



Marshall County Board of Education
12380 U.S. Hwy 431 S.
Guntersville, Al 35976
256-582-3171

SUPPORT PERSONNEL SUBSTITUTE APPLICATION

General Information:

1. Complete the information requested below and on all forms attached.
2. We have implemented a new automated service (AESOP/FRONTLINE) that will greatly simplify and streamline the process of notifying you when your services are needed in the district.
3. You are not eligible to substitute in the Marshall County School System until you are notified by email. A welcome letter from AESOP/Frontline will be emailed to you with your login information.
4. Payroll checks are directly deposited on the last working day of the month.

AIDE/SECRETARY.....\$75.00
BUS DRIVER.....\$100.00
TECH BUS DRIVER.....\$110.00
BUS AIDE.....\$60.00
CUSTODIAN.....\$80.00
LUNCHROOM WORKER (7HRS).....\$75.00

PLEASE READ CAREFULLY!!!

1. Copy of social security card and driver's license
2. Copy of one of the following: a high school diploma Or GED
3. Complete a Personal Data card
4. Complete the tax-withholding forms (State A-4 and Federal W-4 forms)
5. Direct Deposit – Must have voided check attached
6. Complete Employment Eligibility Verification
7. **Fingerprint Process: \$46.20 (NON-REFUNDABLE)** Please follow instructions in first parts of packet with creating an AIM account <https://aim.alsde.edu> then register for an appointment.
8. Once you have paid your fee(s) and completed your fingerprints, please return paperwork and verification to the front desk of the Marshall County Board of Education. Please allow 2-3 weeks for processing



Alabama State Department of Education Educator Certification Section

Creating an AIM Account

This document is intended to provide basic information and will be updated as needed.

Creating an AIM account

1. Visit <https://aim.alsde.edu>.
2. Select 'Need an account.'



Log into AIM

Help ⓘ

ALSDE ID (or Email address):

Password:



[Forgot password?](#)

[Need an account?](#)

3. Enter your email address and select 'Create Account.'



Create Account

Help ⓘ

Email address:

Need to change your email address?

- Log in with your old email address and select the "Need to change your email address" link in the top right corner.
- If you cannot log in with old address, select "Need an account?" and click "Create Account" with your new email address.

4. AIM will send an email to the address provided; go to your email and click the link.

Email sent!

We sent an email to [redacted]@gmail.com check and follow instructions

Log into AIM

Help ?

ALSDE ID (or Email address):

Password:



[Forgot password?](#)

[Need an account?](#)



ALSDE AIM - do not reply - <aim@alsde.edu>
to me ▾

7:10AM (9 minutes ago) ☆ ↶ ⋮

Confirm Account Creation

This address [redacted]@gmail.com recently requested to create an ALSDE AIM account. If you did not initiate this account creation, please delete and ignore this message.

If you want to create an account, please open the link below (or cut and paste into your favorite browser) to confirm your ownership of this email account.

<https://alsde.alsde.edu/aim/confirm?token=6161-6299-6381-9447-6831-9447>

This email was sent from a notification-only address that cannot accept incoming email. Please do not reply to this message.

5. Provide required details in the Create Account page and select 'Create Account.'

Note: Be sure to follow password requirements.

Create Account

Help ?

Please enter your name as indicated in your current valid identification

Email address: [redacted]@gmail.com

Title: [dropdown]

Legal first name: [text box]

Legal middle name: [text box] Optional

Maiden name: [text box] Optional

Legal last name: [text box]

Suffix: [dropdown]

Your password must:

- ☒ be between eight and sixteen characters in length
- ☒ contain at least one number
- ☒ contain at least one uppercase letter
- ☒ contain at least one lowercase letter
- ☒ contain at least one special character
- ☒ match the verification password

Password: [password box]

Verify Password: [password box]

Create Account Cancel

6. Select security questions and answers and select 'Save answers.'

Note: Remember your answers. They will be needed if you ever need to recover your account.

Security Questions

Please select one question from each of the provided lists and supply an answer that only you would provide for that question. Should you forget your password or lock your account, we will ask you these questions. For your protection, you must answer these questions correctly before your password may be reset or your account unlocked.

<p>Question 1</p> <p>Select Question:</p> <p>To what city did you meet your spouse?</p> <p>Answer:</p> <p>[text box]</p>	<p>Question 2</p> <p>Select Question:</p> <p>What is the name of your favorite manager?</p> <p>Answer:</p> <p>[text box]</p>	<p>Question 3</p> <p>Select Question:</p> <p>[dropdown]</p> <p>Answer:</p> <p>[text box]</p>
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Save Answers

7. Acknowledge restrictions, agree to the terms of usage, and select 'Yes, continue.'

AIM Use and Restrictions

- ☒ I acknowledge the restrictions.
- ☒ I agree to the terms of usage.

Yes, continue No, do not continue

8. Enter information on Demographics page and select 'Save demographics.'

Demographics

The following information is required for assignment in the Education Directory. This information is used to properly update teaching certificates and bonds.

Please review and/or provide the required information below. If the correct SSN/DOB is not entered, it will delay your registration/access and/or certification process.

SSN:

Sex:

Date of birth:

Work phone:

9. When AIM registration is complete the applicant will be taken to their home page. Select 'Fieldprint Background Check' to start registration for a background check. **Note:** Be sure to make note of your ALSDE ID#. This will be needed to complete registration with Fieldprint.





**Alabama State Department of Education
Educator Certification Section**

**Registering for a Criminal History
Background Check with Fieldprint**

Applicants will need:

- A computer, tablet, or smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of \$46.20 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)
- Ability to provide commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)

Be sure your applicants follow the required sequence below. If they do not, they will not be able to complete the process successfully.

Step 1: Create an AIM Account

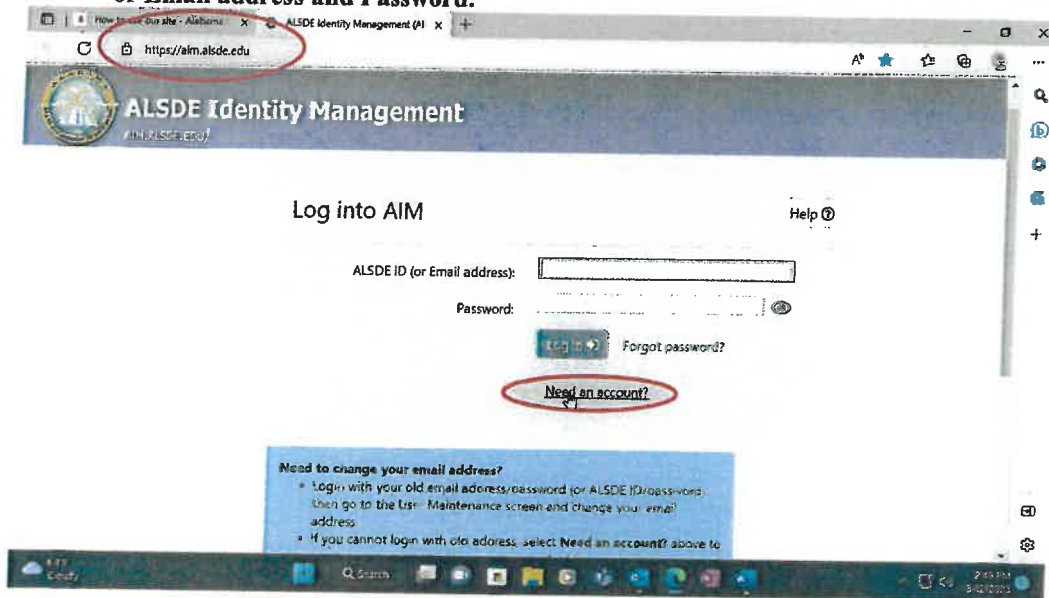
Step 2: Complete Background Check Registration in AIM

Step 3: Create Fieldprint Account

Step 4: Complete authorization forms, schedule appointment, and fee payment

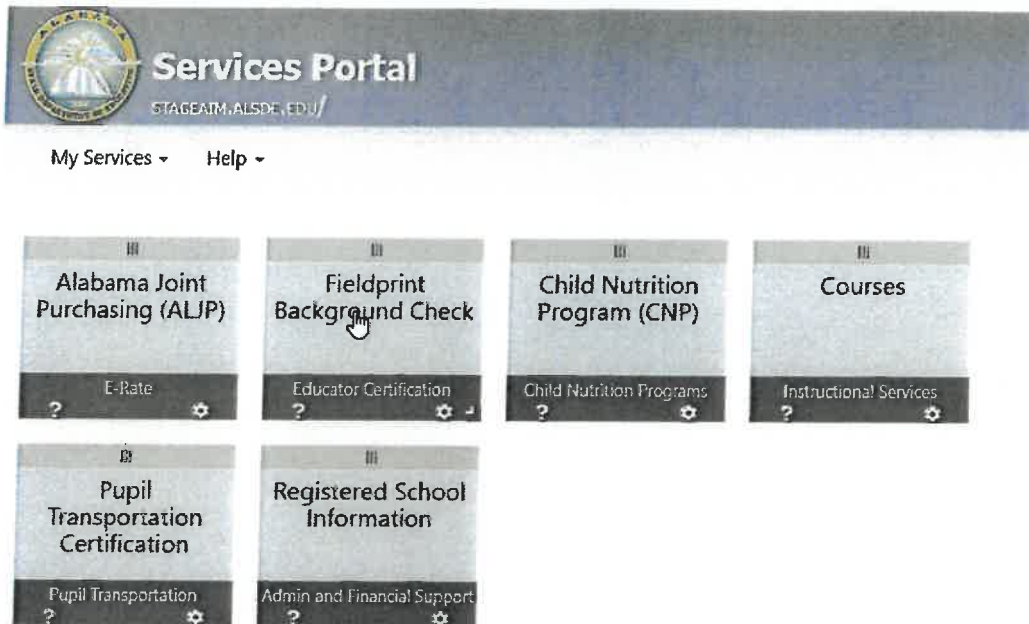
Step 5: Report for fingerprint appointment

1. Start by visiting our ALSDE Identity Management website at <https://aim.alsde.edu> and select "Need an account?." Follow the prompts to complete your AIM account.
Note: Existing AIM users should simply log into AIM by entering their ALSDE ID# or Email address and Password.



2. After AIM account is created, log in to AIM and select the 'Fieldprint Background Check' tile as shown below.





2.1 Press 'Set' button under Educator certification and Criminal history Background checks

AIM Demographics

The following information is required for accessing various ALSDE applications, for assignment in the Education Directory, to properly update teaching certificates and bonds, and for background checks.

