

Echo School District Employment Application – Substitute Teacher

600 Gerone St • Echo OR 97826 • (541) 376-8436 • FAX (541) 376-8473

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: () _____ Email: _____ Soc. Sec #: _____

Are you currently a PERS member?
 YES NO If yes, what is your PERS number? _____

Do you have a current **Oregon Teaching License**? YES NO If no, when is it expected? _____
 Type of License: _____ Endorsements: _____
 Date of Expiration: _____

Have you ever:

• been dismissed from a teaching position?	Yes	No
• been asked to resign from a teaching position?	Yes	No
• been refused continuing employment as a teacher?	Yes	No
• had a teaching license revoked?	Yes	No
• been convicted, pled guilty, or pled nolo contendere to a felony, or to a crime involving child abuse or sexual abuse?	Yes	No
• had a report of child abuse or sexual activities involving a K-12 student or minor filed against you with a school district, children Services agency, police agency, or in a court?	Yes	No

If you answered yes to any of the above, please explain _____

ADDITIONAL EXPERIENCE

The Echo School District has various opportunities for coaching or advising extra or co-curricular activities. Please indicate any activities/sports that you are capable of and willing to supervise:

REFERENCES

List a minimum of three references of individuals who have first-hand knowledge of your character, personality, and teaching ability.

Name	Position/District	Address	Work Phone	Home Phone

I authorize the Echo School District to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a teaching position. I release the school district and all persons providing information to the school district from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature _____ Date _____

Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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-earners/multiple jobs 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 can 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. 505 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. 505 for information on how 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. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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: <ul style="list-style-type: none"> • 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. 	B _____
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
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.

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>► 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>	<p>OMB No. 1545-0074</p> <h1 style="font-size: 2em;">2015</h1>
<p>1 Your first name and middle initial _____ Last name _____</p>		<p>2 Your social security number _____</p>
<p>Home address (number and street or rural route) _____</p>		<p>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.</p>
<p>City or town, state, and ZIP code _____</p>		<p>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"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► </p>		<p>7 _____</p>
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ► _____</p>		<p>Date ► _____</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____</p>		<p>9 Office code (optional) _____</p>
<p>10 Employer identification number (EIN) _____</p>		<p>93-6000931</p>

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table border="0" style="display:inline-table; vertical-align: middle;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,250 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)		\$9,250 if head of household		\$6,300 if single or married filing separately	2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)								
	\$9,250 if head of household								
	\$6,300 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 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2015 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 \$4,000 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 \$65,000 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 through 9 below to figure 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 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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

Table 2

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 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 to the Department of Health and Human Services for use 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.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ▼
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number [] - [] - []		E-mail Address		Telephone Number

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 of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

**3-D Barcode
Do Not Write in This Space**

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ▼
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				3-D Barcode Do Not Write in This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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ELECTRONIC COMMUNICATIONS

School Property

Electronic equipment, including but not limited to computers, telephones, iPads, I Touches, printers and fax machines, used by the school district, and all information stored on this equipment is school district property. **The Echo School District reserves the right to review and disclose any information sent, received, or stored on this equipment.** For example, the school district may review and disclose any electronic mail, voice mail, computer password, fax documents and computer files found on school district equipment.

Confidentiality

Much of the information stored in the district's electronic equipment is confidential; disclosure can only be made at the school district's discretion, any unauthorized disclosure to outsiders or coworkers is prohibited. You are not permitted to search coworker's electronic files without permission from the coworker or proper authorization from a supervisor. The school district's policy on confidentiality applies to information and communication on all school district electronic equipment.

Business Use

During scheduled instructional times, you may use the school district's electronic equipment only for school related purposes. The district's policy against harassment applies to electronic communications. **The Echo School District always prohibits any information that could be considered obscene, discriminatory or harassing, and any material which could violate the school district's harassment policy or which could create a hostile or intimidating environment.** Personal use of the school district's electronic equipment is restricted to non-instructional times and must not interfere or conflict with regularly scheduled class time. You should not expect any information on school district equipment to be private.

Software

Copying software programs and downloading programs or information from the internet can result in copyright violations and viruses. You are strictly prohibited from making any copies of software without prior approval of the administration or systems administrator. Installing software from home on the school district server is also forbidden. Any software programs that you wish to install on the school district's server must first be registered with the system administrator.

Caution

Deleting information from electronic equipment does not mean it has been permanently destroyed. Information that you would be embarrassed revealing to coworkers, a jury or family members should never be sent, stored or received on the school districts electronic equipment.

Student Relation

All staff members of Echo School District are to establish and maintain appropriate relationships with students at all times. These relationships are to be professional in nature, are not to constitute a friendship and are not to invite or allow any overly personal interactions. All forms of communication (including electronic) between staff members and students are to maintain this form of relationship as well. Any website that a staff member creates in his/her individual capacity that is open to the general public is a reflection of that staff member and is to present an acceptable image and at all times serve as a role model to students. The above language does not seek to limit employee political speech.

Any staff member that chooses to create a membership-only, social networking website (My Space, Facebook, etc.) is not to use such a site to communicate with students in any way, must, to the best of their ability, take steps to ensure that students are not able to access the site, and must report to the administration immediately if students have done so. Texts to students should be cc'd to administration, or reported and shared with district administration in a timely manner.

MONITORING ACKNOWLEDGEMENT STATEMENT

I understand that the Echo School District's electronic communication equipment is to be used for conducting school related business. I understand that the use of this equipment for my personal purpose is restricted to none scheduled instructional times during the school day. I agree never to access any file or retrieve any stored communication when not authorized to do so.

