



Dear Substitute Teacher,

Thank you for your willingness to be a substitute in the Holy Family Catholic School system. The position can be filled with the professional satisfaction of helping students achieve the best academically and socially, as well as knowing that you are an important part of the school community. As a substitute teacher you are a member of our professional staff and are to be treated with consideration, courtesy and respect by all school personnel, parents, and staff.

As part of this packet, you will receive a number of forms to complete as well as instructions for completing Safe Environment Training online through CMG Connect. Please return all completed forms and documents listed below to the Holy Family Catholic Schools office located at 2005 Kane St. If you have any questions regarding this process, please contact Tessa Petsche at tpetsche@holyfamilydbq.org or call 563-582-5456.

_____ **Substitute Teacher Application Form**

_____ **CMG Connect Safe Environment Training / Background Check**

1. Complete Safe Environment Training following by the online background check (instructions attached)
2. Complete the “Authorization for Release of Child and Dependent Adult Abuse Information Form” (attached) and return to the Holy Family Central Office.

You must complete the online portion of the background check and the authorization form in order for your background check to be processed. Processing time is approximately 1-2 weeks. You will be issued a certificate of completion once your background check clears. Please forward a copy of your certificate of completion to tpetsche@holyfamilydbq.org.

_____ **Acknowledgement Form**

_____ **Employment Eligibility Verification – original identification required**

_____ **Federal W-4 Form**

_____ **Iowa W-4 Form**

_____ **Direct Deposit Authorization (mandatory)**

_____ **Demographic Information**

_____ **Confidentiality Rights Form**

_____ **Substitute Educator Acknowledgment Form**

_____ **Teaching License**

_____ **Mandatory Reporter Training Certificate (training can be completed online for free at**

<https://dhs.iowa.gov/child-welfare/mandatoryreporter>)

Holy Family utilizes Absence Management, an automated service that can be accessed via phone and the internet, to manage the fulfillment of substitute openings within the district. Approved substitutes will receive a welcome letter via email that includes an ID and PIN number along with general instructions for using the Absence Management system. This information will be sent to the email provided by the substitute at the time of registration with Holy Family.

Welcome to Holy Family Catholic Schools as a substitute teacher. We appreciate your willingness to serve our community of children.

Sincerely,
Holy Family Catholic Schools

Archdiocese of Dubuque
Holy Family Catholic Schools
Substitute Teacher/Associate Application Form

Please Note: Your name will remain on file for the current school year. Please contact the Holy Family central office if you are no longer able to substitute.

PLEASE PRINT:

I am applying for: Substitute Teacher Substitute Associate

Date: _____

| |
|---|
| Name: _____ |
| Permanent Address: _____ _____ <p style="text-align: center;">(Street, City, State, Zip)</p> |
| Primary Phone: _____ |
| Email: _____ |
| Emergency Contact Name: _____ |
| Emergency Contact Number: _____ |

* **BOEE Folder #:** _____ **Expiration Date:** _____

**Substitute teachers only. This does not apply to substitute associates.*

Grade Levels that you are willing to teach:

Pre-K – Kindergarten K-5 6-8 9-12

I am qualified to teach Catholic religion. Yes No

Preparation:

(High School, colleges/universities attended, including summer school and extension, if applicable)

| School and Location | Dates Attended |
|----------------------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Graduation Year: _____ High School _____ College/University

Teaching/Associate Experience

| <u>School</u> | <u>City & State</u> | <u>Grades/Courses</u> | <u>Year(s)</u> |
|---------------|-------------------------|-----------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Subject and Level that you are certified to teach:

____ Elementary

____ Middle

____ High School

Other Certifications:

References (please list 3):

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Signature: _____

Please Note: Substitute teaching in this school system will put your name on the available employment list for the next school year. This constitutes reasonable assurance of future substitute employment. Please contact Holy Family Catholic Schools at 563-582-5456 or tpetsche@holyfamilydbq.org if you have questions regarding this application.

Please return form to:

Holy Family Catholic Schools

2005 Kane St.

Dubuque, Iowa 52001

CMGConnect

ARCHDIOCESE OF DUBUQUE



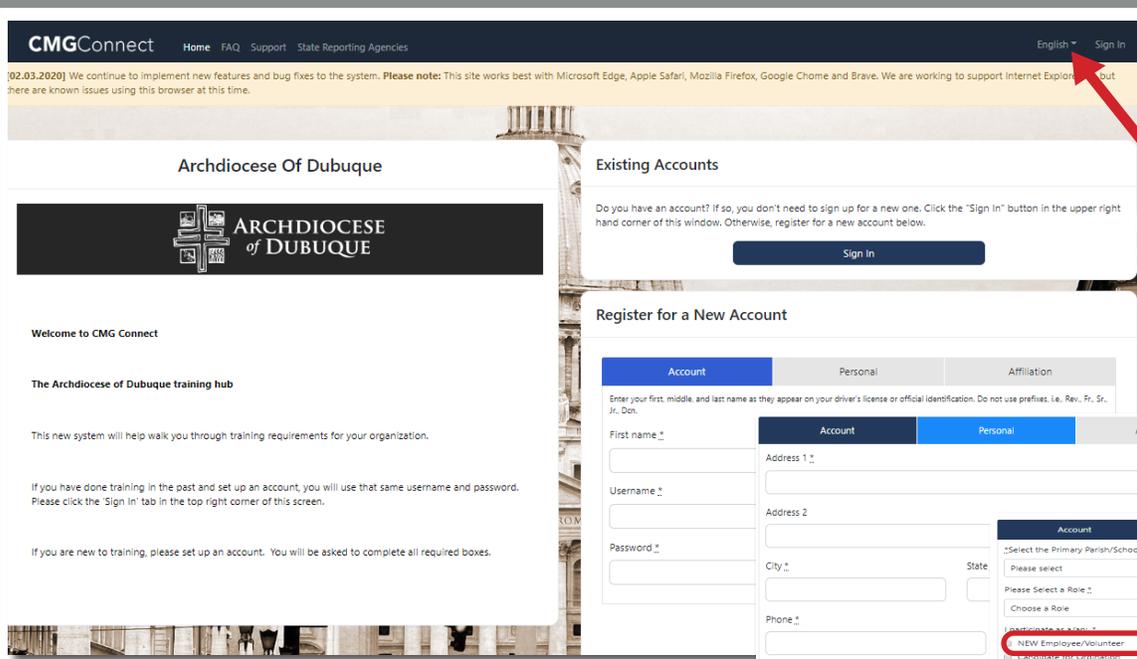
Safe Environment Training for NEW Employees & Volunteers

1. Go to <https://dubuque.cmgconnect.org/>
2. Create a new account by completing all the boxes under the **Register for a New Account** area. This includes your address, primary parish*, and how you participate at your parish or school. *Select "Holy Family Catholic Schools System - Dubuque" as your "Primary Parish/School. Select the **NEW Employee/Volunteer** as your participation category for the system to assign the correct training.
Please contact Tessa Petsche at tpetsche@holyfamilydbq.org or 563-582-5456 if you have any questions.
3. Your dashboard will show you the required and optional training curriculums that have been customized for your particular role within the Diocese.
4. Click  under the **A. Safe Environment Training - New Employee/Volunteer - Dubuque** module to begin.
5. On the last page of the curriculum, submit your background check information.
NOTE: The DHS Form must be completed and provided to your site admin for your background check results to successfully process.
The curriculum will be marked "Resume" until your background check is processed and reviewed by the diocese. Processing can take up to 7-14 business days.
6. If needed, you can access your completion certificate after you are certified by returning to the training dashboard and clicking **Print Certificate**.



For technical assistance, contact us via the  button found in the bottom right corner of the web page.

Last Updated: 03/12/20



Click Here and select "Spanish" to change language settings before creating a new account.

• You will progress through ALL three account creation screens then click **Register** to complete your profile set-up. *Please be sure to select the NEW Employee/Volunteer category to be assigned the correct curriculum.*

• On your dashboard, click **Start** to open up the **Safe Environment** training option.

• Progress through the training sections—as you complete each page, it will be marked as **Done** to show that the segment is finished.

• Your background check results will **NOT** be processed without DHS Authorization form posted in the curriculum. *Please submit the completed form to your Site Coordinator.*

• The curriculum will show **Resume** on your training dashboard until your background check details are processed and your certification is approved by the Diocese. *Note: Background check processing can take up to 7-14 business days.*

• Once you have been certified, a completion certificate will be available under the finished module on your dashboard. Click the gray **Print Certificate** button to access.

<https://Dubuque.CMGconnect.org/>



Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

| | | | |
|--|-----------------|------------------------------|--------------------------------------|
| Requester: Last Petrocelli | First Jackie | Agency Name Selection.com | Telephone Number (513) 522-8764 |
| Address 155 Tri County Pkwy, Suite 150 | | | Fax Number (513) 728-4420 |
| City Cincinnati | State OH | Zip Code 45246 | Email jpetrocelli@selection.com |
| List the name and address of the person whose information is being requested: | | | |
| Name (last, first, middle) | | Birth Date | Social Security Number |
| Address | City | County | State Zip Code |
| List maiden name, previous married names, and any alias: | | | |
| What is the purpose of your request for child or dependent adult abuse information? | | | |
| I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form. | | | |
| Signature of Requestor | | | Date |

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

| | |
|---------------------------------|------|
| Signature of Person Authorizing | Date |
|---------------------------------|------|

Section 3: To be completed by the Central Abuse Registry or designee.

- The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.
- The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

| | |
|---|------|
| Signature of Registry Staff or Designee | Date |
| Comments | |

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not redisseminate (release) this information, except that redissemination is permitted when **ALL** of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be redisseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.

Archdiocese of Dubuque
Annual General Acknowledgment Form
2020-2021 Program Year

In our concern for the welfare of children and those who work with them, a greater burden is placed upon employers to exercise sound hiring and supervision practices. Previous involvement in abuse situations, while not automatically disqualifying employment, is a matter of concern for administrators, especially if left unknown or unexplained. For the protection of the employee as well as for the protection of children and youth, please answer the following questions. Your response will remain confidential with the administration.

- a. Have you ever been convicted of a crime of sexual abuse, physical abuse, sexual harassment, or exploitation? Yes _____ No _____
- b. Has any civil or criminal complaint ever been made against you relating to sexual abuse, physical abuse, sexual harassment or exploitation? Yes _____ No _____
- c. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of civil or criminal complaints of sexual abuse, physical abuse, sexual harassment, or exploitation against you? Yes _____ No _____
- d. Did you enter into an agreement with any past employer not to divulge the true reason for termination of employment? Yes _____ No _____

Note: If you answer yes to questions “a” through “d”, you may be asked to provide an additional authorization for information.