Please provide accurate and complete information. Required sections are indicated by an asterisk (*) to the right of the section name.

Note: It is the applicant's responsibility to provide accurate information. Failing to do so may result in a significant delays of the background check review. The user will need to keep up with the ALSDE ID# assigned in AIM. That number will be referenced when attempting to schedule an appointment with Fieldprint.

2.2 Enter Race and Ethnicity details and select 'Save' and then 'Continue to Citizenship.'

Account Type •

Ethnicity/Race •

Citizenship •

Phone Numbers •

Home Address •

Characteristics •

Birth Details •

Background Check

State Identification •

RSA ID

Race and Ethnicity

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Race Black or African Ameri... ▾

Field is required.

Ethnicity Not Hispanic/Latino ▾

Field is required.

Save

Continue to Phone Numbers

Continue

2.3 Enter Citizenship details and select 'Save' and then 'Continue to Phone Numbers.'

Account Type •

Ethnicity/Race •

Citizenship •

Phone Numbers •

Home Address •

Characteristics •

Birth Details •

Background Check

State Identification •

RSA ID

Citizenship

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Are you a legal United States citizen? Yes ▾

Field is required.

Save

Continue to Phone Numbers

Continue

2.4 Enter Phone Number details and select 'Continue to Home Address.' **Note:** At least one phone number is required for registration.

Account Type *

Ethnicity/Race *

Citizenship *

Phone Numbers *

Home Address *

Characteristics *

Birth Details *

Background Check

State Identification *

RSA ID

Phone Numbers

Home

Work 334.123.4567

Cell 334.312.1669

Continue to Home Address

2.5 Enter/Edit Home Address details and select ‘Continue to Characteristics.’

Account Type *

Ethnicity/Race *

Citizenship *

Phone Numbers *

Home Address *

Characteristics *

Birth Details *

Background Check

State Identification *

RSA ID

Home Address

123 West Street

Montgomery, AL 36116

US: United States of America

Continue to Characteristics

2.6 Enter Characteristics and select ‘Save’ and then ‘Continue to Birth Details’

Account Type

Ethnicity/Race

Citizenship

Phone Numbers

Home Address

Characteristics

Birth Details

Background Check

State Identification

RSA ID

Continue

Characteristics

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Eye Color

Brown

Field is required.

Hair Color

Black

Field is required.

Height (Feet)

6

Field is required.

Height (Inches)

11

Field is required.

Weight (Pounds)

187

Field is required.

Save

Continue to Birth Details

2.7 Enter Birth Details and select ‘Save’ and then ‘Continue to Background Details.’

Account Type

Ethnicity/Race

Citizenship

Phone Numbers

Home Address

Characteristics

Birth Details

Background Check

State Identification

RSA ID

Continue

Birth Details

Country:

United States of America

Field is required.

State:

Alabama

Field is required.

Save

Continue to Background Details

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[illegible]

2.8.b Applicant selects School System/IHE/Nonpublic school with which they are affiliated.
Note: Type the name of the LEA/Institution/Nonpublic school or engage the drop-down arrow to see an alphabetical listing.

Sumter County (Livingston, AL)
 Sylacauga City (Sylacauga, AL)
 Talladega City (Talladega, AL)
 Talladega County (Talladega, AL)
 Tallapoosa County (Dadeville, AL)
 Tallapoosa City (Tallapoosa, AL)
 Tarrant City (Tarrant, AL)
 Tarrant City (Tarrant, AL)

Field is required

- 2.8.c Applicant answers questions regarding convictions and then selects 'Save' and 'Continue to State Identification.' **Note:** If the applicants selects 'Yes' a pop-up message will be displayed informing the applicant to send additional information to the ALSDE. **Note:** A 'Yes' response **does not** prevent the applicant from completing registration.

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?

☒ Yes ☐ No

Before your suitability status can be determined, the Certification Office will need additional information. Please mail **OR** email the following information to the ALSDE Certification Office. Be sure to include you ALSDE ID# along with any information you send.

1. A copy of the case action summaries showing the judgements, convictions, and sentencing or other outcome of your cases.
2. A notarized personal explanation regarding the circumstances surrounding your cases. You should include the dates involved, the places of conviction, final outcome, and any other factors that should be considered.

ALSDE Certification Office Mail address:

PO Box 302101

Montgomery, AL 36130-2101

BGR@alsde.edu

Field is required



- 2.8.d NEW!! FBI Demographics:** The FBI Demographics screen has been added to our registration process. The addition of this screen gives us the opportunity to align data collected on Race, Place of Birth, and Country of Citizenship with FBI requirements. This will eliminate errors that applicants frequently found if they entered certain information into these fields. The applicant should enter requested information based on available options and select "Save" to record their selections.

FBI Demographics

This information is required by the Alabama Law Enforcement Agency (ALEA) and the Federal Bureau of Investigation (FBI) for fingerprinting purposes. The ALSDE realizes that some options may not be available for every applicant, but we have no control over these requirements. Choose the best available option possible. Information that you have entered in AIM for race and country of origin will be preserved separately.

Account Type *
 Ethnicity/Race *
 Citizenship *
 Phone Numbers *
 Home Address *
 Characteristics *
 Birth Details *
 Background Details *
FBI Demographics *
 State Identification *
 RSA ID *

Race Black or African American. Field is required.
Birthplace ILLINOIS Field is required.
Country of Citizenship UNITED STATES Field is required.

Continue

Continue to State Identification

2.9 Enter State Identification details and select 'Save' and 'Continue to RSA ID.'

State Identification / Driver License

These data fields are required in order to build a profile with Educator Certification. It is the individual's responsibility to provide accurate information and to keep all information current.

Account Type *
 Ethnicity/Race *
 Citizenship *
 Phone Numbers *
 Home Address *
 Characteristics *
 Birth Details *
 Background Check *
State Identification *
 RSA ID *

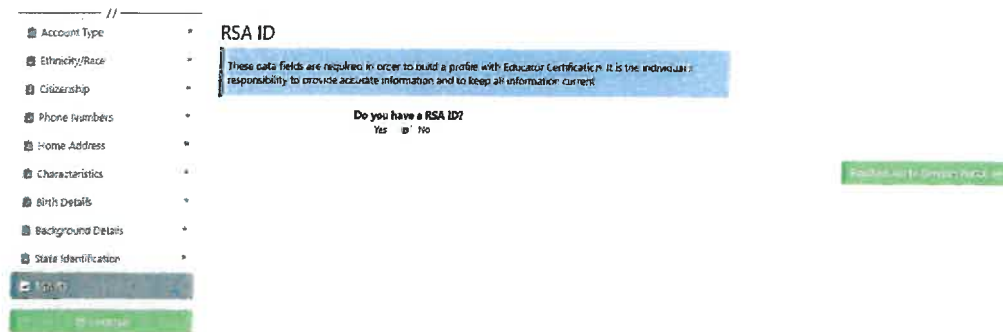
Type Driver License Field is required.
State AL: Alabama Field is required.
Number 123456 Field is required.
Expiration Date 3/31/2023 Field is required.

Continue

Save

Continue to RSA ID

2.10 Enter RSA ID details and select continue. Note: RSA ID number is optional. If you do not have, or do not know your RSA ID number simply select 'No' and 'Continue' to complete your AIM registration. Note: The user will be immediately transferred to the Fieldprint Welcome screen.



2.11 **NEW: Applicant is shown their ALSDE ID# before leaving AIM.**

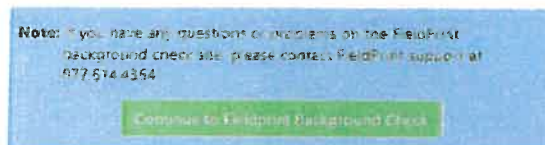
Applicant should record their ALSDE ID# for use later in the process.



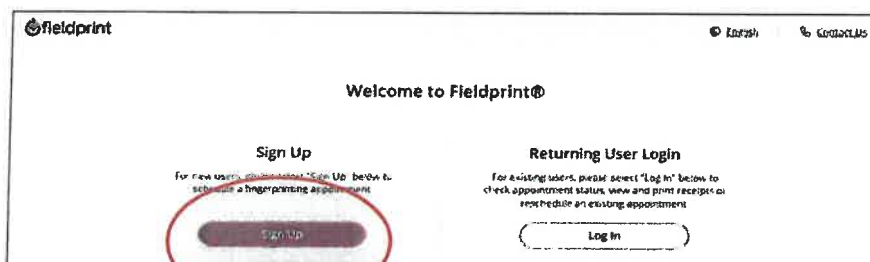
Access the Fieldprint Background Check site

You are leaving the **Alabama State Department of Education** and going to Fieldprint. Your ALSDE ID is **EXO-0124-7189**. You will be required to provide this ID when completing registration at Fieldprint.

The linked site contains information that has been created, published, maintained, or otherwise posted by institutions or organizations independent of this organization. We do not endorse, approve, certify, or control any linked websites, their sponsors, or any of their policies, activities, products, or services. We do not assume responsibility for the accuracy, completeness, or timeliness of the information contained therein.



3. Select 'Sign Up' to begin **Note: The applicant has been transitioned to Fieldprint.**



3.1 User will review Fieldprint Authorization form and select 'I Agree.'

3. Withdrawal of Consent to Electronic Signatures & Electronic Disclosures
 You may withdraw your consent to use electronic signatures or to receive electronic disclosures at any time by contacting us via email at customerservice@fldhs.gov. Any withdrawal of your consent to receive electronic disclosures or to use electronic signatures will be effective only after we have a reasonable period of time to process your withdrawal. However, withdrawing your consent to this Consent Agreement will terminate your ability to provide electronic signatures and to receive disclosures and other documents electronically. Continuing to provide electronic signatures after withdrawing consent is reaffirmation of your consent to the use of electronic signatures under the E-Sign Act.

4. You Must Keep Your Contact Information Current
 In order for us to be able to provide you with important notices and other information from time to time, you must ensure that the contact information in your online profile is current. This includes, but is not limited to, name, address, phone numbers, and email or other electronic addresses. In order to update your information, contact us via email at customerservice@fldhs.gov.

5. Hardware and Software You Will Need
 To use our online processes, you will need Internet Browser software that supports at least 128-bit encryption, a current version of a program that accurately reads and displays PDF files (such as Adobe Acrobat Reader), a printer if you wish to print out and retain records, disclosures, etc. on paper, and a current and valid email address. You are responsible for the installation, maintenance, and operation of the computer and browser software that you use for these online services.

By clicking on the "I Agree" button below, you acknowledge that you are able to access information in the electronic form that will be used to provide the information that is the subject of this Consent Agreement.

