



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

SUBSTITUTE TEACHER 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.

CLASSROOM TEACHER.....\$115.00

Alabama Certified Teacher or Substitute who hold a valid Substitute (License)

1. Copy of social security card and driver's license
2. Copy of your State of Alabama Teacher's Certificate or Substitute Certification
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. Return all material to the Personnel Office

For those who DO NOT HAVE a State of Alabama Teacher's Certificate or a valid Substitute Teacher's (License)

1. Copy of social security card and driver's license
2. Copy of one of the following: a high school diploma, GED, or College/University diploma, two-year or four-year program
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. Complete the Application for a Substitute Teacher's License
8. **\$38 – Nonrefundable fee for Substitute Teacher's License (valid for 5 years)**
 - a. Submit a cashier check or money order payable to **ALABAMA STATE DEPARTMENT OF EDUCATION** or you can pay online at www.alabamainteractive.org/education
 - b. If paying online, please provide a copy of the payment confirmation sheet that you receive
9. **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.
10. 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



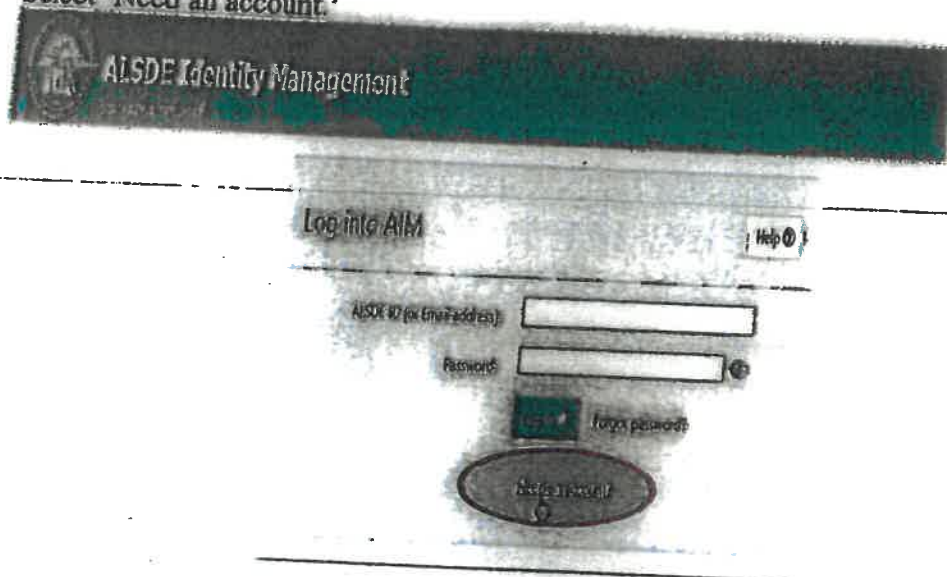
**Alabama State Department of Education
Educator Certification Section**

**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.'



The screenshot shows the 'Log into AIM' page of the ALSDE Identity Management system. At the top is a dark green header with the ALSDE logo and the text 'ALSDE Identity Management'. Below the header, the title 'Log into AIM' is displayed on the left, and a 'Help' link is on the right. The main content area contains two input fields: 'ALSDE #2 (or email address)' and 'Password'. Below these fields are two buttons: a green 'Log In' button and a blue 'Forgot password' button. At the bottom of the form is a large, oval-shaped 'Sign up now!' button.

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



The screenshot shows the 'Create Account' page of the ALSDE Identity Management system. It features a dark green header with the ALSDE logo and the text 'ALSDE Identity Management'. Below the header, the title 'Create Account' is displayed on the left, and a 'Help' link is on the right. The main content area contains a single input field labeled 'Email address'. Below this field are two buttons: a green 'Create Account' button and a blue 'Cancel' button. At the bottom of the page is a blue box containing text that reads: 'Need to change your email address? Click on the link below to go to the email change page.' Below this text are three bullet points: '• If you are having trouble with your email address, click on the link below to go to the email change page.', '• If you are having trouble with your email address, click on the link below to go to the email change page.', and '• If you are having trouble with your email address, click on the link below to go to the email change page.'