I hereby acknowledge that I have answered the questions truthfully and recognize that falsification of my responses can lead to disciplinary action up to and including termination.

Signature

Print Name

Date

This section is to be recorded annually by the local administration.

_____ Month and year the requirements for the Office for the Protection of Children were completed: a) issuing and signing off on the Archdiocesan Required Notifications and b) the completion of the Required Background Check.

_____ Month and year the required Safe Environment Training from Catholic Mutual Group (CMG) was completed.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's 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 boxes):

| | |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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 | | Today's 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





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | | Additional Information | | QR Code - Sections 2 & 3 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 | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | 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) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | 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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 alien's nonimmigrant status 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 <li style="text-align: center;">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 |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Each employee must file this Iowa W-4 with his/her employer. Do not claim more allowances than necessary or you will not have enough tax withheld. You may file a new W-4 at any time if the number of your allowances increases. You must file a new W-4 within 10 days if the number of allowances previously claimed by you decreases.

Penalties apply for willfully supplying false information or for willful failure to supply information, which would reduce the withholding allowances. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Single (or married but legally separated) Married

Print your full name: _____ Social Security Number: _____

Home address: _____

City: _____ State: _____ ZIP: _____

Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here _____ and the year effective here _____ .

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018

If claiming the military spouse exemption, enter your state of domicile or residence here _____

If you are not exempt, complete the following:

- 1. Personal allowances..... 1. _____
- 2. Allowances for dependents. You may claim 1 allowance for each dependent you claim on your Iowa income tax return. 2. _____
- 3. Allowances for itemized deductions. See instructions. 3. _____
- 4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments to an IRA, Keogh, or SEP; penalty on early withdrawal of savings; alimony paid; and student loan interest, which are reflected on the IA 1040. Divide this amount by \$600, round to the nearest whole number, and enter on line 4..... 4. _____
- 5. Allowances for child and dependent care credit. 5. _____
- 6. **Total allowances.** Add lines 1 through 5. 6. _____
- 7. Additional amount, if any, you want deducted each pay period. 7. _____

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: _____ Date: _____

Employers: The employer must maintain records of the W-4s. If the employee is claiming more than 22 withholding allowances or is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: _____ FEIN: _____

Employer address: _____

City: _____ State: _____ ZIP: _____

Questions about Iowa taxes:

Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

IA W-4 INSTRUCTIONS – EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE

Exemption from Withholding

Claim exemption from withholding if you are an Iowa resident and both of the following situations apply:

(1) for 2019 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2020 you expect a refund of all Iowa income tax withheld because you expect to have no tax liability. Nonresidents may not claim this exemption. You must complete a new W-4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year). If you anticipate you will incur an Iowa income tax liability for the following year, then you must complete a new W-4 on or before December 31 of the current year. If you want to claim an exemption from withholding next year, you must file a new W-4 with your employer on or before February 15.

Taxpayers 64 years of age or younger: See your payroll officer to determine how much you expect to earn in a calendar year. You are exempt if:

- a. your filing status is single, your net income is less than \$5,000, and are claimed as a dependent on another person's Iowa return; or
- b. your filing status is single, your net income is less than \$9,000, and you are not claimed as a dependent on another person's Iowa return; or
- c. your filing status is other than single and your combined net income is \$13,500 or less.

Taxpayers 65 years of age or older: Only one spouse must be 65 or older to qualify for the exemption. Pension exclusion and any reportable Social Security amount must be added to net income for purposes of determining the low-income exemption. You are exempt if:

- a. you are single and your net income is \$24,000 or less; or
- b. your filing status is other than single and your combined net income is \$32,000 or less.

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009 and the Veterans Benefits and Transition Act of 2018, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use your servicemember spouse's domicile or residence in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and attach a copy of your spousal military identification card to the IA W-4 provided to your employer.

Line 1. Personal Allowances: You can claim the following personal allowances:

- (a) 1 allowance for yourself or 2 allowances if you are unmarried and eligible to claim head of household status. Add 1 additional allowance if you are 65 or older, and/or 1 additional allowance if you are blind.
- (b) If you are married and your spouse either does not work or is not claiming allowances on a separate W-4, you may claim the following allowances for them: 1 for your spouse, 1 additional allowance if your spouse is 65 or older, and/or 1 additional allowance if your spouse is blind.
- (c) If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- (d) To have the highest amount of tax withheld claim "0" allowances on line 1.

Line 3. Allowances for Itemized Deductions:

- (a) Enter total amount of estimated itemized deductions (a) \$ _____
- (b) Enter amount of your standard deduction using the following information (b) \$ _____
If single, married filing separately on a combined return, or married filing separate returns, enter \$2110.
If married filing a joint return, unmarried head of household, or qualifying widow(er), enter \$5210.
- (c) Subtract line (b) from line (a) and enter the difference or zero, whichever is greater..... (c) \$ _____
- (d) Additional allowance: Divide the amount on line (c) by \$600, round to the nearest whole number and enter on line 3.

