutes may also elect to enroll in the South Carolina State Retirement System, and/or direct deposit (bring a voided check to appointment, no deposit slips please).

Please **do not contact schools regarding substituting**, the district office will not place you on the actual list until your paperwork is done, your background check has cleared, and you have completed the required training. Thank you!

APPOINTMENT CHECKLIST

Do You Have Everything?

- Application for Employment
- I-9 Verification Form
- Tuberculin Skin Test
- Verification of Highest Level of Education
- Driver's License
- Social Security Card

Optional:

- Voided Check for Direct Deposit

Appointment Date/Time: _____



GREENWOOD SCHOOL DISTRICT 50
P.O. BOX 248
1855 CALHOUN ROAD
GREENWOOD, SOUTH CAROLINA

OFFICE OF HUMAN RESOURCES

Directions: Please fill out the front and back of this form with blue or black ink in your own handwriting.

Full Name Last First Middle Soc. Sec. # Date

Present Address Street City State Zip Telephone E-mail

Permanent Address Street City State Zip Telephone Alt. Phone

Are you qualified to work in the United States? Yes No FOR EEOC PURPOSES: Race Date of Birth

Are you related to any member of the Board of Trustees? If yes, what relationship?

Have you ever been convicted for violation of any federal or state law? If yes, state the nature and date of violation.

Are you currently receiving Family Independence benefits or food stamps? Yes No

PLEASE NOTE: A yes answer will not disqualify you from consideration for employment. We must ask this question pursuant to South Carolina law solely for reporting purposes.

Position held at present Present annual salary

Indicate position(s) you are applying for:

Clerk/Secretary Aide Substitute Lunchroom Custodian Maintenance Bus Driver

Please complete the following information only if you are applying for an office aide, library aide, or clerical/secretarial position. Indicate your knowledge of the following office equipment by using a check mark.

Typewriter (words per minute) Copier Calculator Switchboard Adding Machine Computer

Please list the type(s) of computer software used:

(Continue on Reverse Side)

EDUCATIONAL BACKGROUND

	Name and Location of Institution	Academic Major	Dates Attended	Degree Received
High School				
City, State				
College/University				
City, State				

PREVIOUS EMPLOYMENT (Include military experience, if any.) List most recent employment first.

Employer Name/Address	Dates of employment		Job Description	Supervisor	May we contact?	
	From	To			Yes	No

REFERENCES (Please list three references other than relatives – one should be a previous employer).

Name	Address	Telephone	E-mail

By signing this application, I give permission to Greenwood School District 50 to investigate my past employment and release those persons, schools, companies, or corporations supplying information from all liability and responsibility. I understand that Greenwood School District 50 will request a criminal history record from the South Carolina Law Enforcement Division (SLED) and that any offer of employment is contingent upon receipt of a satisfactory report of criminal history (GCD-R). I also understand that if I am applying for any position involving driving a Greenwood School District 50 vehicle, I give consent for the release of my personal information to Greenwood School District 50 for the purpose of checking my driving records with the South Carolina Department of Public Safety.

Signature _____ **Date** _____

Greenwood School District 50 is committed to the principle of equal opportunity. It is the policy of the District not to discriminate on the basis of race, sex, color, national origin, religion, age, handicap, or disability with regard to its students, employees, or applicants for admission or employment. Please contact the Office of Human Resources or the Office of Administration in you have questions.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
GREENWOOD DIST. 50 PO BOX 248 GREENWOOD, SC 29648		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
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 Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)		4. Voter's registration card		4. Native American tribal document
		5. U.S. Military card or draft record		5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
		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		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



BLOODBORNE PATHOGENS

The Occupational Safety and Health Administration (OSHA) has set standards (Regulation 29 CFR 1910.1030) that employers must follow in developing a plan that will help to eliminate or minimize occupational exposure to Hepatitis B virus (HBV), Human Immunodeficiency virus (HIV), and other bloodborne pathogens. Not every employee is occupationally exposed to bloodborne pathogens while performing his/her job. However, it is important to understand the dangers of infection and the safe procedures to minimize risk. Training is provided by Greenwood School District 50.

Greenwood School District 50 has provided training concerning occupational exposure to bloodborne pathogens and safety precautions to follow.

Signature

Date

Witness

Date

D H E C <small>Prevents Project Preceptor</small>	School Employee/Individual Certificate of Evaluation for Tuberculosis				
Name: Last _____ First _____ M.I. _____		Residence Address _____		City _____	County _____
Public or private school, kindergarten, nursery or day care center of current employment or other employer or individual			Date Employed _____		
TEST RESULTS	TUBERCULIN SKIN TEST _____		CHEST X-RAY		REMARKS
	Date Given _____				
	5 TU PPD MANTOUX METHOD				
	_____ mm _____	Date Interpreted _____			
DISPOSITION	<input type="checkbox"/> No tuberculosis infection per 5 TU PPD ¹ <input type="checkbox"/> Tuberculosis infection, no evidence of disease <input type="checkbox"/> Prevention treatment started _____ and completed _____ ¹ <input type="checkbox"/> Prevention treatment started _____ but not completed _____ ² <input type="checkbox"/> Prevention treatment not prescribed/refused ² <input type="checkbox"/> History of tuberculosis disease Treatment started _____ and completed _____ ¹ <input type="checkbox"/> Current tuberculosis disease <input type="checkbox"/> Non contagious as of _____ and medically cleared to start/resume school other employment on _____ ²				
	¹ No further routine screening required ² Remains at lifelong risk of developing tuberculosis				
CERTIFICATION	<input type="checkbox"/> This is to certify that I have examined the school employee named herein for tuberculosis and report my finding as indicated above pursuant to the Code of Laws of South Carolina, 1976, as amended April 24, 1979 <input type="checkbox"/> This is to certify that I have examined the individual named herein for tuberculosis and report my findings as indicated above.				
	_____ Physician's Signature			_____ Date	

DHEC 1420 (08/1998) DISPOSITION: This form shall be retained in the files of the current employer or individual following evaluation and certification.