Please indicate your consent to the use of electronic signatures and your consent to receiving disclosures and notices electronically by clicking on the "I Agree" button below. By providing your consent, you are also confirming that you have the hardware and software described above, that you are able to provide electronic signatures, and that you have an active email account. You are also confirming that you are authorized to provide this consent.

By clicking on the "I Agree" button I agree to the use of electronic signatures and to receiving documents and disclosures electronically.

If you do NOT AGREE to the use of electronic signatures and to receiving documents and disclosures electronically, then please contact Fieldprint Customer Service at the following email address to assist you with a non-electronic option: customerservice@fldhs.gov or call 888-672-6316.

You can download the "Consent Agreement" as a PDF file
[Consent Agreement.pdf \(126 KB\)](#) [Download](#)

[Terms & Conditions eConsent](#) [Redaction Privacy Policy eConsent Disclosure](#) [FBI Privacy Act Statement FBI Noncriminal Justice Applications Privacy Rights](#) [© Copyright 2019-2022, Fieldprint, Inc.](#)

3.2 User enters information to create including Username, Password, and Security Questions and selects 'Continue.' **Note: Please record your password and security questions and answers securely. Answers to security questions cannot be duplicated.**

Create Account
 Please fill in the following fields to create an account.

Required Fields

Email*

Username*

Password* [show](#)

Confirm Password* [show](#)

First Name*

Last Name*

Mobile Phone Number*

Security Questions
 Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1*

Answer 1*

Security Question 2*

Answer 2*

Security Question 3*

Answer 3*

3.3 Following the completion of screen 3.2 the user will be taken to the 'Verify Account'

screen. **Note:** An 8-digit code will be sent to the email account entered on the previous screen. Enter the 8-digit code and select 'Complete Registration.'

Verify Account

An email has been sent to your provided email address. The subject of the email will be "Fieldprint Scheduling Account Verification" and will arrive from email sender auth@fieldprint.com.

Please follow the directions in the email to continue creating your account.
You may need to check your Junk or Spam folder.

① Please do not close your browser.

If your browsing session closes, please log back in using your username and password and enter the 8-digit Verification Code emailed to you at the email address provided during account creation. This Verification Code will expire after 30 minutes.

* -- Required Fields

Verification Code *

Your 8-digit code

Didn't receive an email? Click [here](#) to resend email.

Complete Registration

3.4 User is returned to the Login screen. Select 'Log In' to continue with registration.

The image shows the Fieldprint welcome screen. At the top left is the Fieldprint logo. At the top right are links for 'English' and 'Contact Us'. In the center, it says 'Welcome to Fieldprint®'. Below this, there are two columns. The left column is titled 'Sign Up' and contains the text 'For new users, please select "Sign Up" below to schedule a fingerprinting appointment.' Below this text is a dark purple button labeled 'Sign Up'. The right column is titled 'Returning User Login' and contains the text 'For existing users, please select "Log In" below to check appointment status, view and print receipts or reschedule an existing appointment.' Below this text is a light purple button labeled 'Log In', which is circled in red.

3.5 Provide answer to security question and select 'Continue.' **Note:** This Question and Answer was created during account creation with Fieldprint.

A screenshot of a 'Login Confirmation' form. The form is white and centered on a blue background. It contains the title 'Login Confirmation', a question 'What was your childhood nickname?', a text input field with the placeholder 'Your Answer', a checkbox labeled 'Remember this device/computer for future visits', and a 'Continue' button. The 'Continue' button is highlighted with a red oval.

Login Confirmation

What was your childhood nickname?

Your Answer

☐ Remember this device/computer for future visits

Continue

3.5.a NEW!! Reason Page: The applicant should simply scroll to the bottom of the page to find AL-Department of Education and then select “Continue with this Reason.”

Note: If any other reason is selected the results will not be sent to the ALSDE and the applicant will need to repeat the registration process correctly.

fieldprint

EmpLb Contact Us

Reason

Continue with Fieldprint Code

A Fieldprint Code is required to continue. If you do not have a Fieldprint Code, please contact the employer or organization that directed you to this website.

If you do not have a Fieldprint Code, leave this cell blank, scroll down to "Don't have a Fieldprint Code?" and enter the reason your fingerprinting appointment is required. You may also scroll further and select a reason from a pre-populated list by clicking "Continue with this Reason."

Fieldprint Code

Continue with Fieldprint Code

Don't have a Fieldprint Code?

Reason

If you were not issued a Fieldprint Code by your employer/agency, please enter the reason you are being fingerprinted. If the blank cell shows no reason from the list of possible options, if you do not know the reason for your fingerprinting request or cannot enter it, please contact your employer/agency.

10 Total Reasons Available

Search Reasons for Fingerprinting

AL - Department of Human Resources

Continue with this Reason

DHR Affiliated Agency (Child Welfare, Respite Day Care, Internships and Volunteers)

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Human Resources.

AL - Department of Human Resources

Continue with this Reason

DHR Fee Paid

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Human Resources.

AL - Department of Human Resources

Continue with this Reason

DHR Licensed Child Care Providers

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Human Resources.

AL - Department of Human Resources

Continue with this Reason

FTI

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Human Resources.

AL - Board of Nursing

Continue with this Reason

Nursing Licensing

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Board of Nursing.

AL - Department of Insurance

Continue with this Reason

Adjuster

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Insurance.

AL - Department of Insurance

Continue with this Reason

Ticket Agents

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Insurance.

AL - Real Estate Commission

Continue with this Reason

Real Estate Licensing

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Real Estate Commission.

AL - Department of Education

Continue with this Reason

DOE Certified

Fingerprints will be submitted to the Alabama Law Enforcement Agency (ALEA) for the purposes of screening individuals for the Alabama Department of Education.

3.6 Enter ALSDE ID#, Last Name, and DOB and select 'Continue'

[illegible]

3.7 Enter contact information and select ‘Continue.’

Data Collection

✓ Alabama DOE Demographic App

○ Contact Information

Contact Information

Phone * ⓘ

Alternate Phone ⓘ

Email * ⓘ

Preferred Contact Method * ⓘ

Appointment Reminder * ⓘ

Continue

3.8 Review AL DOE Release form and select 'I agree' then 'Continue.'

Data Collection

Alabama DOE Demographics

Contact Information

Authorization

AL DOE Release

Biometric Disclosure

FBI Noncriminal Justice Applicant Privacy Rights

FBI Privacy Information and Privacy Rights

AL DOE Release

AFFIDAVIT FOR RELEASE OF INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to conduct a criminal history background check and to release my criminal history information to the State Superintendent of Education. I do hereby request my help, execution, and administrative release and receive a change to the Alabama Law Enforcement Agency and its officers and agents from any and all other actions, decisions or other which may arise as a consequence of the release of the criminal history information as authorized herein.

If I am an officer, an investigator or detective, or I am a certified or licensed applicant for employment in a public school, an agency, and/or a nonpublic school, or a nonpublic school, or an applicant for a teacher education program, then I understand that the State Superintendent of Education will provide a satisfactory determination based on the State Bureau of Investigation and Federal Bureau of Investigation criminal history background information returns.

If I am applying for employment in a non-certified or non-licensed position in a public school then I understand that an initial determination will be based on the criminal records and pending charges.

I understand that I may be denied employment, dismissed or asked to resign the opportunity to serve, or certification or licensure unless I accept the information contained in the criminal history background information check.

I understand that a refusal to consent to a criminal history background check will result in me not being hired or if application, me not being certified or licensed.

I am aware that I have the right to object a copy of the background check report and to challenge its accuracy in a nonpublic school. The procedures for obtaining a change, removal, or updating of an FBI background record are set forth in Title 36, CJA § 19-31. I also have a right to obtain a person's determination as to the validity of such challenge before a decision to retain or not is made by an employee. If such a decision is made, such a determination should not make a decision regarding my future or employment based upon information that I have been offered a reasonable time to correct or complete the record, or have recourse to do so.

I understand that I am entitled to sue persons in accordance with applicable statutes prior to or, provide administrative action taken as a result of information received from a criminal history background check.

Payment of employment fees and submission of fingerprints shall be deemed further proof of affirmation of my intent to have a background check on my criminal history background check performed as authorized above.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☐ I agree

Your Full Name: James Smith

Today's date:

Back

Continue

3.9 Review Fieldprint Biometric Disclosure form and select 'I agree' then 'Continue.'

Data Collection

Alabama DOE Demographics

Contact Information

Authorization

AL DOE Release

Biometric Disclosure

FBI Noncriminal Justice Applicant Privacy Rights

FBI Privacy Information and Privacy Rights

Biometric Disclosure

State Required Biometric Information Disclosure and Authorization

Please be advised that your fingerprints will be collected, stored, and used in connection with your contact and/or employment with organization requesting your fingerprints ("ORGANIZATION"). Such collection, storage, and use of your fingerprints may occur at any time after the company receives your written authorization, including during the hiring process, as well as during the course of your contact and/or employment with ORGANIZATION or for administering/testing as the case may be, when deemed by me ("Stated Purpose").

Your fingerprints are being collected and used in order to obtain Criminal History Record Information (CHRI) from state governments and/or agencies in connection with your contract and/or employment or volunteering with ORGANIZATION or for testing as the case may be.

Your fingerprints and any information obtained using your fingerprints will be retained and stored by Fieldprint, Inc. and will be permanently destroyed following after three (3) years of your last interaction with Fieldprint, Inc. In some instances, we may retain your fingerprints for less than three (3) years or indefinitely based on the requirements of our state where you are registered or otherwise. For the stated retention period for your particular purpose, please contact us at (888) 474-9318. You may view Fieldprint, Inc.'s Privacy Policy on the retention and destruction of biometric information here: [https://www.fieldprint.com/privacy-policy](#).

Authorization to Obtain and Destroy Biometric Information

By signing below, I hereby authorize Fieldprint, Inc. to collect, store, and use my fingerprints and further authorize Fieldprint, Inc. to disclose and use my fingerprints to obtain criminal background information in connection with my Stated Purpose.

By signing below, I further authorize Fieldprint, Inc. to share my fingerprints information, criminal results, and any other information obtained using my fingerprints with ORGANIZATION for the Stated Purpose.

By signing below, I acknowledge and agree that the authorization to obtain and disclose my biometric information, criminal results, and any other information obtained using my fingerprints is valid now and throughout the course of my contract, employment, volunteering, and/or testing, as may be applicable with ORGANIZATION, when permitted by law.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☐ I agree

Your Full Name: James Smith

Today's date:

Back

Continue

3.10 Review the FBI Noncriminal Justice Applicant Privacy Rights Statement and select 'I acknowledge...' then 'Continue.'