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

Help

Password:

Forgot password?

Need an account?



ALSD:AIM - do not reply - aim@alsde.af.mil

7:10AM (9 minutes ago) ☆ 🔒 ;

This address (redacted) recently requested to create an ALSD:AM 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:

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 by government records.

Email address:

First:

Legal first name:

Legal middle name:

Legal last name:

Suffix:

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
- ☐ Not be a commonly used password

Password:

Verify Password:

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.

Question 1

Select Question:

Answer:

Question 2

Select Question:

Answer:

Question 3

Select Question:

Answer:

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.

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: Month: Day: Year:

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

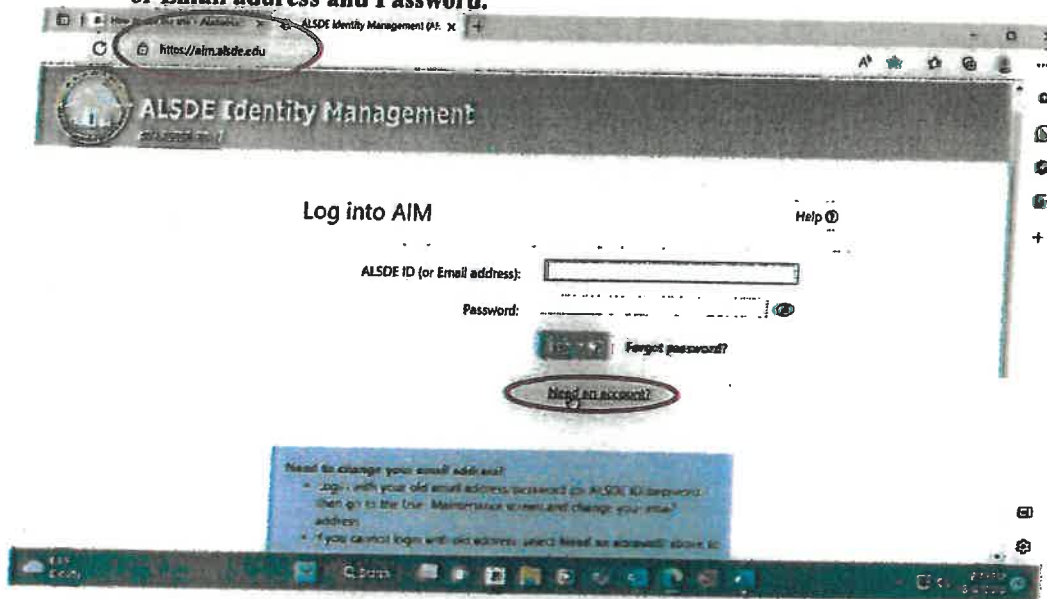
Step 2: Complete Background Check Registration in AIM

Step 3: Create Fieldprint Account

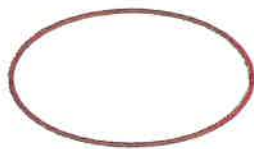
Step 4: Complete authorization forms, schedule appointment, and fee payment

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.

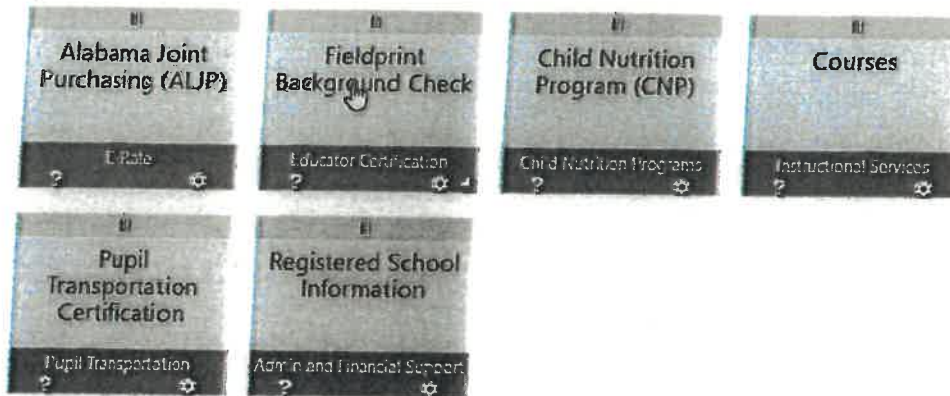


2. After AIM account is created, log in to AIM and select the 'Fieldprint Background Check' tile as shown below.





My Services ▾ Help ▾



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.