Line 5. Allowances for Child and Dependent Care Credit: Persons having child/dependent care expenses qualifying for the federal and Iowa Child and Dependent Care Credit may claim additional Iowa withholding allowances based on their net incomes. If you have qualifying child and dependent care expenses and wish to reduce your Iowa withholding on the basis of this credit, you may claim additional withholding allowances for Iowa based on the information below. Taxpayers with net income of \$45,000 or more cannot claim withholding allowances for the Child and Dependent Care Credit.

Married persons, regardless of their expected Iowa filing status, must calculate their withholding allowances based on their combined net incomes. Total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown below.

- Iowa net income between \$0 - \$19,999, enter an 5 allowances
- Iowa net income between \$20,000 - \$34,999, enter an 4 allowances
- Iowa net income between \$35,000 - \$44,999, enter an 3 allowances

Line 7. Additional Amount of Withholding Deducted: You may need to have additional tax withheld if you have two or more jobs are married and you both work, or have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, alimony received, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 7. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-5, or have additional tax withheld on line 7.

Employee's Withholding Certificate

OMB No. 1545-0074

2020

▶ **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 | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov. |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, 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 2020 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 income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ | | |
| | Multiply the number of other dependents by \$500 ▶ \$ | | |
| | Add the amounts above and enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ |

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ Employee's signature (This form is not valid unless you sign it.) ▶ Date

| | | | |
|---------------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
| | | | |

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$220 | \$850 | \$900 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,210 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 220 | 1,220 | 1,900 | 2,100 | 2,220 | 2,220 | 2,220 | 2,220 | 2,410 | 3,410 | 4,070 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,900 | 2,730 | 2,930 | 3,050 | 3,050 | 3,050 | 3,240 | 4,240 | 5,240 | 5,900 | 5,900 |
| \$30,000 - 39,999 | 900 | 2,100 | 2,930 | 3,130 | 3,250 | 3,250 | 3,440 | 4,440 | 5,440 | 6,440 | 7,100 | 7,100 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,050 | 3,250 | 3,370 | 3,570 | 4,570 | 5,570 | 6,570 | 7,570 | 8,220 | 8,220 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,050 | 3,250 | 3,570 | 4,570 | 5,570 | 6,570 | 7,570 | 8,570 | 9,220 | 9,220 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,050 | 3,440 | 4,570 | 5,570 | 6,570 | 7,570 | 8,570 | 9,570 | 10,220 | 10,220 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,240 | 4,440 | 5,570 | 6,570 | 7,570 | 8,570 | 9,570 | 10,570 | 11,220 | 11,240 |
| \$80,000 - 99,999 | 1,060 | 3,260 | 5,090 | 6,290 | 7,420 | 8,420 | 9,420 | 10,420 | 11,420 | 12,420 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,900 | 7,100 | 8,220 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 14,980 | 15,180 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,190 | 16,050 | 16,250 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,520 | 17,170 | 18,170 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 13,120 | 15,120 | 17,120 | 18,770 | 19,770 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,720 | 12,720 | 14,720 | 16,720 | 18,720 | 20,370 | 21,370 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,470 | 8,200 | 10,320 | 12,320 | 14,320 | 16,320 | 18,320 | 20,320 | 21,970 | 22,970 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,750 | 10,950 | 13,070 | 15,070 | 17,070 | 19,070 | 21,290 | 23,590 | 25,540 | 26,840 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,600 | 12,100 | 14,530 | 16,830 | 19,130 | 21,430 | 23,730 | 26,030 | 27,980 | 29,280 |
| \$525,000 and over | 3,140 | 6,840 | 10,170 | 12,870 | 15,500 | 18,000 | 20,500 | 23,000 | 25,500 | 28,000 | 30,150 | 31,650 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$460 | \$940 | \$1,020 | \$1,020 | \$1,470 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,040 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 940 | 1,530 | 1,610 | 2,060 | 3,060 | 3,460 | 3,460 | 3,460 | 3,640 | 3,830 | 3,830 | 3,830 |
| \$20,000 - 29,999 | 1,020 | 1,610 | 2,130 | 3,130 | 4,130 | 4,540 | 4,540 | 4,720 | 4,920 | 5,110 | 5,110 | 5,110 |
| \$30,000 - 39,999 | 1,020 | 2,060 | 3,130 | 4,130 | 5,130 | 5,540 | 5,720 | 5,920 | 6,120 | 6,310 | 6,310 | 6,310 |
| \$40,000 - 59,999 | 1,870 | 3,460 | 4,540 | 5,540 | 6,690 | 7,290 | 7,490 | 7,690 | 7,890 | 8,080 | 8,080 | 8,080 |
| \$60,000 - 79,999 | 1,870 | 3,460 | 4,690 | 5,890 | 7,090 | 7,690 | 7,890 | 8,090 | 8,290 | 8,480 | 9,260 | 10,060 |
| \$80,000 - 99,999 | 2,020 | 3,810 | 5,090 | 6,290 | 7,490 | 8,090 | 8,290 | 8,490 | 9,470 | 10,460 | 11,260 | 12,060 |
| \$100,000 - 124,999 | 2,040 | 3,830 | 5,110 | 6,310 | 7,510 | 8,430 | 9,430 | 10,430 | 11,430 | 12,420 | 13,520 | 14,620 |
| \$125,000 - 149,999 | 2,040 | 3,830 | 5,110 | 7,030 | 9,030 | 10,430 | 11,430 | 12,580 | 13,880 | 15,170 | 16,270 | 17,370 |
| \$150,000 - 174,999 | 2,360 | 4,950 | 7,030 | 9,030 | 11,030 | 12,730 | 14,030 | 15,330 | 16,630 | 17,920 | 19,020 | 20,120 |
| \$175,000 - 199,999 | 2,720 | 5,310 | 7,540 | 9,840 | 12,140 | 13,840 | 15,140 | 16,440 | 17,740 | 19,030 | 20,130 | 21,230 |
| \$200,000 - 249,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$250,000 - 399,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$400,000 - 449,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,450 | 19,940 | 21,240 | 22,540 |
| \$450,000 and over | 3,140 | 6,230 | 8,810 | 11,310 | 13,810 | 15,710 | 17,210 | 18,710 | 20,210 | 21,700 | 23,000 | 24,300 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$830 | \$930 | \$1,020 | \$1,020 | \$1,020 | \$1,480 | \$1,870 | \$1,870 | \$1,930 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 830 | 1,920 | 2,130 | 2,220 | 2,220 | 2,680 | 3,680 | 4,070 | 4,130 | 4,330 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 930 | 2,130 | 2,350 | 2,430 | 2,900 | 3,900 | 4,900 | 5,340 | 5,540 | 5,740 | 5,850 | 5,850 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,430 | 2,980 | 3,980 | 4,980 | 6,040 | 6,630 | 6,830 | 7,030 | 7,140 | 7,140 |
| \$40,000 - 59,999 | 1,020 | 2,530 | 3,750 | 4,830 | 5,860 | 7,060 | 8,260 | 8,850 | 9,050 | 9,250 | 9,360 | 9,360 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,780 | 10,980 | 11,180 | 11,580 | 12,380 |
| \$80,000 - 99,999 | 1,900 | 4,300 | 5,710 | 7,000 | 8,200 | 9,400 | 10,600 | 11,180 | 11,670 | 12,670 | 13,580 | 14,380 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,850 | 7,140 | 8,340 | 9,540 | 11,360 | 12,750 | 13,750 | 14,750 | 15,770 | 16,870 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,850 | 7,360 | 9,360 | 11,360 | 13,360 | 14,750 | 16,010 | 17,310 | 18,520 | 19,620 |
| \$150,000 - 174,999 | 2,040 | 5,060 | 7,280 | 9,360 | 11,360 | 13,480 | 15,780 | 17,460 | 18,760 | 20,060 | 21,270 | 22,370 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,130 | 10,480 | 12,780 | 15,080 | 17,380 | 19,070 | 20,370 | 21,670 | 22,880 | 23,980 |
| \$200,000 - 249,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,770 | 24,870 |
| \$250,000 - 349,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,770 | 24,870 |
| \$350,000 - 449,999 | 2,970 | 6,470 | 8,990 | 11,370 | 13,670 | 15,970 | 18,270 | 19,960 | 21,260 | 22,560 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,560 | 12,140 | 14,640 | 17,140 | 19,640 | 21,530 | 23,030 | 24,530 | 25,940 | 27,240 |