Date Collection

☒ Address (X) Demographic

☒ Criminal History

Authorization

☒ A. Self

☒ B. Another Person

☐ FBI Mandatory (I am an Applicant's Attorney/HR)

☐ FBI Waiver (I am a Person)

FBI Noncriminal Justice Applicant's Privacy Rights

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a noncriminal justice-related criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an investigation or investigation matter, security clearance, or otherwise), you have certain rights which are discussed below. All actions must be provided in your filing.

You must be provided an Alabama version FBI Privacy Act Statement (dated 2015 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and explain your fingerprints and associated information will be processed, stored, or released. It must be provided in writing of the procedure for obtaining a change, correction, or deletion of your FBI criminal history record as set forth in 28 CFR 16.34.

You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have a record).

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (as defined in the FBI's policy) before the official duty to the employment, license, or other benefit based on information in the FBI criminal history record.

If agency policy permits, the official must provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting Requester and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/ident/biometrics/submitting-fingerprints>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the FBI by submitting a request to ident@fbi.gov. The FBI will then forward your challenge to the agency that conducted the fingerprint collection and request the agency to verify or correct the challenged error. Upon receipt of an official communication from that agency, the FBI will take any necessary change/correction to your record in accordance with the information supplied by that agency. (See 28 CFR 16.34 through 16.36.)

The FBI's right to request data directly from the holder of the criminal history record check will not be used for unauthorized purposes and will not result in disclosure to the holder of the criminal history record, regardless of whether the holder is an individual or a government entity, or a person or an organization established by the Federal Crime Prevention and Privacy Compact Council.

DESCRIPCION DE LA ACTIVIDAD DE SOLICITANTE - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación criminal de antecedentes criminalística basada en huellas dactilares, para un propósito no criminal del cual una solicitud para empleo o una licencia, un propósito de investigación o investigación, un propósito de seguridad, o cualquier otro fin de derecho que se considere, o consideración. Toda solicitud no debe provenir por escrito. Este documento es de carácter de Privacy Act of 1974, Title 5, United States Code (5 U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 16.11, sobre sus actividades.

Se le debe proveer una Declaración de la Ley de Privacidad del FBI (que fecha de 2015 o más reciente) por correo cuando presente sus huellas dactilares e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autoridad para recolectar sus huellas dactilares e información relacionada y si se investigará, considerará, o considerará sus huellas dactilares e información relacionada.

Se le debe explicar que usted o persona que submita un cambio, corrección, o actualización de su historial criminal del FBI según lo establecido en el 28 CFR 16.34.

Se le debe que proveer una oportunidad de completar o desafiar la exactitud de la información en su historial criminal del FBI de su historial criminal.

Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial de su historial criminal antes de que se basen las acciones de empleo, licencia, o otra beneficio basado en la información contenida en su historial criminal del FBI.

Si le permite la política de la agencia, el funcionario le puede enviar una copia de su historial criminal del FBI para revisión y posible desafío. Si la política de la agencia no permite que se le envíe una copia del historial, usted puede obtener una copia del historial presentando sus huellas dactilares y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/ident/biometrics/submitting-fingerprints>.

Si decide desafiar la exactitud o totalidad de su historial criminal del FBI, deberá presentar una propuesta a la agencia que condujo la información contenida al FBI. Alternativamente, puede enviar una propuesta directamente al FBI presentando un formulario por correo electrónico a ident@fbi.gov. El FBI luego enviará su petición a la agencia que condujo la información contenida y solicitará que la agencia verifique o corrija la información contenida. Al recibir la comunicación oficial de la agencia, el FBI hará cualquier cambio/corrección necesario a su historial de acuerdo con la información proveída por la agencia. (Ver 28 CFR 16.34 al 16.36.)

El uso de datos de derecho de acceso por los funcionarios que refieren los resultados de la investigación de su historial criminal lo mismo que los propósitos mencionados y que se los resultados o consideración en relación a los mismos, servicios o acciones de carácter laboral, o reglas, o consideración o consideración por el Federal Crime Prevention and Privacy Compact Council.

USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF PERJURY THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS PROVIDING ALL OF THE APPLICABLE INFORMATION, AND WHO IS PROVIDING THE APPLICABLE FORMS. IT IS STRONGLY ADVISED FOR ANYONE ELSE TO PROVIDE FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY FROM FINGERPRINTING, ETC. OR THE REQUESTING ORGANIZATION/AGENCY.

☐ I acknowledge this notice, understand and agree to the above statement.

3.11 Review the Privacy Act Statement and select 'I acknowledge...' then 'Continue.'

Privacy Act Statement

This primary document is located on the back of the FD-356 containing the card

NOTE: The FBS acquisition, presentation and exchange of fingerprints and associated biometrics is currently authorized under 28 USC, § 534. Depending on the nature of your application, supplemental authorities include: Federal statute, State statute pursuant to Pub. L. 92-463, Presidential Executive Order, and Federal regulation. Providing your fingerprint and associated information is voluntary, however failure to do so may affect consideration or approval of your application.

Principal Purpose: Critical identification, such as employment, licensing and security clearance, may be precluded for first-time or blind biological donors. Your fingerprints are critical information that may be provided to the employer, law enforcement, or otherwise identifiable agency, and the FBI for the purpose of comparing your fingerprints to others for purposes of the FBI's New Identification Initiative (NII) version of the universal criminal identification system, and to detect fingerprint fraudsters who attempt to evade the screening, recording, or otherwise requirements. The FBI may retain your fingerprints and associated information for use in NII after the completion of its application in a full-sized, non-forensic size, suitable for its purposes against other fingerprints submitted or obtained by NII.

[illegible]

© 2014

See Page 2 for important reminders

Declaracion de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del **FD-356** en forma de **hoja de respaldo**.

Activitatea de dezvoltare proiecte naționale și internaționale de învățământ digitalizat și informatică referitoare la utilizarea în mediul online este prezentată în tabelul nr. 28 din Anexa 1.

[illegible][illegible]

Accepted: 1999-07-20

2

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE MAIN PERSON WHO IS BEING FINGERPRINTED, WHO IS RECEIVING ALL OF THE APPLICABLE NOTICES AND IS COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANY ONE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FILLING OUT THE, OR THE REQUESTING ORGANIZATION (AGENCY).

☐ I hereby certify that I have read and understand and agree to the above Statement.

[Back](#)

Conclusions

- 4.1 Enter full address, city, state or zip code and select 'Find' to determine find the Fieldprint locations nearest you and select an appointment date. Next select an 'Find Availability' to schedule an appointment time. Note: The business name, address, and other information will be displayed.

fieldprint English Contact Us

Data Collection

Fieldprint Location

Please enter an address below to locate nearby Fieldprint locations.

50 North Ripley, Montgomery, AL 36116

Find

Authorization

2 Results for 50 North Ripley, Montgomery, AL 36116

Please use the options below to proceed with scheduling.

Clear Filter

Sun 19 Mar Mon 20 Mar Tue 21 Mar Wed 22 Mar Thu 23 Mar Fri 24 Mar

Distance Soonest Available Time

Open Map View

1. Fieldprint Site - Bradley Screening

5283 Vaughn Road, , Montgomery AL 36116-
M TU W TH F 08:30 AM - 04:30 PM
✓ No Additional Fees ✓ ADA Compliant ✓ Livescan
✓ Expedited Processing ✓ Photo ✓ I9
5.23 mi

Find Availability

2. Fieldprint Site - PostNet

7806 Vaughn Road, Cornerstone Shopping Center, Montgomery AL 36116-
M TU W TH F 09:00 AM - 03:00 PM
✓ No Additional Fees ✓ ADA Compliant ✓ Livescan
✓ Expedited Processing ✓ Photo ✓ I9

Find Availability

- 4.2 Select 'Part of day' and time of requested appointment.

fieldprint English Contact Us

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Fieldprint Location
[Back to 2 Results](#)

Schedule Appointment

Fieldprint Site - Bradley Screening, 5283 Vaughn Road, Montgomery AL 36116
 MTU WTH F 08:30 AM - 04:30 PM
 5.23 mi

Notice
 Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

Required Fields

Available Date: March 20, 2023
 Part of day: Morning (before 12 PM), 10:00 AM

Continue

4.3 Select 'Debit or Credit Card' or 'PayPal' as your payment option.

Data Collection

- ✓ Alabama DOE Demographics
- ✓ Contact Information

Authorization

- ✓ AL DOE Release
- ✓ Biometric Disclosure
- ✓ FBI Noncriminal Justice Applicant's Privacy Rights
- ✓ FBI Privacy Statement and Privacy Notice

Payment

Notice
 Once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge.
 Your appointment will not be scheduled until payment has been completed.

Date and Time: March 20, 2023 10:00 AM
 Location: Fieldprint Site - Bradley Screening, 5283 Vaughn Road, Montgomery AL 36116

Fee Type	Fee
Fieldprint Scheduling Fee	\$7.95
FBI Fee	\$38.25
Your Total to Pay:	\$46.20

Payment Method

PayPal
 Debit or Credit Card
 Powered by PayPal

4.4 Insert Payment Account Information

✓ Biometric Disclosure

✓ FBI Noncriminal Justice Applicant's Privacy Rights

✓ FBI Privacy Statement and Privacy Notice

Fee Type

Fieldprint Scheduling Fee

FBI Fee

Your Total to Pay:

Fee

\$ 7.95

\$ 38.25

\$ 46.20

Schedule Appointment

Payment

Confirmation

Payment Method

Debit or Credit Card

×

Card number

Expires

CSC

Billing address

First name

Last name

Street address

Apt. , ste. , bldg.

City

State

Alabama

ZIP code

60620

Phone

+1 (312) 694-4557

Email

Test@user.com

☒ Ship to billing address

By continuing, you confirm you're 18 years or older.

Continue

© 2023 by Bluebird

- 4.5 Review appointment details and log out. **Note: Email confirmation of the appointment will be sent. The email will include a list of approved forms of identification that must be presented during your fingerprint appointment. Be sure to review procedures for canceling an appointment, if needed.**



[English](#) [Contact Us](#)

Appointment

✓ Alabama DOE Demographics

✓ Contact Information

Authorizations

✓ AL DOE Release

✓ Background Disclosure

✓ FBI Noncriminal Justice Applicant's Privacy Rights

✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Payment

Confirmation

Confirmation Details: August Thirty (Appointment #6202095)

[Print Confirmation](#) [Get Directions](#) [Download Printable Documents](#)

Date and Time: Monday, March 20, 2023 10:00 AM

Location: Fieldprint Site - Bradley Screening
5283 Vaughn Road, Montgomery AL 36116

QR Code Notice

Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records.