Account Type

Educator Certification and Criminal History Background Checks

Select this option if you:

- are applying for an Alabama certificate, license, or permit,
- are attempting to complete a criminal history background check, or
- are updating personal information with Educator Certification.

Researcher

Select this option if you:

- need access to public data applications, or
- are accessing data through a memorandum of understanding (MOU) with ALSDE.

Public

Select this option if you:

- need access to public data applications

Set

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.'

The screenshot shows the 'Race and Ethnicity' section of a registration form. On the left is a sidebar with menu items: Account Type, Ethnicity/Race (highlighted), Citizenship, Phone Numbers, Home Address, Characteristics, Birth Details, Background Check, State Identification, and RSA ID. The main content area has a blue header 'Race and Ethnicity' and a note: '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.' Below this, there are two dropdown menus: 'Race' with the value 'Black or African Ameri...' and 'Ethnicity' with the value 'Not Hispanic/Latino'. Both dropdowns have a 'Field is required.' message below them. At the bottom of the form, there are two green buttons: 'Save' (circled in red) and 'Continue to Phone Numbers' (circled in red). The page number '2 of 2' is visible in the bottom right corner.

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

The screenshot shows the 'Citizenship' section of the registration form. The sidebar on the left is the same as in the previous screenshot, with 'Ethnicity/Race' highlighted. The main content area has a blue header 'Citizenship' and the same note about required data fields. Below the note is a question 'Are you a legal United States citizen?' with a 'Yes' dropdown menu. A 'Field is required.' message is shown below the dropdown. At the bottom of the form, there are two green buttons: 'Save' (circled in red) and 'Continue to Phone Numbers' (circled in red). The page number '2 of 2' is visible in the bottom right corner.

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

//

Account Type • Phone Numbers

Ethnicity/Race • 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.

Citizenship •

Phone Numbers • Home

Home Address • Work 334.123.4567

Characteristics • Cell 334.312.1669

Birth Details •

Background Check

State Identification •

RSA ID

Continue to Characteristics

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

//

Account Type • Home Address

Ethnicity/Race • 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. Home address is required.

Citizenship •

Phone Numbers • 123 West Street

Home Address • Montgomery, AL 36116

Characteristics • US: United States of America

Birth Details •

Background Check

State Identification •

RSA ID

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

Save

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

Save

Birth Details

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.

Country: United States of America

Field is required.

State: Alabama

Field is required.

Save

Continue to Background Details

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.

Fa'd's requires

- 2.8.c Applicant answers questions regarding convictions and then selects 'Save' and 'Continue to State Identification.' **Note:** If the applicant 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 your ALSDE ID# along with any information you send.

1. A copy of the case action summaries showing the judgments, 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 ALEA 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.

//

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 an information current.

Account Type •

Ethnicity/Race •

Citizenship •

Phone Numbers •

Home Address •

Characteristics •

Birth Details •

Background Check •

State Identification / Driver License •

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.

//

Continuation: AL Educator 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.'

Create Account

Please fill in the following fields to create an account.

Required Fields

The screenshot shows a web browser window with a registration form. The form includes the following fields and elements:

- Email:** A text input field with the placeholder text "e.g. example@scm.in".
- Username:** A text input field.
- Password:** A text input field.
- Confirm Password:** A text input field with a "Show" button next to it.
- First Name:** A text input field with a "Show" button next to it.
- Last Name:** A text input field.
- Mobile Phone Number:** A text input field.

The form is styled with a light blue background and rounded corners. The "Show" buttons are small, light blue buttons with white text.