I am aware that the school district reserves the right to review, intercept, access, and disclose any information on the school district's systems at any time, with or without employee notice, and that such access may occur during or after working hours. I am aware that use of a password does not restrict the school district's right to access electronic communications. I am aware that violations of school district policy may subject me to disciplinary actions up to and including termination.

I acknowledge that I have read and that I understand the school district's policy regarding electronic equipment. I authorize the school district to review, intercept, access, and disclose any of my communication or files on the school district equipment.

Signature of Employee

Date

ECHO SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT
AUTHORIZATION

Name: _____

Date Authorized: _____

Signature: _____

ATTACH A VOIDED CHECK OR A XEROX COPY OF A CHECK BELOW.

ATTACH VOIDED CHECK OR CHECK COPY HERE

(Deposit Slips Don't work)

Please Note: Direct deposit takes 2 payroll cycles to go into effect.

****The first payroll a check will be issued and the direct deposit tested. The next payroll will be direct deposit.**

Payroll Processed:



Criminal History Verification of Applicants

Please type or print clearly.

As Appears on Legal Identification

Legal Name: _____
(Last Name) (First Name) (Middle Name)

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No: _____ DOB: _____ Gender: Male ___ Female ___

Driver License/Identification Card No.: _____ Issue State: _____

Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefit to which you are otherwise entitled. If you do provide the number the district will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records.

Address _____
Street Apt # City State Zip

A. Have you **EVER** been convicted of a sex-related crime? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state: _____

2. If yes, did the crime involve force to minors? ___ Yes ___ No

B. Have you **EVER** been convicted of a crime involving violence or threat of violence? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state: _____

C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? ___ Yes ___ No

1. If yes, was the conviction in Oregon or another state? Please specify state: _____

D. Have you **EVER** been convicted of any other crime except a minor traffic violation?(Includes Traffic Crimes) ___ Yes ___ No

E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal?
___ Yes ___ No

Advisory: A check of the applicant's criminal history will be made by the NWRESA to verify the responses to the preceding questions.

I hereby grant to the school district permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the school district will conduct a criminal offender record check of applicants for all prospective school employees and volunteers working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and industries, Civil Rights Division, State office Building, Suite 1070, Portland, Oregon 97323, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____

Date: _____

Echo Public Schools 5-R

District 5-R, Umatilla County
600 Gerone Street • Echo, Oregon 97826

Telephone: 541/376-8436
Fax: 541/376-8473

Raymon Smith, Superintendent
rsmith@echo.k12.or.us

www.echo.k12.or.us

• Keith Holman, Principal
keith.holman@echo.k12.or.us

• Linda Muller, Business Manager
lmuller@echo.k12.or.us

July 1, 2015

SUBSTITUTE PAY RATES

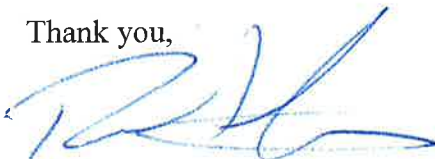
2015-2016

To Whom It May Concern:

It is the policy of the Echo School District to follow applicable state and federal laws including the payment for substitute teaching services in the school district. Based on Oregon law ORS 342.610, the rate as established by the Department of Education, is “the minimum pay rate for the first 10 consecutive days of substitute teaching is \$173.76 per day.” In addition, the law goes on to state “for more than 10 consecutive days in the same assignment, the minimum rate for the days taught beyond 10 is computed as follows: the higher of 1/190 of the district’s annual salary scale for beginning teachers with a bachelor’s degree or \$173.76 per day.” In computations for the Echo School District, the higher amount is 1/190 of the district salary scale, \$35,606 which is \$187.40 per day.

The pay rate for substitute services paid by Echo School District will, therefore, be \$173.76 per day for the first 10 days of an assignment, followed by \$187.40 per day beyond the 10th consecutive worked day. Any errors or concerns about any substitute teacher pay rate or computation should be forwarded to the Business Manager and Superintendent in writing.

Thank you,



Raymon Smith
Superintendent
Echo School District

Attachment: OSBA Resource

http://www.osba.org/Resources/Article/Employee_Management/Substitute_Teacher_Pay.aspx

April 8, 2015

TO: School District and ESD Superintendents
RE: Final 2015-16 Substitute Teacher Pay Rates

Following are final minimum pay rates for substitute teachers for the 2015-16 school year.

According to ORS 342.610, teachers employed as substitute teachers shall not be paid less per day than 85 percent of the daily salary of a beginning teacher who holds a bachelor's degree. The Department of Education is charged with computing the statewide average daily salary for beginning teachers who hold a bachelor's degree.

The daily salary is defined as the average annual salary of beginning teachers who hold a bachelor's degree divided by 190 days using the most recent data available, but not earlier than the preceding school year. [ORS 342.610 (1)]

Based on data for 2014-15, the average salary of beginning teachers with a bachelor's degree is **\$38,840**. For 2015-16, therefore, the minimum pay rate for the first 10 consecutive days of substitute teaching is **\$173.76** per day (\$38,840 divided by 190 times 85%).

In cases where a substitute teacher teaches for more than 10 consecutive days in the same assignment, the minimum rate for the days taught beyond 10 is computed as follows:

- For districts with a salary scale, the minimum rate is the higher of:
 - 1/190th of the district's annual salary scale for beginning teachers with a bachelor's degree. [ORS 342.610 (3)(a)(A)] ; or
 - **\$173.76** per day [ORS 342.610 (3)(a)(B)]
- For districts without a salary scale, the minimum rate is **\$204.42** per day (100 percent, rather than 85 percent, of the statewide average salary for beginning teachers with a bachelor's degree) . [ORS 342.610 (3)(a)]

*ECHO \$35,606 / 190
\$187.40 per day*

If you have questions, please contact Brian Reeder at brian.reeder@state.or.us