Map Satellite

Google

Payment

Payment Date	Transaction ID	Amount	Fee Type
March 19, 2023 9:02 AM	9U391469RF928533G	\$ 46.20	Fieldprint Scheduling Fee - \$ 7.95 FBI Fee - \$ 38.25

What to Bring to Your Appointment?

Notice

Original Documents are required. Photocopies will not be accepted.

- Please provide your appointment number to the technician at the time of your appointment. You may print this appointment confirmation page or bring with you via phone or email.
- For purposes of confirming your identity for your appointment, you must present one form of a current, valid, unexpired government-issued photo ID.

If you do not bring two valid, unexpired, acceptable forms of ID, your appointment cannot be completed. The name provided for the appointment must match both forms of identification and the date of birth must be on the primary form of ID, and must match exactly.

Identification required to complete your appointment

Primary ID for Fingerprinting

- State-Issued driver's license
- State-Issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- DOD Common Access Card
- Work Visa w/ photo
- Global Entry Card
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- I-766 Employment Authorization Card
- Foreign Passport
- Foreign Driver's License

Secondary ID for Fingerprinting

- State-Issued driver's license
- State-Issued non-driver identity
- U.S. Passport / Passport Card
- Military Identification Card
- Bank Statement/Paycheck Stub
- Utility Bill / Insurance Card
- Credit Card/Debit Card
- Marriage Certificate
- Birth Certificate
- US Dept of Veteran Affairs Card
- Draft Record
- Transportation Worker ID Credential (TWIC Card)
- Certificate of Citizenship
- Certificate of Naturalization
- Native American Tribal ID Card
- Permanent Resident Card (I-551)
- DOD Common Access Card
- Work Visa w/ photo

Reschedule or Cancel Minnie Brown Appointment (#6202099)

Please note that once an appointment is made, you may not make a change or cancel less than 24 hours before the appointment time without incurring a charge. If you need to reschedule your appointment or cancel, please click the corresponded button below or call 877-614-4364.

If you decide to reschedule your appointment in the future, please return to alabamaacceptance.fieldprint.com, log in as an existing user, and click on the Reschedule button to make a new appointment.

Cancel Appointment

Reschedule

Back to Home

Log Out

PERSONAL DATA FOR SUBSTITUTE SUPPORT WORKERS

MARSHALL COUNTY BOARD OF EDUCATION, Guntersville, Alabama

Date _____

NAME _____

{As it appears on your Social Security Card}

SOCIAL SECURITY NUMBER. _____ If you do not have a Social Security Card, you must make an application for one immediately. When this card is obtained, it should be brought to the Superintendent's Office immediately. Substitutes can not be added to payroll without a card.

ADDRESS _____
Street City State Zip Code

TELEPHONE NUMBER _____ **DATE OF BIRTH** _____

FINGERPRINT CLEARANCE DATE _____ **EMAIL ADDRESS** _____

*If you do not have a background clearance, you will need to be fingerprinted and a background clearance on file before substituting.

TITLE OF SUBSTITUTE POSITION YOU ARE APPLYING _____

Your information will be sent to all schools.

Please check the schools below if you would like to be put on that schools preferred list:

<input type="checkbox"/> All Schools		
<input type="checkbox"/> Asbury Elementary	<input type="checkbox"/> Asbury High	
<input type="checkbox"/> BMPS	<input type="checkbox"/> BMES	<input type="checkbox"/> BMHS
<input type="checkbox"/> DAR Elementary	<input type="checkbox"/> DAR Middle	<input type="checkbox"/> DAR High
<input type="checkbox"/> Sloman Primary	<input type="checkbox"/> Douglas Elem	<input type="checkbox"/> Douglas MS
<input type="checkbox"/> Marshall Technical	<input type="checkbox"/> Douglas HS	
	<input type="checkbox"/> Special Needs PreK	

Please list days and times you are available to substitute:

**ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE**

PRINT OR TYPE in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.

**** See instructions for the address to use when submitting this form. ****

Requesting Person or Agency/Organization MARSHALL COUNTY BOARD OF EDUCATION		Check All That Apply
Mailing Address 12380 US HWY 431 SOUTH GUNTERSVILLE AL 35976		<input type="checkbox"/> Child Placing Agency
		<input type="checkbox"/> Residential Child Care Facility
		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number (256) 582-3171	Email: hayeseb@marshallk12.org	<input type="checkbox"/> Family Day / Night Care Home
PRINT Requestor's Name Emily Hayes		<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature	Date	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature	Date	<input checked="" type="checkbox"/> Other (Please Specify) PUBLIC SCHOOL

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an ☐ employee ☐ volunteer ☒ other. This person's specific job/role is or will be:
SUBSTITUTE

Name _____ Sex ☐ Male ☐ Female Race _____ DOB ____/____/____
 Last First Middle
 Current Mailing Address _____
 Alias, Maiden & Prior Married Name(s) _____
 Name & DOB of Spouse & Former Spouse(s) _____
 Name & DOB of Children / Stepchildren _____
 Alabama counties where person has lived and/or worked _____

Attach additional pages as needed to provide all information requested above.

To be completed by person being cleared

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature _____ Date _____ Signature of Witness _____ Date _____

To be completed by DHR

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

☐ Substantiated report (i.e., indicated) located. See attached information.

Type Report: ☐ Physical Abuse ☐ Neglect ☐ Sexual Abuse ☐ Mental Abuse / Neglect

☐ No report located.

☐ Request Denied _____

☐ Other _____

Office of Child Protective Services _____

Date Completed _____

4.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(CREDITS OR DEBITS)**

I (WE) _____

HEREBY AUTHORIZE THE MARSHALL COUNTY BOARD OF EDUCATION to indicate

credits or debits to my (our) CHECKING _____ SAVINGS _____ account indicated below

and the bank named below to credit or debit the amounts of such entries to said account.

Signature _____

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING & TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the company a reasonable time to act on it.

On pay day you will continue to receive from us your earnings statement which lists your gross pay, deductions and net amount deposited into your account.

Requests by the 15th of the month will be tested at the end of that month by processing a pre-notice to the bank. The direct deposit will be effective at the end of the following month.

Please attach a voided check or deposit slip so that we may verify routing & transit number and account number.

Please check the account number and bank name on the first month's check stub for accuracy. The check will be deposited to that bank and account number the second month.

(over)

STATE DEPARTMENT OF REVENUE – MONTGOMERY, ALABAMA 36132
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

FORM A-4

Full Name _____ Social Security No. _____

Home Address _____ City _____ State _____ Zip Code _____

EMPLOYEE:

File this form with your employer. Otherwise, he must withhold Alabama Income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Alabama Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. IF YOU ARE SINGLE, \$1500 personal exemption is allowed.
 (a) If you claim full personal exemption (\$1500) write letter "S"
 (b) If you claim no personal exemption write figure "0" (Note: If you claim no personal exemption on Lines 1 or 2, you cannot claim dependents on Line 3).....
2. IF YOU ARE MARRIED, \$300 personal exemption is allowed for husband and wife.
 (a) If you claim exemption for both spouses (\$3000) write letter "M"
 (b) If you claim exemption for yourself only (\$1500) write letter "S"
 If you claim no personal exemption write figure "0" (see note under 1 (b)).....
3. IF during the year you will provide more than one-half or the support of persons closely related to you (other than spouse) write the number of dependents.....
4. THIS LINE TO BE COMPLETED BY EMPLOYER:
 TOTALEXEMPTIONS: (see Instructions on back).....

I certify that this withholding exemptions claimed on this certificate do not exceed the amount to which I am entitled.

Date _____ 20____ Signed _____

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

OMB No. 1545-0074

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

2022**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)



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.):				
			<input type="checkbox"/> 1. A citizen of the United States				
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
			<input type="checkbox"/> 4. A noncitizen (other than 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)		Additional Information			
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)					
<input type="checkbox"/> 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
<ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and 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. 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"> 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 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 School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record 		<ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) 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.
<p style="text-align: center;">Acceptable Receipts</p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period.</p> <p style="text-align: center;">For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> 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.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable) Date (mm/dd/yyyy)	New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
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Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			



Employee Self Service



Portal for viewing check stubs & other documents

To create your account, go to marshallk12.org. Look under Employees. Click on Employee Self Service (ESS). Click "Register" in the top right hand corner

Be prepared to enter the following information:

- User Name – Can be anything you choose
- Email Address – a confirmation email will be sent to the address you enter. Your account will NOT be created if incorrect or improperly formatted information is entered, so please double check your entry.
- First Name
- Last Name
- Social Security Number – do not enter dashes
- Employee Number – this information can be found on the top of a check stub in the box labeled "Employee Number"
- Password – must be a minimum of 8 characters
- Confirm Password

Check your email for the confirmation email (check your spam if you do not receive your email within 5-10 minutes). Once you confirm your registration, you may log on and view your pay stubs, W2s, etc.

<div><div></div><div><div>2023-2024</div><div>Instructional Calendar</div><div>MARSHALL COUNTY</div><div>SCHOOLS</div><div>Superintendent, Dr. Cindy Wigley</div></div></div>												<div><div></div><div>Professional Development/Teacher Workdays (No Students)</div><div>August 1 & 7, 2023 - Local School Institute Day</div><div>August 2-4, 2023 - District PD Days</div><div>January 3 - Teacher Work Day</div><div>May 28-29 - Teacher Work Day</div><div>May 30-31 Teacher Work Day/Flex Day</div><div>Students Return to School</div><div>Semester One</div><div>August 8, 2023</div><div>Semester Two</div><div>January 4, 2024</div><div>***December 16th is an Earning Day and also the last day of the first semester</div></div>												<div><div>Holidays</div><div>July 4, 2023 - Independence Day</div><div>September 4, 2023 - Labor Day</div><div>October 16-20, 2023 - Fall Break</div><div>November 10, 2023 - Veterans Day</div><div>November 20-24, 2023 - Thanksgiving Break</div><div>December 18-January 3, 2024 - Christmas Break</div><div>January 15, 2024 - MLK Jr. Day</div><div>February 19, 2024 - Presidents' Day</div><div>March 25-29, 2024 - Spring Break</div><div>May 27, 2024 - Memorial Day</div><div>June 19, 2024 - Juneteenth</div></div>												<div><div>Start/End of Grading Periods ^</div><div>Grading Periods</div><div>August 8 - October 6, 2023</div><div>October 9 - December 15, 2023</div><div>January 4 - March 8, 2024</div><div>March 11 - May 21, 2024</div><div>Progress Reports</div><div>09/11/2023</div><div>11/28/2023</div><div>02/12/2024</div><div>04/22/2024</div><div>Report Cards</div><div>10/23/2023</div><div>01/16/2024</div><div>03/18/2024</div><div>***</div><div>Instructional Day for Students</div><div>M,T,THF 7:40 - 2:58</div><div>W 7:40 - 1:56</div><div>Board Approved 3/2/2023</div><div>Meets all state mandated requirements.</div><div>earning Day for Students/Parent-Teacher Conferences for Staff</div><div>Semester One</div><div>Semester Two</div><div>September 15 and December 15, 2023</div><div>February 16 and April 26, 2024</div></div>																																																																																																																																																																																																																																																																																																																																																																																																																																											
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Total Student Days 177
Total Staff Days 187

