



# West Baton Rouge Parish Schools

David Corona  
Superintendent

Thank you for your interest in our substitute teacher program. Please complete the following so that your paperwork can be properly processed and your name added to our substitute teacher list for our schools.

1. Substitute Teacher Application
2. W-4 Form
3. Employee Withholding Sheet (L-4)
4. Employee Eligibility Form (Form I-9)
5. Verification of Fingerprint Processing Form – Bring this completed form to the State Police Headquarters on Independence Blvd. in Baton Rouge and be fingerprinted. There will be a charge of \$10. A cashier's check or money order is the only form of payment accepted, no cash or personal check. This form will be given back to you once you have been fingerprinted. Substitute teacher applications will not be accepted without this completed required form.
6. Background Check Authorization – Bring this completed form to the State Police Headquarters when you go to be fingerprinted
7. Application Processing Disclosure Form – Bring this completed form to the State Police Headquarters when you go to be fingerprinted
8. Authorization to Deduct and Process Payment for Fingerprinting Procedure
9. Disclosure and Release Statement Regarding Sexual Misconduct
10. Directions to the Louisiana State Police Headquarters
11. Substitute Payroll Procedures

Once you have completed these steps, bring your completed application, along with the other required documentation, your original social security card and driver's license to the West Baton Rouge Parish School Board Office. Once we receive clearance of your criminal records investigation, your name will be added to the substitute teacher list. This process takes approximately one week. An updated substitute teacher list is sent to our schools at the beginning of each month. If you have any questions, please feel free to call my office.

Sincerely,

*Annette Mire*

Annette Mire  
Associate Superintendent for Human  
Resources and Staff Development

**3761 Rosedale Road Port Allen, Louisiana 70767 \*\* Phone: 225-343-8309 \*\* Fax: 225-387-2101**  
**www.wbrschools.net**

*Striving for Excellence: One Student at a Time*

**WEST BATON ROUGE PARISH SCHOOL BOARD  
SUBSTITUTE TEACHER APPLICATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SS# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street/P.O. Box City State Zip

PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ DIPLOMA YES  NO

COLLEGE ATTENDED \_\_\_\_\_ DEGREE YES  \_\_\_\_\_ NO

TEACHING CERTIFICATE NUMBER: \_\_\_\_\_ ARE YOU A RETIRED TEACHER FROM LA? YES  NO

ARE YOU A RETIRED TEACHER FROM ANOTHER STATE? YES  NO  ARE YOU RETIRED OTHER THAN A TEACHER? YES  NO

PLEASE INDICATE WHAT TYPE OF RETIREMENT SYSTEM? \_\_\_\_\_

PLEASE PROVIDE ALL TEACHING EXPERIENCE, SUBSTITUTE, PART-TIME AND FULL-TIME, INCLUDE COMPLETE ADDRESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INDICATE SCHOOL(S) AND GRADE LEVEL WHERE YOU WISH TO SUBSTITUTE:

First Preference \_\_\_\_\_

Second Preference \_\_\_\_\_

Third Preference \_\_\_\_\_

PLEASE RETURN TO: Annette Mire, Associate Superintendent  
for Human Resources/Staff Development  
West Baton Rouge Parish School Board  
3761 Rosedale Road  
Port Allen, LA 70767





## Employee Withholding Exemption Certificate (L-4)

**Purpose:** Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Basic Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption. This form must be filed with your employer. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

**Note to Employer:** Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

### Personal Allowances Worksheet

A. In Block A, enter "0" if you claim neither yourself nor your spouse, or

In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or

A.

In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)

B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

B.

— — Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records. — —

Form **L-4**

Louisiana  
Department of  
Revenue

## Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number	3. <input type="checkbox"/> No exemptions or dependents claimed		<input type="checkbox"/> Single <input type="checkbox"/> Married
4. Home address (number and street or rural route)			
5. City, State, ZIP			
6. Total number of exemptions you are claiming (from Block A above)		6.	
7. Total number of dependents you are claiming (from Block B above)		7.	
8. Additional amount, if any, you want withheld each pay period		8.	