Dear Holy Family Staff,

Federal and state reporting guidelines require our school to collect ethnicity/race information on our staff. The information reported to state and federal offices does not include any specific information about individuals based upon this information.

Please complete the demographic information followed by the two-part question that follows. If you have any questions about the form please contact the school principal or manager.

Demographic Information

Name: _____ Employ ID # _____

Site: _____ Position: _____

Two-Part Question

The Hispanic/Latino part of the question is about ethnicity, not race.

Part A - Are you Hispanic/Latino? (Choose only one)

_____ **No, not Hispanic/Latino**

_____ **Yes, Hispanic/Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Part B - What is your race? (Choose one or more)

_____ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.)

_____ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

_____ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

_____ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

_____ **White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Confidentiality Rights and Responsibilities

As an employee of the Holy Family Catholic Schools systems, I understand that it is my responsibility to hold confidential information about students, staff, and other situations of a professional nature. The information that should be shared only with others directly involved in each situation includes:

- Assessment data, attendance, and discipline records or any other information found in the students' files
- Personal health information as defined by the HIPAA Act. This includes information about a student or staff member's health care history, genetic information, illnesses or treatment of illnesses, provision of health care to co-workers, families, students, or payment of health care information
- Personal information such as discipline records, attendance records, reference information, or other confidential matters found in an employee's personnel file
- Any other confidential information that my supervisor has directed me to hold confidential

I understand that it is my responsibility to adhere to Board Policy 4613: Internet Acceptable Use Policy. I understand that the transmission of confidential information should be avoided unless it is done as part of my specific job responsibilities.

I understand that any violation of confidential information should be avoided unless it is done as part of my specific job responsibilities.

I understand that any violation of confidentiality laws, policies, or procedures could lead to disciplinary action up to and including termination or employment.

I understand that if I have questions or concerns about the sharing of confidential information they may be directed to the Executive Director of Human Resources Services or my supervisor.

Signature

Date

Printed Name

Site



Substitute Educator Acknowledgment Form

The Holy Family Catholic Schools *Substitute Educator Handbook* describes important information about Holy Family Catholic Schools, and I understand that I should consult the site principal regarding any questions not answered in the manual.