*** In some cases, report cards are ready to be sent home the last day of school. All others should be ready for pickup at the school by June 3, 2024

Marshall County School System
12380 U.S. Hwy. 431 S.
Guntersville, AL 35976-9351
(256) 582-3171, Fax (256) 582-3178
wigleycl@marshallk12.org
www.marshallk12.org

Asbury Elementary K-6

Kathy Brown, Principal
1966 Asbury Rd.
Albertville, AL 35951
256-878-6221
Fax # 256-878-6205
Brown.kathy@marshallk12.org

Asbury High 7-12

Clay Webber, Principal
1990 Asbury Rd.
Albertville, AL 35951
256-878-4068
Fax # 256-878-5233
webber.clay@marshallk12.org

Brindlee Mtn. Primary K-2

Nick Bolding, Principal
1050 Scant City Rd.
Guntersville, AL 35976
256-857-5120
Fax # 256-293-4685
bolding.nick@marshallk12.org

Brindlee Mtn. Elementary 3-5

Amanda Hollaway, Principal
2233 Shoal Creek Rd.
Arab, AL 35016
256-857-5125
Fax # 256-753-6630
hollawayah@marshallk12.org

Brindlee Mtn. High 6-12

Terry Allen, Principal
994 Scant City Rd.
Guntersville, AL 35976
256-857-5135
Fax # 256-293-4662
allents@marshallk12.org

Claysville Elementary Pre-K & Alt.

Andy Grimes Asst. Principal
140 Claysville School Rd.
Guntersville, AL 35976
256-582-4444
Fax # 256-582-4454
grimesac@marshallk12.org

D.A.R. Elementary K-4

Cilia Smith, Principal
6077 Main St.
Grant, AL 35747
256-857-5140
Fax # 256-728-8430
smith.cilia@marshallk12.org

D.A.R. Middle 5-8

Jennifer Morrison, Principal
6077 Main St
Grant, AL 35747
256-857-5145
Fax # 256-728-8447
morrisonjen@marshallk12.org

D.A.R. High 9-12

Larry Bolin, Principal
6077 Main St.
Grant, AL 35757
256-857-5150
Fax # 256-728-8900
bolinld@marshallk12.org

Sloman Primary K-2 (Douglas)

Julie Cordell, Principal
P.O. Box 270
Douglas, AL 35964
200 Bethlehem Rd.
Horton, AL 35980
256-593-4912
Fax # 256-593-4874
cordell.julie@marshallk12.org

Douglas Elementary 3-5

Kerry Bush, Principal
P.O. Box 299
151 Eagle Dr.
Douglas, AL 35964
256-593-4420
Fax # 256-593-4423
bushk@marshallk12.org

Douglas Middle 6-8

Scott Bonds, Principal
P.O. Box 269
205 Eagle Dr.
Douglas, AL 35964
256-593-1240
Fax # 256-593-1259
bondssa@marshallk12.org

Douglas High 9-12

Brian Sauls, Principal
P.O. Box 300
225 Eagle Dr.
Douglas, AL 35964
256-593-2810
Fax # 256-840-5489
sauls.brian@marshallk12.org

Marshall Technical 9-12

Patrick Smith, Principal
12312 U.S. Hwy. 431 S.
Guntersville, AL 35976
256-582-5629
Fax # 256-582-2580
smithpat@marshallk12.org

**A copy of this letter will be emailed to you once you are set up in the payroll and Aesop system.
The sender will be netpost@aesoponline.com**

Marshall County School District

Dear _____,

We have the pleasure of notifying you that the Marshall County School District is using an automated service that greatly simplifies and streamlines the process of finding and managing substitute jobs in this district. This service, called Aesop, utilizes both the telephone and the Internet to assist you in locating jobs in this school district. The Aesop system is available 24 hours a day, 7 days a week. Aesop uses three methods to make jobs available to substitutes:

1. You can search for and accept available jobs, change personal settings, update your calendar, and personalize your available call times by visiting Absence Management on the internet at <https://www.aesoponline.com/login2.asp>. If the employee has uploaded lesson plans on the Internet, you will be able to view them online once you take the job!
2. You may interact with the Absence Management System by way of a toll-free, automated voice instruction menu at **1-800-942-3767**. Here, you can proactively search for jobs and manage existing jobs. We recommend calling in to check the computer recording of your name by pressing Option 4.
3. Absence Management also makes phone calls to substitutes to offer jobs. The administrative office has selected the following hours as standard call times when the Aesop service may call for substitutes: 5:00:00 AM - 11:59:00 AM in the morning and 3:00:00 PM - 9:45:00 PM in the evening. The phone number we have on record for you is (xxx) xxx-xxxx.

Important Notes:

* In order to access the Aesop system, you will need to enter your ID and PIN numbers as follows:

ID Number Will be on your specific letter

PIN Number Will be on your specific letter

* If you accept a job, Aesop will issue a confirmation number. **Please remember that your transaction is not complete until Aesop supplies you with a confirmation number.**

*Aesop will automatically make a recording of your name for Marshall County School District on the phone system. To review or change the recording of your name, call in to Aesop and select option 4.

We are confident that you will find the Aesop experience beneficial and enjoyable.

Should you experience difficulty using the Aesop system in any way, please contact Misty Tarvin by phone or email as listed below.

Thank you,

Misty Tarvin

Aesop Administrator

tarvin.misty@marshallk12.org (256) 582-3171

When you call Aesop

To Review or Change your Personal Information, Press ④

- To review or change your name recording, Press ①
- To change your Pin number, Press ②
- To change your phone number, Press ③

Special Things to Note

When Aesop calls you:

- The phone number that appears on Caller ID is: 1-800-942-3767.
- Typically, Aesop will not leave a message on your home answering machine.
- Please say "hello" in order for Aesop to begin the phone call.
- If you are sick and wish not to work, Press ② - To Prevent Further Calls Today.
- If two or more substitutes have the same phone number it is to your advantage that you both voice-record your names. Aesop will then play the voice recording at the beginning of the phone call and you can enter the correct Pin number.

1.800.942.3767

Aesop®

Phone System Instructions for Substitutes

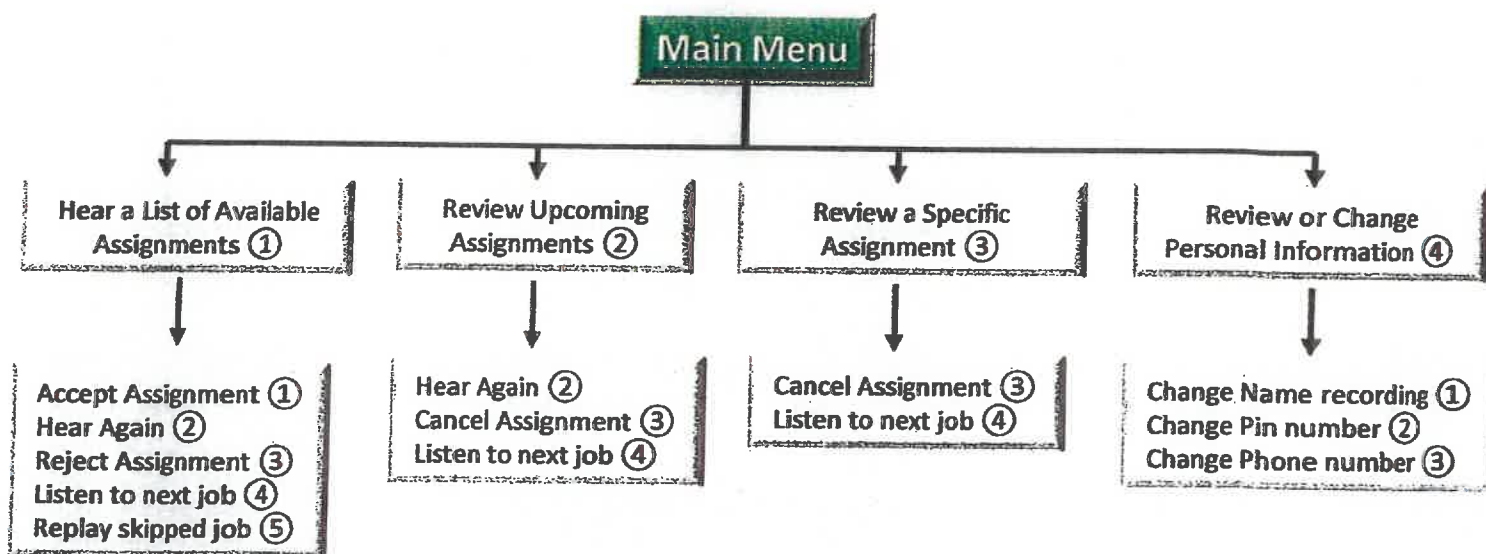
1.800.942.3767

Learn how to:

- ☐ Search for jobs by phone
- ☐ Respond when the system offers you a job
- ☐ Personalize the phone system

FRONTLINE™
TECHNOLOGIES.

www.FrontlineK12.com/Aesop



Aesop Phone Menu at a Glance

Available 24/7

Please note that some options may not be available to you.

Aesop will ask you to enter the confirmation number.

- To cancel this assignment, Press ③
- To listen to the next assignment, Press ④
- To return to the Main Menu, Press ⑥

To Review or Cancel a Specific Assignment, Press ③

Aesop will now read off all the details of the assignment.

- To hear this again, Press ②
- To cancel this assignment, Press ③
- To listen to the next assignment, Press ④
- To return to the Main Menu, Press ⑥
- To review your assignments for the next 7 days, Press ③
- To return to the previous menu, Press *

To Review or Cancel your Upcoming Assignments, Press ②

When you call Aesop

1.800.942.3767

When you have successfully accepted an assignment Aesop will play back the confirmation number.

- To accept the assignment, Press ①
- To hear the assignment again, Press ②
- To reject this assignment and not hear it again, Press ③
- To listen to the next assignment, Press ④
- To replay a bypassed assignment, Press ⑤
- To return to the Main Menu, Press ⑥

Aesop will play you a list of up to five available jobs.