SCHOOL EMPLOYEE/INDIVIDUAL CERTIFICATE OF EVALUATION FOR TUBERCULOSIS: this form may be used for school employees or other individuals who need documentation of tuberculosis evaluation. It should be maintained in the current employer's file for school employees and by employer or individual for other needs.

CODE OF LAWS OF SOUTH CAROLINA, 1976, AS AMENDED APRIL 1979, SECTION 44-29-150. No person will be initially hired to work in any public or private school, kindergarten, nursery or day care center for infants and children until appropriately evaluated for tuberculosis according to guidelines approved by the south Carolina department of Health and Environmental Control. Reevaluation will not be required for employment in consecutive years unless otherwise indicated by such guidelines.

SECTION 44-29-160. Any person applying for a position in any of the public or private schools, kindergartens, nurseries, or day care centers for infants and children of the State shall, as a prerequisite to employment, secure a health certificate from a licensed physician certifying that such person does not have tuberculosis in an active state.

SECTION 44-29-170. the physician shall make the aforesaid certificate on a form supplied by the Department of Health and Environmental control, whose duty it shall be to provide such forms upon request of the applicant.

SUMMARY OF GUIDELINES OF THE DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL. (Regulation 61-22) Each employee shall have, prior to employment, and unless so previously tested, as a condition for further employment, a tuberculin skin test performed by intradermal injection of 5 tuberculin units of purified protein derivative of tuberculin (Mantoux test with 5 TU of PPD). Employees with test reactions measuring less than 10mm or more shall have a chest x-ray, shall be recorded on the DHEC for 1420 which shall be kept in the files of the school principal/designee. These forms shall be subject to review by DHEC. If the chest x-ray (and examination of sputum, if necessary) shows evidence of current tuberculosis disease, the employee shall not be allowed to work until she/she receives written certification for DHEC that he/she is not contagious. Employees whose skin test reactions measure 10mm or more and who have a normal chest x-ray shall be evaluated for preventive therapy for their tuberculous infection. If preventive therapy is not prescribed, or is prescribed, but refused, a notation shall be made on the employee's certificate that he/she is considered to be infected with tubercle bacilli and remains at lifelong risk, of developing tuberculosis disease. Testing other than the described above, shall be required only if there is epidemiological evidence that employees, attendees, or students in the school, nursery, day care center, or kindergarten have become infected with tuberculosis.

DHEC 1420 (08/1998)



Greenwood School District 50
Substitute Employee Handbook

The Greenwood School District 50 Substitute Handbook is available online at www.gwd50.org by clicking on the “Staff” tab, then by clicking Information for Substitutes. Substitutes who do not have online access may request a printed copy of the handbook from the Human Resources Department.

The Greenwood School District 50 Substitute Handbook is not a contract of employment and should not be deemed as such. Employees of the District are considered to be “at will”

ACKNOWLEDGEMENT

I have received information with regard to obtaining a Substitute Handbook for Greenwood School District 50. I understand that the Greenwood School District 50 Substitute Handbook is not a contract of employment and should not be deemed as such, and that I am an employee at will. I further understand that the Greenwood School District 50 Substitute Handbook is not intended to cover every situation which may arise during my employment, but is simply a general guide to the goals, policies, practices, benefits and expectations of Greenwood School District 50.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the Greenwood School District 50 Substitute Handbook as provided to me in either online or written format.

Employee Name (please print)

Employee Signature

Human Resources Representative

Date

Form W-4	GREENWOOD SCHOOL DISTRICT 50 Department of the Treasury – Internal Revenue Service EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE	For Payroll Office Use Only CHANGES Marital No. Status Exemptions Date				
** PRINT YOUR NAME AS IT IS LISTED ON YOUR SOCIAL SECURITY CARD **						
Last Name	First Name	Middle Initial	Social Security Number			
Address		City	State	Zip Code		
Marital Status (NOTE: If married, but legally separated, or spouse is a nonresident alien, check the Single box.) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate						
Total number of allowances you are claiming				•		
Additional amount, if any, you want deducted from each paycheck				•		
I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability;						
If you meet both conditions, write "EXEMPT" here (A copy of this form will be sent to the IRS)						
If you are claiming different allowances for S.C. Tax Commission, enter the number of exemptions here (cannot be more than Federal exemptions)				•		
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.				•		
				Substitutes Only Answer Yes or No Are you a member of the S.C. Retirement System now? _____ High School Graduate? _____ Years of College Training _____ S.C. Certified? _____		
Employee's Signature _____ Date _____, 20____				For Payroll Office Use Only Documentation _____ Daily Rate of Pay _____		