Since the information and policies described here are necessarily subject to change, I acknowledge that revisions to the handbooks may occur. All such changes will be communicated through official notices from the administration of Holy Family Catholic Schools, and I understand that revised information may supersede, modify, or eliminate existing policies.

I have received the Substitute Educator Handbook and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Substitute Name (printed): _____

Substitute Signature: _____

Date: _____

Substitute Educator Handbook

2020-2021



**2005 Kane Street
Dubuque, IA 52001
563-582-5456**

Effective August 1, 2020

Welcome

Substitute educators play an important role at Holy Family Catholic Schools. We appreciate the service you provide to our teachers and staff on a regular basis and the commitment you have made to substitute at Holy Family Catholic Schools. We consider you to be members of the professional staff and you are to be treated with consideration, courtesy and respect by all school staff, parents and students.

Please review this handbook to become familiar with the policies and procedures of Holy Family Catholic Schools. Any questions regarding this information should be directed to the building principal.

Holy Family Catholic Schools

Educational Apostolate of the Archdiocese of Dubuque:

The mission of the Educational Apostolate of the Archdiocese of Dubuque is to promote lifelong faith formation, which challenges individuals to:

- Respond to God's continuous call for conversion to Jesus Christ
- Form and be formed in Christian community life
- Grow in knowledge of faith
- Participate in liturgical celebrations and prayer
- Collaborate in the Church's mission of evangelization

Mission Statement: Holy Family Catholic Schools

*Forming disciples of Jesus Christ through Catholic educational excellence.
Achieve. Lead. Soar*

Philosophy:

Families are domestic churches and the foundation of a Catholic way of life; children are gifts from God and have the right to know the nurturing love of their Creator; parents are the first and primary educators of their children; each parish and its programs of Catholic education are an extension of the family and assist families in their mission.

Vision:

Holy Family Catholic Schools, in partnership with parents, will excel in providing high-quality, Catholic school education permeated with Gospel values for the Dubuque area community.

Introduction

Unless an employee is contracted in writing, employees are considered “at will” and are free to resign at any time. Holy Family also retains the right to terminate employment at any time with or without reason or notice. This handbook should not be construed as a guarantee of employment or assurance that any benefit will continue for any period of time.

Substitute Educator Preparation

The Holy Family central office will need to have these documents on file to register you as a substitute. These include:

- Substitute application form
- Substitute educator handbook acknowledgment form
- Demographic information
- Confidentiality rights form
- Safe Environment Training and background check certification
- Federal W-4 form
- State of Iowa W-4 form
- Employment Eligibility Verification (I-9) – original identification required
- Direct deposit authorization
- Archdiocese of Dubuque annual general acknowledgment form
- Teaching, substitute or sub-authorization certificate to be presented with application
- Transcripts

Additional Requirements

Safe Environment Training and Background Checks:

The United States Conference of Catholic Bishops’ *Charter for the Protection of Children and Young People* mandates that all dioceses provide a safe environment for minors.

As part of Holy Family’s compliance with this charter and to ensure that the system maintains a safe and productive work environment, all employees who accept an offer of employment must complete Safe Environment training upon initial hire. Safe Environment training takes approximately one hour to complete and is followed by the completion of a background check and the review of the following Archdiocesan policies for the *Protection of God’s Children*:

- Policy for Protection of Minors
- Archdiocese of Dubuque Standards of Conduct
- Archdiocese of Dubuque Sexual Misconduct Policy

The completed Safe Environment Training certificate should be submitted to the Holy Family Central Office for inclusion in the employee’s personnel file. Instructions for completing Safe Environment Training are included in the substitute packet available at the HFCS Central Office.

Holy Family Catholic Schools Site Information

Principal / Director List:

Resurrection Elementary School:

Denise Grant
dgrant@holyfamilydbq.org
4320 Asbury Rd.
Dubuque, IA 52002
Phone: 583-9488 Fax: 557-7995

St. Columbkille Elementary School:

Barb Roling
broling@holyfamilydbq.org
1198 Rush St.
Dubuque, IA 52003
Phone: 582-3532 Fax: 583-4884

St. Anthony - Our Lady of Guadalupe Spanish Immersion Program:

Carolyn Wiezorek
cwiezorek@holyfamilydbq.org
2160 Rosedale Ave.
Dubuque, IA 52001
Phone: 556-4194 Fax: 585-1987

Mazzuchelli Catholic Middle School

Doug Varley
dvarley@holyfamilydbq.org
2005 Kane St.
Dubuque, IA 52001
Phone: 582-1198 Fax: 582-5428

Wahlert Catholic High School

Ron Meyers
rmeyers@holyfamilydbq.org
2005 Kane St.
Dubuque, IA 52001
Phone: 583-9771 Fax: 583-9775

Resurrection Early Childhood

Lis Ernst
lernst@holyfamilydbq.org
4320 Asbury Rd.
Dubuque, IA 52001
Phone: 583-5206 Fax: 557-7995

Holy Ghost Early Childhood

Anita Valentine
avalentine@holyfamilydbq.org
2981 Central Ave.
Dubuque, IA 52001
Phone: 582-2578 Fax: 582-5153