To Hear a List of Available Assignments, Press ①

Pressing the star key (*) will always take you back one menu level anywhere in the phone system.

1. Dial 1.800.942.3767
2. Enter your ID number followed by the pound key (#)
3. Enter your PIN number followed by the pound key (#)

When you call Aesop

www.aesopeducation.com

- If you select this option then Aesop will never call you again.

To prevent Aesop from ever calling, Press ⑨

If you are unavailable, Press ③

To prevent further calls today, Press ②

When you have successfully accepted an assignment Aesop will play back the confirmation number.

- To accept the assignment, Press ①
 - To hear the assignment again, Press ②
 - To reject but allow additional Calls today, Press ③
 - To reject this assignment and prevent additional calls today, Press ④
- Enter your Pin number followed by the pound key (#)

Aesop will now read off all the details of the assignment.

Aesop will play you the School District Name and the School Name.

If you are interested in a job, Press ①

When you answer the phone, say "Hello" and Aesop will present the following options:

When Aesop calls you

MARSHALL **COUNTY SCHOOLS**



SUBSTITUTE HANDBOOK

MARSHALL COUNTY BOARD OF EDUCATION

**12380 U.S. HWY. 431 SOUTH
GUNTERSVILLE, AL 35976
(256) 582-3171**

**DR. CINDY L. WIGLEY, SUPERINTENDENT
MARSHALL COUNTY PUBLIC SCHOOLS**

Introduction

Welcome

The Marshall County Board of Education joins the Superintendent in welcoming you to the challenging position of substitute.

Web-based Support and Information

Marshall County is in the process of developing a section on the system web-site for substitutes that will include frequently asked questions, resources on the Internet, the District map, this handbook, and other resources intended to enable substitutes to be more successful in their jobs. Substitutes are strongly urged to visit the site often at www.marshallk12.org and follow these directions to access information:

1. Log on to www.marshallk12.org
2. Click the link "Employees"
3. Drag down to "Sub opportunities" where you will see the following sub-tabs
 - a. Training announcements
 - b. Teacher substitute application
 - c. Support substitute application
 - d. Substitute handbook

I.D. Badges

All required paperwork must be completed and received by the Central Office as well as fingerprint and background checks approved. Substitutes must wear or display a temporary school I.D. badge at all times when on campus. This will be given to you upon signing in at the main school office for that day of substituting.

Calendar of Jobs

The substitute will receive a copy of the School Year Calendar. This will allow prior knowledge of possible scheduling needs. Attached to the calendar, the substitute should keep a personal log of all jobs worked including dates, places, and names of workers/assignments. The log will help if there are any questions or concerns regarding payroll purposes. Having a calendar handy at all times is also helpful when workers or administrators want to request or prearrange a substitute for a job.

RESPONSIBILITIES OF SUBSTITUTES

A. Ethical Behavior

Substitutes have a responsibility to conduct themselves in a professional manner at all times when carrying out their duties.

1. Confidentiality

Substitutes have a great responsibility to treat with confidentiality matters pertaining to students. Student behavior, performance, and achievement levels are not subjects of general conversation and should not be discussed outside of the school setting. When working with special needs students, substitutes must exercise an even greater degree of caution when discussing school children assigned to them.

2. Criticism/Comparisons

The substitute is encouraged to speak honestly about their experiences in the District. However, the mission of the Marshall County School System and the goals of the school are thwarted when a substitute engages in malicious talk about their experiences. Disparaging comments comparing one school with another or comparing the children in one neighborhood with those of another should not be made. Unless raising concerns to an administrator, under no circumstances should substitutes make negative comments regarding a school, personnel, students, or the school system.

3. Substitute/Student Relationships

Substitutes should exercise extreme caution and good judgment in verbal and physical contact with students. Substitutes should establish a position of authority with the students; they may be friendly without "befriending" the students. Under no circumstances may a substitute engage in a relationship with a student (Sexual Harassment Policy). Yelling at students, calling them derogatory names and using insults or other threatening verbal attacks will not be tolerated and may be grounds for dismissal.

B. General Duties

1 Accepting and Cancelling Jobs

Whenever possible, substitutes should accept the jobs they are offered. Once they have done so, they should write down the date, time, location and other information pertinent to the assignment. If, after accepting a job, a substitute must cancel a job, he/she should do so at the earliest possible opportunity. This is critical because there must be time to arrange for another substitute to fill the position. Cancellation with less than 48 hour notice will prevent substitutes from accepting another position within the district for the next 48 hours. It is important that schools are able to depend on those substitutes who are on the school substitute lists. If a substitute consistently "turns down" a job or cancels often, he/she will not be considered reliable and may not be contacted for additional jobs.

2 Parking and Privileges

Substitutes can park in "reserved" or "visitor" parking areas. Some schools may also have designated parking. If so, please ask about the possibility of using the space of the worker for whom you are subbing. See administration regarding appropriate parking areas.

3 Punctuality

Substitutes are expected to be on duty the same length of time as the regular worker. This includes reporting to duty BEFORE the start of school, which will allow time to find the office, sign in, and prepare for a successful day of substituting. The exact beginning and ending times for substitutes may vary slightly from school to school, so be certain to verify the work times with that particular school.

4 Report for Duty

Substitutes should report to the school office before assuming any duties. While in the office, they should sign in, ask for a temporary I.D. badge, and then ask for assigned duties. Temporary I.D. badges should always be worn on campus. Many schools have prepared folders for substitutes containing such information as the school staff, map of the school, evacuation procedures, emergency plans, bell schedules, and a list of key personnel. They should ask if there are any special instructions or other information needed to carry out the day's activities.

5 Supplies, Material, and Equipment

Teachers' materials and supplies should not be used unless the lesson plans authorize their use.

Any materials and equipment borrowed should be returned to the proper person before a substitute leaves the campus. At the end of the day, the teachers' room and equipment should be left the way they were found. The full-time teacher's desk, files, and other storage areas should be regarded with respect.

6 Leaving the Campus

The care and supervision of the students assigned to the substitute should be of paramount importance. At no time during the day should the substitute leave campus unless authorized to do so. Substitutes should not leave campus at the end of the school day until they have been cleared through the school office.

7 Other Duties as Assigned

Occasionally, a substitute may be asked to perform duties in addition to those of a regular substitute. Also, a substitute may be asked to be in a classroom other than the one he had agreed to when contacted. In both cases, the substitute is expected to demonstrate flexibility and cooperation with the school administration in its attempts to meet the instructional and safety needs of the students under their care.

8 End of the Day

When the children have been dismissed for the day or placed safely on the correct school bus, The substitute will still have several more duties to perform. The room should be checked to ensure that it is restored to the way the substitute found it. Books, supplies, and instructional materials should be returned, desks placed in their original positions, etc.

Successful substitutes will take a few minutes to leave a detailed note for the teacher. The teacher appreciates knowing how much of the lesson plan was accomplished and any other important information about the substitute's instructional efforts. The teacher should also be informed of any behavior problems or unusual events that may have occurred during his/her absence. In addition to leaving a note for the teacher, the substitute should always check out through the office when leaving for the day. This provides the office staff with an opportunity to deliver any messages that may have been received and to note the time of departure. Be sure to ask about the automatic checkout system.

9 Changes in Personal Profile Information

Throughout the year, the substitute has the responsibility of keeping current the information that is stored in the Substitute Files. This includes your current address, which may be the location for receipt of paychecks. Please speak with the Payroll Clerk about Automatic Deposit to your bank.

10 Seek Help!

At all times, and in all matters related to substituting, the substitute should never hesitate to SEEK HELP when needed. Everyone in the school system wants the substitute to be successful. Help is only a few steps or a call to the office away at any time. Key personnel are available to assist with any questions or concerns.

C. Classroom Duties and Instructional Responsibilities

Substitute teachers are expected to perform all the duties of the regular teacher unless the administrator releases the substitute from a particular responsibility. Check the teacher's planning book or substitute folder to see if there are any students with special needs or medical conditions of which to be aware. If the book is unavailable or a substitute folder does not indicate this information, please check with the office. Substitute teachers should maintain the regular routine of the class. They should follow the daily class schedule and lesson plans provided by the regular teacher.

1 Lesson Plans

When teachers are absent from school, they will leave lesson plans for the substitute teacher to follow in order to maintain a continuity of instruction in the classroom. The substitute is expected to adhere to the scope and sequence of instruction documented in the teacher's lesson plans. Any deviation must be substantiated with sound reasoning and be based on established curriculum and instruction theory and practice. Most of the time, teachers anticipate their absences. However, if a teacher is absent due to an emergency, the substitute may not have lesson plans provided. When this occurs, help is available from other teachers and support staff in the school. Teachers from the same grade level or field of study should be able to provide assistance.

2 Student Attendance

One of the many regular duties of the full-time teacher is the taking of student attendance. Substitutes are expected to assist in compliance with this requirement. Attendance must be taken in every class and this information must be provided to the school office following the procedures established at the school.

3 Written Work/Grading Papers

The substitute teacher should not assign written work and leave it to be graded except at the request of the regular teacher. Nor should the full-time teacher expect the substitute to grade papers not assigned in the lesson plan. Extreme caution should be used when substitute teachers are asked to grade papers, the result of which will be made a part of the student's permanent grades.

4 Classroom Management

Substitute teachers are expected to model and reinforce the expectations of the permanent teacher. Classroom rules are posted in most classrooms and except for the first few days of class, all students know the rules of behavior and the consequences for not following them.

5 Discipline

When students cause behavior problems that are disruptive to the learning environment, the substitute teacher should attempt to maintain discipline in the classroom using

acceptable behavior management strategies. However, sometimes even the most effective classroom management strategies will fail and individuals or groups of students may need to modify their behavior. Substitutes must never administer corporal punishment, physically discipline a student in any way, or verbally abuse the students. Shouting at students or calling them derogatory names may constitute verbal abuse and is forbidden. Sarcasm is ineffective in the classroom and should not be used. Only when all reasonable efforts to maintain order have failed should the substitute teacher refer students, with a discipline slip or note explaining the circumstances, to school administrators.

The substitute should **NEVER** leave the classroom unattended. Even if a student runs out of the room, the teacher should not follow. Contact the office immediately for assistance and they will handle the situation. If the substitute needs to leave the classroom for personal reasons, a nearby teacher should be notified so that the classroom will be supervised.

6 Active Involvement

The successful substitute teacher is actively involved with instruction. This includes circulating around the classroom often, checking student work and assisting with assignments as needed. Many discipline problems can be avoided by the substitute's use of proximity to the students.