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature

Date

### The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent. A \_\_\_\_\_

**B** Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D \_\_\_\_\_

**E** Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G \_\_\_\_\_

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

**H** Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H \_\_\_\_\_

For accuracy, complete all worksheets that apply. H \_\_\_\_\_

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here <span style="float:right">▶ 7 _____</span>		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2 Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$ 8,350 if head of household			
	\$ 5,700 if single or married filing separately			
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
  - 6 Subtract line 5 from line 4 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
  - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,000	0
4,501 - 9,000	1	6,001 - 12,000	1
9,001 - 18,000	2	12,001 - 19,000	2
18,001 - 22,000	3	19,001 - 26,000	3
22,001 - 26,000	4	26,001 - 35,000	4
26,001 - 32,000	5	35,001 - 50,000	5
32,001 - 38,000	6	50,001 - 65,000	6
38,001 - 46,000	7	65,001 - 80,000	7
46,001 - 55,000	8	80,001 - 90,000	8
55,001 - 60,000	9	90,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 95,000	12		
95,001 - 105,000	13		
105,001 - 120,000	14		
120,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
65,001 - 120,000	910	35,001 - 90,000	910
120,001 - 185,000	1,020	90,001 - 165,000	1,020
185,001 - 330,000	1,200	165,001 - 370,000	1,200
330,001 and over	1,280	370,001 and over	1,280

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

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

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

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

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

**Form I-9, Employment Eligibility Verification**

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

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

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

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

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

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

A citizen or national of the United States

A lawful permanent resident (Alien #) A \_\_\_\_\_

An alien authorized to work until \_\_\_\_\_ (Alien # or Admission #) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

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

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

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

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

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

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) W.B.R. Parish School Board, 3761 Rosedale Road, Port Allen, LA 70767		Date (month/day/year) _____

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

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> Documents that Establish Both Identity and Employment Eligibility	<b>LIST B</b> Documents that Establish Identity	<b>LIST C</b> Documents that Establish Employment Eligibility
<b>OR</b>		<b>AND</b>
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph <i>(Form I-766, I-688, I-688A, I-688B)</i> .	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
<p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p>	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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



# West Baton Rouge Parish Schools

## VERIFICATION OF FINGERPRINT PROCESSING FOR EMPLOYMENT WITH THE WEST BATON ROUGE PARISH SCHOOL SYSTEM

David Corona  
Superintendent

This form is to be completed prior to employment with the West Baton Rouge Parish School System. It is to be submitted with your employee packet and is necessary to receive payment as an employee.

Please complete the information and take it with you to be completed by the Louisiana State Police, along with a ten dollar (\$10) fee in the form of a money order or cashier's check made out to the Louisiana State Police Bureau of Criminal Identification and Information.

This form, along with your New Employee Packet, should be returned to the Human Resources Department within three (3) working days of employment. Failure to do so will result in a delay in the hiring process and may prohibit your employment with our school district.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Position Applying For \_\_\_\_\_

\*\*\*\*\*

To be completed by the Louisiana State Police:

The applicant has reported to the Louisiana State Police Bureau of Criminal Identification and Information and has been properly fingerprinted by this agency.

\_\_\_\_\_  
LSP Official Stamp and/or Signature

\_\_\_\_\_  
Date

This applicant will be hired contingent upon clearance by the background check.

3761 Rosedale Road Port Allen, Louisiana 70767 \*\* Phone: 225-343-8309 \*\* Fax: 225-387-2101  
www.wbrschools.net

*Striving for Excellence: One Student at a Time*

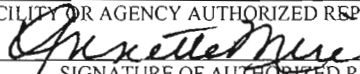
SUBMIT TO:

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

**THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE.**

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\*  
\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\***