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 *	Select one	
Answer 1 *		show
Security Question 2 *	Select one	
Answer 2 *		show
Security Question 3 *	Select one	
Answer 3 *		show

Back

Page 11 of 2

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.



* — Required Fields

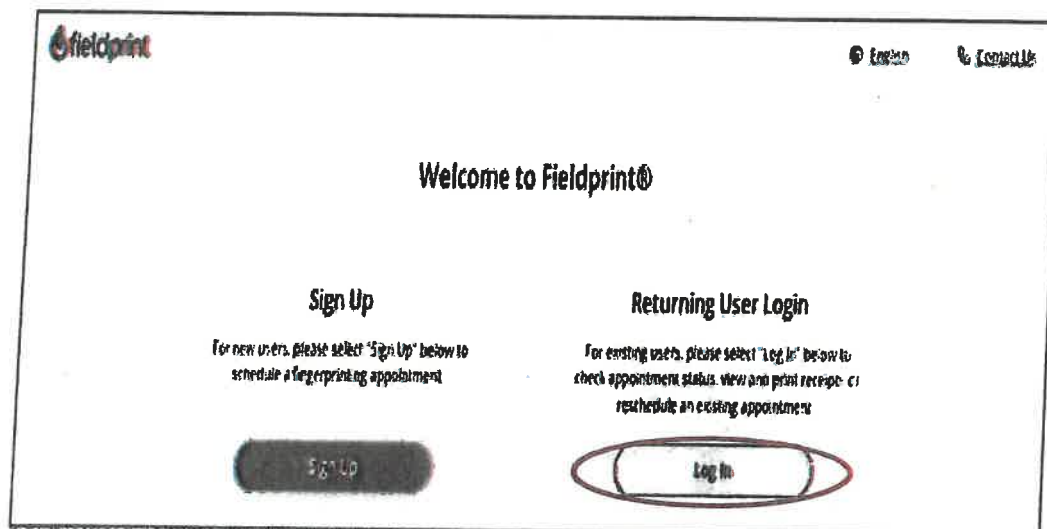
Verification Code*

Your 8-digit code

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

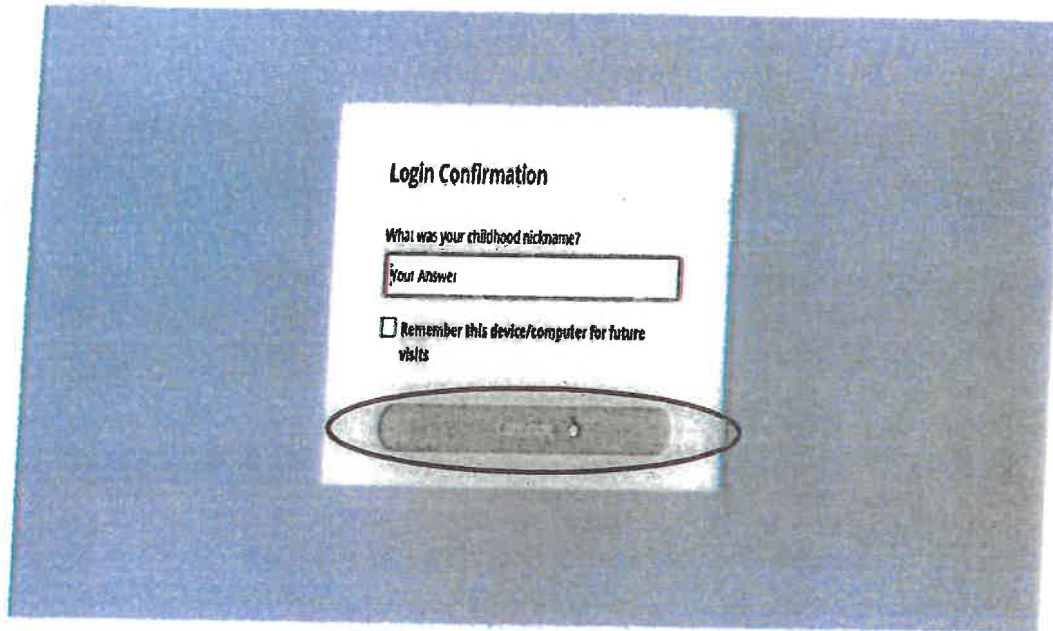


3.4 User is returned to the Login screen. Select 'Log In' to continue with registration.



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

oneaprint



Login Confirmation

What was your childhood nickname?