DISTRICT GUIDELINES AND POLICIES

A. Dress/Grooming

Substitutes are held to the same standards as regular employees. They should exercise discretion and good judgment in their attire and should be appropriately dressed to the assignment. If a substitute is in doubt about what to wear, the following tips will come in handy:

- 1 Always dress professionally.** Do not wear blue jeans on the first day unless it is appropriate for the position. A nice pair of black or khaki pants with a nice shirt, blouse or polo shirt is always appropriate.
- 2 No matter what everyone else is wearing, make sure that shirts or blouses are not too low cut or revealing.**
- 3 Substitutes will spend a lot of time standing, sitting, and leaning over to get on a student's level.** Wear clothes that are comfortable. Do not wear clothes that are too tight or that restrict bending. Make sure that sitting in a chair does not reveal a gap between the bottom of a shirt and the top of pants. Skirt lengths should be long enough to cover thighs when sitting and standing. Wearing clothing that makes one feel confident will make for an easier day. Wearing clothes that makes one feel self-conscious takes away from interaction with students and should be avoided.
- 4 Being comfortable is especially true for shoes.** Substitutes will be amazed at how much time is spent standing. The wrong pair of shoes may be painful. Never try to break in a new pair of shoes when substituting. Shoes that will last throughout the day (painlessly) should be selected.
- 5 Never assume that every school has Casual Friday until actually substituting on a Friday.** Dress as you see appropriate for any other day of the week until verification is met for casual days.
- 6 Always bring a jacket.** Different facilities operate at different air-conditioning levels and temperatures vary greatly. It may be too hot in the winter, yet too cold in the summer. Once at a school or classroom, the substitute is there for the day and needs to feel comfortable for the whole time.

B. Sexual Harassment

Conduct constituting sexual harassment is strictly prohibited and is grounds for immediate termination. All allegations of harassment are investigated and appropriate action will be taken.

C. Possession of Firearms and Weapons

Employees, visitors, and students are prohibited from bringing firearms or other weapons onto school premises or any grounds or building where a school-sponsored activity takes

place. To ensure the safety of all persons, employees who observe or suspect a violation of the district's weapons policy should report it to school administrators or supervisors immediately.

D. Visitors in the Workplace

All visitors are expected to enter any district facility through the main entrance and sign in or report to the building's main office. Authorized visitors will receive directions or be escorted to their destination. Employees (including substitutes) who observe an unauthorized individual on district premises should immediately direct him/her to the building office or contact the administrator in charge.

E. Smoking/Tobacco Products

District policy prohibits the use of tobacco products anywhere on school property. For further information, please refer to the District's Policy File.

F. Computer Use

Most every classroom in the District has a computer and most have access to the Internet. Only if the worker's job requires the use of a computer should the substitute ever use school computers. Substitutes should not use school computers to check their personal e-mail, etc.

G. Cell Phones/Pagers

Cellular devices and pagers are allowed on the school campus as long as they are turned off and out of sight during the school day. No personal calls should be made or received during the work day.

SUCCESSFUL SUBSTITUTE EXPERIENCE IS...

A TWO-WAY COMMITMENT

*Expectations of the
School System*



*Expectations of the
Substitute*

Expectations of the School System

Given the qualifications, training, credentials, and code of conduct/professionalism and ethical standards for a substitute, the local school district (also known as the school system or local education agency/LEA) expects the substitute to meet the following conditions:

- 1 The substitute needs to know how to find the location of the school and to be punctual. (A map of the school can be requested in the principal's office, upon arrival, in order to locate the classroom.)
- 2 The substitute needs to be punctual and is required to stay at the school for the full assignment unless there is an extenuating circumstance that requires an approved release by the principal.
- 3 The substitute is required to dress professionally and appropriately for the assignment.
- 4 The substitute is expected to follow the guidelines for classroom management, attire, and ethics. (Substitute teachers should not leave students unattended at any time.)
- 5 The professional's routine and lesson plan are expected to be followed by the substitute.
- 6 The substitute should refrain from eating food and drinking beverages in the classroom during classroom time.
- 7 It is expected that cell phones and computers for personal business will not be used by the substitute during scheduled classes. This includes all forms of social media.
- 8 It is expected that the substitute adhere to a strict code of confidentiality regarding students.
- 9 It is expected that substitutes should not log on to any form of social media during the school day or post confidential information regarding students to any form of social media.
- 10 A request for assistance is expected from the substitute when lesson plans are not understood, accidents occur, or student behavior is not manageable.
- 11 An evaluation of the day's assignment is expected in order to build upon success and to correct undesirable conditions.
- 12 To practice and maintain good housekeeping routines in all classes.
- 13 To comply with all the school rules, regulations and policies.

Maintaining Classroom Discipline

Helping students govern their own behavior in ways that help them learn is a long-standing goal of all teachers. Here are a number of ways that substitute teachers can promote good discipline:

1. Promote good methods of classroom discipline by modeling the behavior you expect from students.
2. Know your school guidelines for discipline procedures.
3. Be fair, positive, and consistent. Be the kind of person young people can like and Trust - firm, friendly, courteous, enthusiastic and confident. Keep your sense of humor.
4. Get to know your students. Learn their names quickly and use them in and out of class. You will soon develop almost a sixth sense for anticipating trouble before it begins. Don't act as though you expect trouble or you will almost certainly encounter some.
5. Begin class on time and in a businesslike manner.
6. Praise good work, good responses, and good behavior.
7. Do not threaten or use sarcasm. Never use threats to enforce discipline. Never humiliate a child.
8. Make sure that all students can easily see you when you are presenting information.
9. Avoid arguing with students. Discussions about class work are invaluable, but arguments can become emotional encounters.
10. Dress professionally. Think about the image you would like to portray.
11. Be aware that the effects of your dress, voice, movements, and body language will be reflected in students' behaviors.
12. Let the students know you care. Show interest in what students say-whether or not it pertains directly to the lesson.
13. Treat students with the same respect you expect from them.

Schedules will be changed without warning and unanticipated events will occur. Be flexible in responding to the unexpected. Ask your professional colleagues for suggestions on how to deal with situations.

Classroom Management Techniques

1. **Always take class attendance, writing the names of students who are tardy.**
2. **Move around the room. If there is a pocket of disruption or noise, move nearer to those students.**
3. **Avoid making an example of a particular student or group of students. If possible, speak to a disruptive student in private, not giving him/her an audience of peers.**
4. **Know when to ask for help.**
5. **If a dangerous situation occurs, send a student next door or to the office for help if there is not a telephone or intercom system in the room.**
6. **Become familiar with the referral/detention procedures of the school. If a student fails to comply with a directive or violates a school/class rule, leave notification for the teacher, write a referral to the office, and/or call for security to assist. (Sub discipline form)**
7. **Let the teacher know about any classroom management issues that occurred during the day. It is also a good idea to let the teacher know if there were no issues.**

TIPS AT-A-GLANCE

- Do not raise your voice.
- Try to remain calm and rational.
- **Do not touch a student especially if the student is agitated or angry.**
- Try to keep the student seated. In many instances, this is impossible. You can only suggest that the student remain seated so that he/she might explain to you what is wrong.
- Be reassuring to the student as well as the rest of the class. Explain the importance of protecting every student's right to learn. Talk about options for resolving the conflict.
- Send another student for help.
- After the incident is over, immediately document everything that happened. This documentation should include time, name(s) of student(s) involved, a brief description of the events that occurred, and any information that pertains to the student(s) or the incident. This report should be submitted to the administration. You should also keep a copy regarding the incident for a future conference with parents or school administrators.
- **Avoid talking or posting comments about individual students, staff or confidential school business when you are out in the community or on social media.**

What do you do if...

- **A student has an allergic reaction to bee sting?**
 - **Seek medical assistance from the school nurse and notify an administrator.**
- **A fight breaks out in the hallway and you are the nearest faculty member?**
 - **Say "stop" but do not try to break up the fight. Ask a student to notify the office if a telephone or a two-way intercom is not in the classroom.**
- **You suspect a student is using drugs or alcohol?**
 - **Contact your support teacher and report your suspicions to the school administrator.**
- **A student is verbally abusive to you?**
 - **Maintain a calm attitude. Use assertive discipline. If the student remains abusive contact the support teacher and report the matter to the school administrator.**
- **You suspect a student has a gun or knife?**
 - **Do not delay reporting the matter to the school administrator. Contact the support teacher.**
- **A student falls asleep in class?**
 - **Do not allow students to sleep in class. Use close proximity to ensure student engagement. The student if he/she is ill as a method of documentation. Include the school nurse if illness is suspected.**

A Recommended Daily Schedule and Checklist for the Substitute Teacher

	Report to the office early and sign in for the day. Receive instructions and directions to the assigned classroom.
	Obtain materials, information, room key, etc., from school officials in the main administrative office.
	Become familiar with the school's daily schedule and routine for both the school and the class by obtaining the necessary documents and talking with the school's administrators/teachers.
	Prepare all materials needed for the day's lesson.
	Secure all media materials needed for the day's lessons, if appropriate.
	If possible, arrive at the classroom prior to the first student and prepare for the day's activities.
	Write your name on the board.
	Introduce yourself to neighboring teachers.
	Check the roll or attendance roster in each class and follow absentee reporting procedures.
	Complete the various forms associated with attendance, tardiness, lunch, snack, etc. Start class on time.
	Follow the regular employee's schedule and lesson plans.
	Fulfill the regular classroom teacher's extra duties if required by the administrator.
	Try to involve all students in the lesson.
	Be enthusiastic and act professionally.
	Walk around the classroom and interact with students throughout the class time.
	Collect papers and provide homework assignments before the class ends or the bell sounds.
	Leave the classroom in order with all materials and equipment stored in their proper place.
	Check assignments turned in by the students if requested by the teacher.
	Close windows, turn off lights, turn off equipment, etc.
	Complete any reports that are due at the end of the school day.
	Avoid criticism of the regular classroom teacher.
	Return keys and other items to the school's administrative office.
	Write notes pertaining to the day's lessons, student management problems or positive student behavior, etc. and leave them in the substitute teacher folder/kit.
	Check with the school administrator or the office manager to see if you will be needed the next day

SUBSTITUTE LOG

[illegible]

CLOSING COMMENTS

Thank you for choosing to work for the Marshall County Board of Education. Substituting can be one of the most rewarding and difficult jobs that you can do. Most teachers and support workers will tell you that they could not do their jobs without you! In many ways the job of the substitute is much more difficult than that of the full-time worker. But, your job can be very rewarding as well. You will have the opportunity to meet and work with hundreds of people from many campuses. Yours will be rich and rewarding experience because of its diversity. Remember that everyone wants you to succeed in your endeavors as a substitute. Feel free to contact district or school administrators for guidance. Thank you for your contribution to the education of our students.