St. Columbkille Early Childhood

Marcy Weidenbacher
mweidenbacher@holyfamilydbq.org
1198 Rush St.
Dubuque, IA 52001
Phone: 583-1620 Fax: 583-4884

Start/End Times:*

| | <u>Start</u> | <u>End</u> |
|--|--------------|------------|
| St. Anthony - Our Lady of Guadalupe Spanish Immersion Program | 8:15 | 3:15 |
| Resurrection Elementary School | 8:15 | 3:15 |
| St. Columbkille Elementary School | 8:25 | 3:20 |
| Mazzuchelli Catholic Middle School | 7:40 | 2:45 |
| Wahlert Catholic High School | 7:40 | 2:45 |

***Please report at least 20 minutes ahead of scheduled starting time.**

***Please check with Early Childhood Directors for start and end times for pre-K positions.**

Substitute Guidelines

Absence Management:

Holy Family Catholic Schools utilizes Absence Management, an automated service that can be accessed via phone and the internet, to manage the fulfillment of substitute openings within the district. Approved substitutes will receive a welcome letter via email that includes an ID and PIN number along with general instructions for using the Absence Management system. This information will be sent to the email provided by the substitute at the time of registration with Holy Family. The Absence Management login can be accessed online at <https://www.frontlineeducation.com/SignIn>.

Additional training resources are available at:

<https://absence-help.frontlineeducation.com/hc/en-us/articles/115004472967-Getting-Started-as-a-Substitute?>

Compensation:

For the 2020-2021 school year, substitutes will be paid \$125.00 per day. After five (5) consecutive days in the same position, a substitute will be paid \$162.35 per day as a long-term substitute. Pay days for substitute teachers are the 15th and the last working day of the month. Payroll information is provided electronically and will be sent to the email provided by the substitute at the time of registration.

Substitutes are paid on a day-by-day (temporary employee) basis depending on the need. Half-day assignments are counted as full days when counting accumulated days of substitute teaching.

If a substitute reports for work as scheduled and finds they are not needed, the substitute shall be entitled to either pay or work equal to that for which they were originally scheduled. If, for any unscheduled reason, school is delayed or dismisses early, the substitute teacher will be paid for the whole day.

If a long-term sub takes one or two sick days, they will NOT be paid for those days, but they will retain their long-term pay rate. If they take three (or more) days off for any reason at any time during the long-term time frame, they will start again at day one which means a repeat of the 5 days at the short-term rate. If a “teacher work day” or “teacher in-service day” occurs during a substitute’s extended assignment, a break in continuous days of service will be approved without pay and without a break in the long-term per diem rate of sub pay.

Substitute teachers who need to cancel a teaching commitment must enter that information into Absence Management and contact the site office as early as possible so that alternate plans can be made to fill the position.

Substitutes should notify the payroll department located in the Holy Family Schools central office at 563-582-5456 to have their name removed from the substitute list, to report a change of address, email, or contact numbers.

Substitute Daily Schedule:

- Arrive at least 20 minutes before school start time.
- Report to the school office, check in with the site assistant and obtain a substitute badge.
- Ask about special activities for the day and the location of the rest room, lounge, lunchroom, etc.
- Locate and become familiar with emergency procedures for fire and tornado drills as well as lockdowns.
- Locate lesson plans, the substitute folder and other special directions. Check for things to be done prior to class beginning.
- Note any supervisory duties during the day.
- Review rosters, seating charts, and daily schedules.
- Write your name, date, and class work assignments on the board.
- Become familiar with the building.
- Be at the appropriate door at the designated time/bell to supervise and greet students.
- Introduce yourself to students, take attendance and follow lunch procedures if applicable.
- Leave a report of work covered for the regular teacher.
- Clean up the classroom before leaving at the end of the day.
- Report to principal/site assistant regarding the next day or any problem concerning your stay in the building.
- Direct any questions or concerns to the building principal.
- Check out with the site assistant and return your substitute badge.

Class Control:

The following simple suggestions should help substitutes establish a good class routine:

- **Be positive** – Praise more than scold.
- **Be patient** – Patience, understanding and respect will banish distrust.
- **Expect good behavior** – A positive approach is worth a hundred negative rules.
- **Be fair and consistent** – Students must know what to expect from a substitute and what you expect in return.
- **Recognize the importance of every child** – Avoid ridicule and sarcasm. Respect individual student differences.
- **Have materials ready** – Students become restless when waiting for materials.
- **Be prepared for a real problem** – Handle situations with respect, compassion and consistency, but follow through with established rules. Be firm and fair while maintaining your control. Call in the principal as a last resort if the situation cannot be resolved.
- **Watch attention spans** – Know when to speed up or slow down when changing activities.
- **Never leave the class unattended** except for an emergency.
- **Give students age-appropriate responsibilities** to create a sense of belonging.

Personal Appearance:

When representing Holy Family Catholic Schools, substitutes are expected to be well groomed and present a positive self-image that exhibits professionalism and accepted modest and moral social standards. Substitutes are expected to dress according to the requirements of their position.

Confidentiality:

All school records and reports are confidential. It is essential that substitutes keep confidential information about students, staff and other situations of a professional nature. This information can include:

- Assessment data, attendance and discipline records or any other information related to students.
- Personal health information as defined by the Health Insurance Portability and Accountability Act (HIPAA). This includes information about a student or staff member's health care history, genetic information, illnesses or treatment of illnesses, provision of health care to co-workers, families, students, or payment of health care information.
- Any other confidential information that the site principal has directed the substitute to hold confidential.