Your Answer

☐ Remember this device/computer for future visits

[Large oval button]

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

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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 the website.

If you do not have a Fieldprint Code, leave this out 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."

Reference Code

Don't have a Fieldprint Code?

Reason

If you are not sure if a reason is correct, please contact your employer, school, or other organization that directed you to the website. If you are not sure if a reason is correct, please contact your employer, school, or other organization that directed you to the website.

10 Total Reasons Available

Search Reasons for Fingerprint

AL - Department of Human Resources

Continue with this Reason

AL - Department of Human Resources
Fingerprinting 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

AL - Department of Human Resources
Fingerprinting 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

AL - Department of Human Resources
Fingerprinting 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

AL - Department of Human Resources
Fingerprinting 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

AL - Board of Nursing
Fingerprinting 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

AL - Department of Insurance
Fingerprinting 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

AL - Department of Insurance
Fingerprinting 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

AL - Real Estate Commission
Fingerprinting 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

AL - Department of Education
Fingerprinting 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'

Alabama DOE Demographics

First Name *

Last Name *

Phone *

Alternate Phone

Email *

Preferred Contact Method * ☐ Email ☐ Phone

Appointment Reminder * ☐ Email ☐ No

[Cancel & Start New](#) [Continue](#)

3.7 Enter contact information and select 'Continue.'

Contact Information

☒ Alabama DOE Demographics

☒ Contact Information

☐ AL DOE Release

☐ License & Discipline

☐ AL Release of Information

☐ AL Privacy Statement & Privacy Notice

Required Fields

Phone *

Alternate Phone

Email *

Preferred Contact Method * ☐ Email ☐ Phone

Appointment Reminder * ☐ Email ☐ No

[Back](#) [Continue](#)

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

AL DOE Release
AGREEMENT 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, for myself, my heirs, executors, and administrators, release and forever discharge the Alabama Law Enforcement Agency and its officers and agents from any and all civil or criminal actions, or claims, of any kind which may arise as a consequence of the release of the criminal history information as authorized herein.

If I am an applicant for certification or licensure, or if I am a certified or licensed applicant for employment in a public school, or if I am employed as an employee of a public school or an applicant for a teacher education program, then I understand that the State Superintendent of Education will provide a suitability determination based on the State Bureau of Investigation and Federal Bureau of Investigation criminal history background information received.

If I am applying for employment in a non-certified or non-licensed position in a public school then I understand that a finding of employment is the result of the completed investigation and pending charges.

I understand that it may be possible employment, notwithstanding records to the effect that a finding of employment or licensure is based upon the information contained in the criminal history background information check.

I understand that a release of information is a release of information and not a release of information based on a finding of employment or licensure.

I do hereby, for myself, my heirs, executors, or my FBI identification record are not both in Title 29, C.F.R. § 29.24. I also know that it is strictly prohibited for anyone else to use the results of such background check to make a decision to hire or not to hire an individual. Criminal history information should not be used to make a decision regarding my fitness or employment based upon information as described above. I have been advised a summary of the report or complete the report, or have access to the report.

I understand that I am, under the provisions of the Alabama Law Enforcement Agency, not to be provided information which may be a result of a criminal record check.

Payment of background fees and submission of fingerprints shall be deemed further notice of release of information at my request, to the State Superintendent of Education. Payment of background fees and submission of fingerprints shall be deemed further notice of release of information at my request, to the State Superintendent of Education.

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:

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

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 services and to support your employment. Your fingerprints (FINGERPRINTS) shall remain the property of the State and shall not be used for any other purpose. Your fingerprints shall remain the property of the State and shall not be used for any other purpose.