\*\*\*\*PLEASE PRINT\*\*\*\*

WEST BATON ROUGE PARISH SCHOOL SYSTEM			ANNETTE MIRE	
FACILITY OR AGENCY			FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE	
376 I ROSEDALE ROAD				
MAILING ADDRESS			SIGNATURE OF AUTHORIZED REPRESENTATIVE	
PORT ALLEN, LA 70767			( 225 ) 343-8309	
CITY	STATE	ZIP CODE	FACILITY OR AGENCY PHONE NUMBER	
			annette.mire@wbrschools.net	
			FACILITY E-MAIL ADDRESS	

**Request For: (pick one only)**

- |   |  |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION  | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH         |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET          | <input type="checkbox"/> PHARMACY BOARD                  |
| <input type="checkbox"/> CASA                             | <input type="checkbox"/> POST SECONDARY EDUCATION        |
| <input type="checkbox"/> CONCEALED HANDGUNS               | <input type="checkbox"/> PRACTICAL NURSING               |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE        | <input type="checkbox"/> PRIVATE ADOPTION                |
| <input type="checkbox"/> DAYCARE                          | <input type="checkbox"/> COURT ORDER ADOPTION            |
| <input type="checkbox"/> DENTISTRY BOARD                  | <input type="checkbox"/> PRIVATE INVESTIGATORS           |
| <input type="checkbox"/> DEPARTMENT OF LABOR              | <input type="checkbox"/> PRIVATE SECURITY                |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY      | <input type="checkbox"/> PUBLIC HOUSING                  |
| <input type="checkbox"/> EMPLOYERS                        | <input type="checkbox"/> PUBLIC TAG AGENT                |
| <input type="checkbox"/> FIREFIGHTERS                     | <input type="checkbox"/> REGISTERED NURSING              |
| <input type="checkbox"/> GAMING                           | <input type="checkbox"/> RELIGIOUS ACTIVISTS             |
| <input type="checkbox"/> HEALTH CARE PROVIDER             | <input type="checkbox"/> RIVERBOAT PILOTS                |
| <input type="checkbox"/> JUVENILE DETENTION CENTER        | <input checked="" type="checkbox"/> SCHOOL               |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE          | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> MANUFACTURED HOUSING             | <input type="checkbox"/> TAXI DRIVERS                    |
| <input type="checkbox"/> MEDICAL EXAMINERS                | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION   |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION  | <input type="checkbox"/> VENDOR                          |
| <input type="checkbox"/> OCS CARETAKER                    | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG  |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE              | <input type="checkbox"/> WORKING WITH CHILDREN           |
| <input type="checkbox"/> OCS PERSONNEL                    | <input type="checkbox"/> AUTHORIZED AGENCY               |
| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS     |

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT - USE INK\*\*\*\*  
LAST FIRST MIDDLE  
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS SOCIAL SECURITY # \_\_\_ - \_\_\_ - \_\_\_ DATE OF BIRTH: \_\_\_ / \_\_\_ / \_\_\_

DRIVERS LICENSE # \_\_\_\_\_ & STATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

POSITION OR LICENSE APPLIED FOR \_\_\_\_\_

**AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION**

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable ) which may confirm or deny my eligibility with the facility or agency named above.

**APPLICANT PROCESSING – DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND  
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896

LSPAPP5/R10.03

WEST BATON ROUGE PARISH SCHOOL SYSTEM

AGENCY

376 I ROSEDALE ROAD

MAILING ADDRESS

PORT ALLEN, LA 70767  
CITY STATE ZIP CODE

**NOTICE:**

PLEASE PRINT OR TYPE INFORMATION,  
EXCLUDING ADMINISTRATORS OR  
AUTHORIZED PERSONS SIGNATURE.  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.

NAME

DATE OF BIRTH

RACE/SEX

SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY  
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A  
REQUEST.

DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

**CRIMINAL HISTORY DETERMINATION:**

- RAPSHEET ATTACHED
- RESPONSE BELOW

WEST BATON LOUÏGE PARISH SCHOOL SYSTEM  
3761 ROSEDALE ROAD  
PORT ALLEN, LA 70767

AUTHORIZATION TO DEDUCT AND PROCESS PAYMENT FOR  
FINGERPRINTING PROCEDURE

I, \_\_\_\_\_, authorize the Payroll Department of the West Baton Rouge Parish School District to deduct the sum of \$35.25 from my first paycheck to cover the cost of fingerprint submission requirements and pay a \$10 fee to the Louisiana State Police Bureau of Criminal Identification at the time of fingerprinting in the form of either a cashier's check or money order. The total cost for this transaction will be \$45.25.