You are hereby notified that your fingerprints will be collected, stored, and used in connection with your services and to support your employment. Your fingerprints shall remain the property of the State and shall not be used for any other purpose.

You are hereby notified that your fingerprints will be collected, stored, and used in connection with your services and to support your employment. Your fingerprints shall remain the property of the State and shall not be used for any other purpose.

Authorization to Obtain and Disclose 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, as permitted by my State Purpose.

By signing below, I further authorize Fieldprint, Inc. to share my fingerprints information, criminal records, and any other information obtained using my fingerprints with ORANGEVALE, as permitted by law.

By signing below, I acknowledge and agree that the information to be collected and disclosed by biometric information, criminal records, and any other information obtained using my fingerprints, is used for the purpose of the State of Alabama, as 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:

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

- 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

Fieldprint Location

Please enter an address below to locate nearby Fieldprint locations.

50 North Ripley, Montgomery, AL 36116

Find

Use My Home Address

Alabama DOE Demographics

Contact Information

Alabama DOE Policies

Biometric Disclosure

2 Results for 50 North Ripley, Montgomery, AL 36116

Please use the options below to proceed with scheduling.

Clear Filter

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

Authentication

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

Fieldprint Location
Back to 2 Results

Schedule Appointment
Fieldprint Site - Bradley Screening, 5283 Vaughn Road, Montgomery AL 36116
M T U W T H F 08:30 AM - 04:30 PM
5.23 mi

Notice
Once an appointment is scheduled, it may not be changed or canceled 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

Authentication

- ✓ 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
Pay with PayPal

Fee Type	Fee
FBI Noncriminal Justice Applicant's Privacy Rights	\$ 7.95
FBI Privacy Statement and Privacy Notice	\$ 38.25
Your Total to Pay:	\$ 46.20

Payment Method

Pay with Credit Card

Out for Credit Card

X

Card number

Expires CSC

Billing address

First name Last name

Street address

Apt. , Ste. , Zip

City

State Alabama

ZIP code 50620

Mobile +1 (312) 684-4567

Email Test@user.com

Ship to billing address

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

Continue

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- 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

Alabama DOE Demographics

Contact Information

AL DOE Release

Background Disclosure

FBI Fingerprint Latent Application Privacy Rights

FBI Privacy Statement and Privacy Notice

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

5203 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

Page 22 of 2

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 alabamascertification.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"/> Sioman Primary	<input type="checkbox"/> Douglas Elem	<input type="checkbox"/> Douglas MS
<input type="checkbox"/> Marshall Technical	<input type="checkbox"/> Special Needs PreK	<input type="checkbox"/> Douglas HS

Please list days and times you are available to substitute:

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)

FORMA-4

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

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, \$1600 personal exemption is allowed.
 (a) If you claim full personal exemption (\$1600) 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 (\$1600) 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****Employee's Withholding Certificate**

OMB No. 1545-0074

2022Department of the Treasury
Internal Revenue Service▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****Step 1:
Enter
Personal
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

▶ **Do your name and SSN 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.**

(c) ☐ Single or Married filing separately☐ Married filing jointly or Qualifying widow(er)☐ 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
employmentEmployer 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									
<p>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.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>								USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance			
								USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance			
								Signature of Employee				Today's Date (mm/dd/yyyy)			
								If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.							
Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.															

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the 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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"> • 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.
---	---	---

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.
---	---	---

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.			
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.			

**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 _____

**Paper Clip Only. Do NOT Staple. ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION**

Telephone: (334) 694-4557

FORM SUB 07/2023



This section must be completed by the
employing Alabama school system or
nonpublic/private school.

School System Code: 048

Nonpublic/Private
School Code: _____

APPLICATION FOR A SUBSTITUTE LICENSE

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

The applicant CANNOT submit this application to the Educator Certification Section.

This application is to be completed for individuals seeking initial issuance or re-issuance of a Substitute License. Application forms and supporting documents are not accepted by fax or e-mail. An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:

I am requesting this Substitute License for _____
First Middle/Maiden Last

ALSDE ID: _____

Social Security Number: _____

I have verification of graduation from high school or the completion of an Alabama State Department of Education-approved equivalent on file for the above applicant. I understand that a certificate of attendance will not meet this requirement. I understand that this Substitute License, for use in the schools of Alabama, cannot be used as the basis for employing a full-time teacher and that the Substitute License will not be issued until the applicant has received background clearance.

School System/Nonpublic/Private School _____

Date _____

Signature of Superintendent/Nonpublic/Private School Administrator _____

Typed or Printed Name _____

APPLICATION FEE (Required)

A \$38.00 **NONREFUNDABLE** application fee is required.

- The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education (ALSDE) or through the ALSDE Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a transaction fee will be applied).
- The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. Neither Personal checks nor cash will be accepted.

BACKGROUND CHECK (Required)

- For applicants seeking initial certification, additional certification, or certificate renewal to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching at <https://tcert.alsde.edu/Portal>.
- For Applicants who have not been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at <https://www.alabamachieves.org/teacher-center/teacher-certification/>. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bsr@alsde.edu.
- Applicants may verify receipt of their criminal history results at the ALSDE by visiting <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx>. If your results are not located or have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

PERSONAL DATA (Required)

APPLICANT COMPLETES: The purpose for submission of this form is:

- ☐ Issuance of my first Substitute License OR
- ☐ Reissuance of my Substitute License. A Substitute License cannot be reissued until the year it expires. Initial here _____ to confirm that <https://tcert.alsde.edu/Portal/Public> has been checked to verify that the Substitute License expires this year or has already expired.

Name

Social Security Number

APPLICANT COMPLETES PERSONAL DATA

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt/P.O. Box/Route and Box			City	State	ZIP Code
Email Address		Cell Number		Work Telephone	
Social Security Number		ALSDE ID		Date of Birth (mm-dd-yyyy)	
FOR STATISTICAL PURPOSES ONLY					
Ethnic Origin (Choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		Gender (Choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		Race (Choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander	

APPLICANT COMPLETES RECORD OF EDUCATION

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

APPLICANT COMPLETES CITIZENSHIP OR NATIONAL STATUS (Required)

This section is to be completed in compliance with Ala. Code § 31-13-(29)(c)(1) which provides that United States citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section.

Choose **ONE** as appropriate:

1. I hereby declare that I am a citizen of the United States. (check one) ☐ Yes ☐ No
 I am providing proof of United States citizenship by submitting a legible photocopy (front and back) of one of the following documents.
 Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i>
		Acceptable Documentation List
	A	An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	B	A birth certificate indicating birth in the United States or one of its territories
	C	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United States passport
	D	United States naturalization documents or the number of the certificate of naturalization
	E	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	F	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	G	A consular report of birth abroad of a citizen of the United States of America
	H	A certification of citizenship issued by the United States Citizenship and Immigration Services
	I	A certification of report of birth issued by the United States Department of State
	J	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	K	Final adoption decree showing the person's name and United States birthplace
	L	An official United States Military record of service showing the applicant's place of birth in the United States
	M	An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
	N	AL-verify
	O	A valid Uniformed Services Privileges and Identification Card
	P	Any form of ID authorized by the Alabama Department of Revenue

OR

2. I hereby declare that I am an alien lawfully present in the United States. (check one) ☐ Yes ☐ No
 I am providing proof of lawful presence by submitting a legible photocopy (front and back) of one of the following documents.
 Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with your application.</i>
		Acceptable Documentation List
	A	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	B	Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance
	C	A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States
	D	A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States

APPLICANT COMPLETES PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION
 Check "yes" or "no" for each question below. "YES" responses require an attached explanation and any additional supporting documentation (e.g., court-certified copies of judgment, conviction, and sentencing).