The background check is a result of the Louisiana Child Protection Act.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

WEST BATON ROUGE PARISH SCHOOL SYSTEM  
3761 Rosedale Road  
Port Allen, LA 70767  
(225) 343-8309

**DISCLOSURE AND RELEASE STATEMENT REGARDING SEXUAL MISCONDUCT**

Applicant CAN NOT be considered for employment unless this form is completed in its entirety.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Please Print

I hereby swear or confirm that I have never committed any acts that resulted in an investigation by a previous employer or law enforcement agency relating to or involving sexual misconduct with minors or other co-workers. I authorize the disclosure of information from any current or previous employer of mine, if such employer is/was a city, parish or other local school board, relative to all instances of sexual misconduct by me, if any. I expressly give consent for the release of such information from any school employee and/or teacher personnel file maintained with respect to me. I release and hold harmless my current or previous employer, if employer is/was a city, parish, or other local school board, and any employee acting on behalf of such employer from any liability from providing any information relative to all instances of sexual misconduct with students committed by me, if any. **THIS FORM MUST BE RETURNED IN ACCORDANCE WITH R.S. 17:81.9.** Applicant CAN NOT be considered for employment unless this form is completed in its entirety.

\_\_\_\_\_  
Signature of Applicant Date

-----  
**THIS SECTION IS TO BE COMPLETED BY FORMER SCHOOL SYSTEM**

Please provide any information relative to all instances of sexual misconduct with students, if any **THIS FORM MUST BE RETURNED IN ACCORDANCE WITH R.S. 17:81.9.**

\_\_\_\_\_  
Name of person completing this request (Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School System

\_\_\_\_\_ There is no information relative to instances of sexual misconduct with students in this employee's personnel file.

\_\_\_\_\_ See attached documentation regarding sexual misconduct.

Please complete and return this form to: Annette Mire, Associate Superintendent for Human Resources/Staff Development  
West Baton Rouge Parish School System  
3761 Rosedale Road  
Port Allen, LA 70767

**West Baton Rouge Parish School Board  
David Corona, Superintendent  
3761 Rosedale Road  
Port Allen, LA 70767  
Phone (225) 343-8309 \* \* Fax (225) 387-2101**

A fee of \$10 must be presented at the time of fingerprinting to the Louisiana State Police, along with:

- Verification of Fingerprint Processing Form
- Background Check Authorization Form
- Application Processing Disclosure Form and
- Picture Identification

The Louisiana State Police Headquarters is located in Baton Rouge. A cashier's check or money order is the only form of payment accepted, no cash or personal check will be processed.

### DIRECTIONS FROM PORT ALLEN

**Heading East on I -10 when the interstate divides, take Exit 155B North to I -110  
take the Florida Street Exit  
at the intersection of Florida Boulevard and Lobdell, turn right on Lobdell  
at the first traffic signal, turn left on Independence Boulevard  
(look for the Fire Station)  
the Louisiana State Police Headquarters will be on your left  
7919 Independence Boulevard**

**(three-story building behind flag poles)  
Office Hours Monday – Friday 8:00 a.m. – 4:00 p.m.  
Receptionist at front desk will assist you**

**Process takes approximately 20 minutes**

## SUBSTITUTE PAYROLL PROCEDURES

Substitutes are called from the substitute list by principals or his/her designee.

The teacher, paraprofessional, secretary, etc., for which you are substituting, will fill out an Employee's Report of Leave Used/Substitute's Claim for Compensation. Before you leave your assignment for the day be sure to complete your portion of the form. Please get yourself a small calendar and note the days you worked, what school and who you substituted for. This will help in the case of payroll discrepancies.