READ CAREFULLY

- ☐ Yes ☐ No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency other than the Alabama State Department of Education?
- ☐ Yes ☐ No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency other than the Alabama State Department of Education?
- ☐ Yes ☐ No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- ☐ Yes ☐ No Have you ever resigned from a position rather than face disciplinary action?
- ☐ Yes ☐ No 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 Are you the subject of a pending investigation involving a criminal act?

I understand Alabama certification will not be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the ALSDE that I am not lawfully present in the United States, the ALSDE will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 31-13-7(h).

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR SUBSTITUTE LICENSE.

Date _____

Signature of Applicant _____

Check to be certain that all portions of this form have been completed, documents have been attached, and all signatures have been obtained. Incomplete forms will not be returned to the school system or eligible nonpublic/private school.

- A note will be placed on the individual's file indicating that the application was incomplete and a new application is required.
- If a fee was submitted, the fee will be retained and entered into the individual's file.

MARSHALL COUNTY SCHOOLS



SUBSTITUTE HANDBOOK

MARSHALL COUNTY BOARD OF EDUCATION

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

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

Aesop

Phone System Instructions for Substitutes

1-800-942-3767

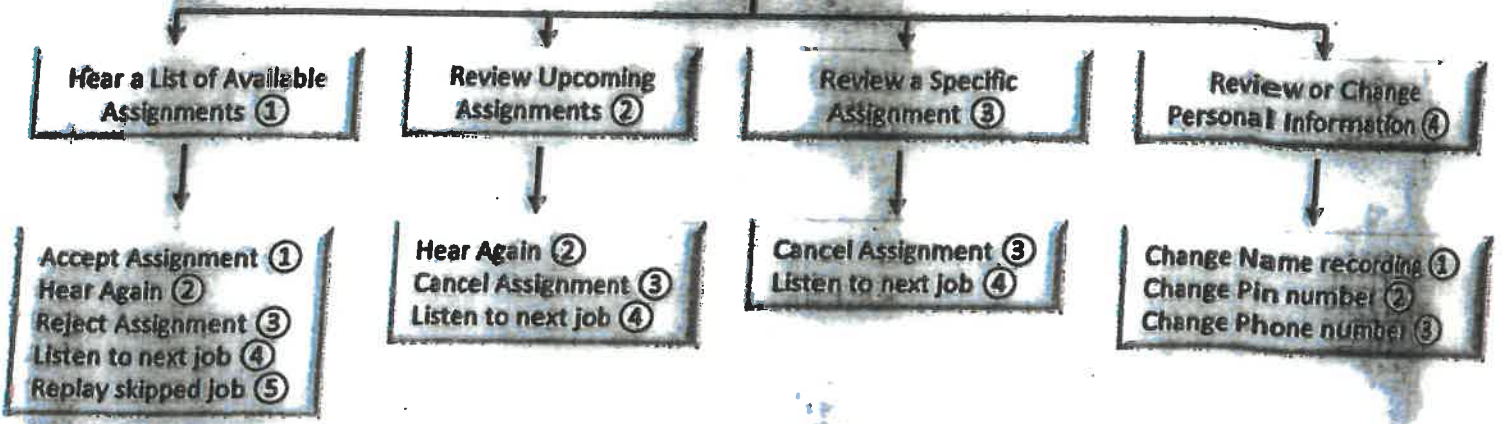
Learn how to:

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

FRONTLINE

www.FrontlineK12.com/Aesop

Main Menu



Aesop Phone Menu at a Glance

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

Available 24/7

i 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

i 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

i 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

i 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 ⑤

If you are unavailable, Press ③

To prevent further calls today, Press ②

i 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 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
bolinkd@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

MARSHALL COUNTY
SCHOOLS

December 2023						
Mo	Tu	We	Th	Fr	Sa	Su
4	5	6	7	8		
11	12	13	14			

[RMS 2021]									
Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We
3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	

*** 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



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.

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.

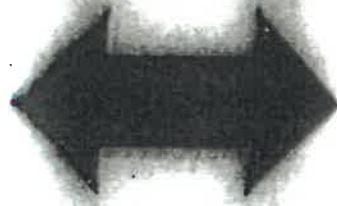
G. Cell Phones/Pagers

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.