The schools will report absentees and substitutes at the end of each month. Substitutes are paid on the 10th of each month for work performed the previous month. (Example: All work performed in September will be paid October 10th). If the 10th falls on a Saturday, Sunday or Monday checks will be mailed on Friday.

Listed below are the pay scales.

Substitute Teacher – Non-Degreed ..... \$55 per day

Substitute Teacher – Non-Degreed (over 15 consecutive days for same teacher) ..... \$90 per day

Example: You substituted for Mr. Showers for 20 consecutive days.

You will be paid \$55 for 15 days and \$90 for 5 days.

Substitute Teacher, Bachelor's Degreed, Non-Certified ..... \$ 65 per day

Substitute Teacher, Bachelor's Degreed, Non-Certified (Over 15 consecutive days for same teacher) \$105 per day

Example: You substituted for Ms. June for 20 consecutive days.

You will be paid \$65 for 15 days and \$105 for 5 days.

Substitute Teacher – Certified ..... \$ 75 per day

Substitute Teacher – Certified (Over 15 consecutive days for same teacher) ..... \$120 per day

Example: You substituted for Ms. Wednesday for 20 consecutive days.

You will be paid \$75 for 15 days and \$120 for 5 days.

Substitute Paraprofessional ..... \$54.38 per day

Substitute Secretary ..... \$54.38 per day

**It is very important that you notify the central office of any address change.** We have no control over the postal system so it may take a day or two for your check to arrive. If you have not received a check within five days following the pay date, please call me at ext. 214. After a stop payment has been issued on the first check, a replacement check will be issued. Only in this instance may you pick up a check from the central office.

WEST BATON ROUGE PARISH SCHOOL BOARD  
EMPLOYEE'S REPORT OF LEAVE USED/SUBSTITUTE'S CLAIM FOR COMPENSATION

EMPLOYEE \_\_\_\_\_ SCHOOL \_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_\_\_

(SPECIFY IF 1/2 DAY)

CHECK REASON FOR ABSENCE:

\_\_\_\_\_ SICK LEAVE - An absence of six or more consecutive days because of personal illness requires a physician's statement certifying such illness.

\_\_\_\_\_ EMERGENCY LEAVE - REASON (EXPLAIN FULLY):

\_\_\_\_\_ An absence of two or more consecutive days because of illness in the immediate family requires a physician's statement certifying such illness.

\_\_\_\_\_ PERSONAL LEAVE - Employee is limited to two personal leave days per year.

\_\_\_\_\_ VACATION

\_\_\_\_\_ JURY DUTY - Copies of subpoena and check stub must be attached.

\_\_\_\_\_ COURT SUMMONS - A copy of summons must be attached. If summoned for personal reasons, personal leave or vacation must be used.

\_\_\_\_\_ PROFESSIONAL LEAVE - FUNCTION ATTENDED: \_\_\_\_\_

\_\_\_\_\_ LEAVE WITHOUT PAY

\_\_\_\_\_ OTHER - REASON: \_\_\_\_\_

I hereby certify that I was absent from work for reasons given above.

APPROVED: \_\_\_\_\_  
DATE \_\_\_\_\_ EMPLOYEE SIGNATURE \_\_\_\_\_ PRINCIPAL \_\_\_\_\_

SUBSTITUTE

NAME: \_\_\_\_\_ SOC. SEC. NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SUBSTITUTED FOR: \_\_\_\_\_  
EMPLOYEE NAME

DATE (S): \_\_\_\_\_  
(SPECIFY IF 1/2 DAY)

MEMBER OF TEACHERS' RETIREMENT: NO \_\_\_\_\_ IF YES, ACTIVE \_\_\_\_\_ RETIRED \_\_\_\_\_

MEMBER OF SCHOOL EMPLOYEES' RETIREMENT: NO \_\_\_\_\_ IF YES, ACTIVE \_\_\_\_\_ RETIRED \_\_\_\_\_

APPROVED: \_\_\_\_\_  
DATE \_\_\_\_\_ SUBSTITUTE'S SIGNATURE \_\_\_\_\_ PRINCIPAL \_\_\_\_\_