Tobacco and e-Cigarette-Free Campuses:

The *Iowa Smokefree Air Act* applies to the Archdiocese and Holy Family Catholic Schools. This policy applies equally to all employees, volunteers, substitutes, students, or other visitors to any Holy Family site. Smoking, any tobacco use and e-cigarette use is prohibited on all Holy Family Catholic School properties and at all Holy Family Catholic School events.

Computer and Internet Acceptable Use Policy:

(Archdiocesan AFFC and ACSB Policy 2511)

Holy Family requires the ethical use of the Internet and related technologies by all employees as set forth below in the Terms, Conditions, and Regulations for the use of the Internet and related technologies. Access privileges may be revoked, disciplinary action may be taken, and /or appropriate legal action pursued for any violation that is unethical and may constitute a criminal offense.

Internet Terms, Conditions, and Regulations

Acceptable Use: The use of the Internet and related technologies must be in support of and consistent with the education, research, and faith formation of Holy Family Catholic Schools. Use of other organizations' networks or computing resources must comply with the rules appropriate for these networks.

Unacceptable Use: Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes but is not limited to copyrighted material; threatening, violent or obscene material; or material protected by trade secret. Use for commercial activities is not acceptable. Use for product advertisement, political lobbying, game playing, unauthorized "chat, or chain-letter communication is also prohibited. Other examples of unacceptable information include but are not limited to pornography, information on weapons, inappropriate language and communications, threats and harassment.

Acts of vandalism are prohibited. Vandalism is defined as any malicious attempt to harm or destroy data of another user or to damage hardware or software. This includes but is not limited to the uploading or creation of computer viruses. Unauthorized use of another's computer, access accounts, and/or files is prohibited.

Privileges: The use of the Internet and related technologies is a privilege, not a right, and inappropriate use may result in cancellation of those privileges.

Warranties: The programs governed by Holy Family make no warranties of any kind, whether expressed or implied, for the service it is providing and Holy Family will not be responsible for any damages users suffer. This includes loss of data resulting from delays, non-deliveries, missed deliveries, or service interruptions. Use of information obtained via the Internet and related technologies are at the user's own risk. The educational programs governed by Holy Family specifically deny any responsibility for the accuracy or quality of information obtained through its services. Employees are responsible for any financial obligation incurred through the use of Internet and related technologies that are not previously approved as part of the local budget.

Ownership: All electronic and telephone communications systems and all communications and information transmitted by, received from, or stored in these systems are the property of programs governed by Holy Family. Individuals using this equipment for personal purposes do so at their own risk. Further, individuals are not permitted to use a code, access a file, or retrieve any stored communication unless authorized to do so or unless they have received prior clearance from an authorized representative of programs governed by Holy Family. Individuals who violate this policy are subject to disciplinary action up to and including termination of employment. To ensure that the use of electronic and telephonic communications systems and equipment is consistent with the legitimate interests of the programs governed by Holy Family, authorized representatives of programs governed by Holy Family will monitor the use of such equipment on an intermittent basis.

Safety:

Holy Family is committed to workplace safety and to providing a safe and healthy work environment for all staff/substitutes and volunteers.

It is the responsibility of each employee to conduct all tasks in a safe and efficient manner, in compliance with all local, state and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area.

Holy Family requires that every person in the organization assumes the responsibility of individual and organizational safety. Employees should report all nonfunctioning or hazardous equipment to the nearest supervisor. Failure to follow Holy Family safety and health guidelines or engaging in conduct that places the employee, student or system property at risk may result in disciplinary action up to and including termination of employment.

Although most safety regulations are consistent throughout each department and program, employees have the responsibility to identify and review the emergency plan for their work areas, which will be provided by a supervisor. At times, emergencies such as severe weather, fires or power failures can disrupt system operations. In extreme situations, these circumstances may require the closing of a site within the system and employees should contact a supervisor or administrator in these situations.

Conduct with Minors:

Substitutes must be aware of their own vulnerability and that of any individual minor with whom they may be working. In every instance possible, a team approach to youth activities should be considered. Substitutes should avoid establishing any exclusive relationship with a minor and exercise due caution if they become aware of a minor desiring such a relationship. Other guidelines include the following:

- Physical contact with minors is inappropriate.
- Substitutes do not use or supply alcohol and/or illegal or legal drugs when working with minors.
- Providing overnight accommodations in personal residences for minors, other than a close familial relationship, is prohibited.

Any allegations of sexual or other misconduct will be taken seriously and reported to the authorities. Archdiocesan protocol and procedures will be followed to ensure the rights of all involved and to facilitate justice for the aggrieved.

- Substitutes do not exploit persons for sexual purposes.
- Substitutes do not provide any sexually explicit, inappropriate, or offensive materials to minors.
- Substitutes should know and understand Archdiocesan policies and procedures concerning allegations of sexual misconduct involving minors and the developmentally disabled.

Anti-Harassment:

Holy Family is committed to providing a work environment that is free from all forms of discrimination and conduct that can be considered harassing, coercive, or disruptive, including sexual harassment. Actions, words, jokes, or comments based on an individual's gender, race, color, national origin, age, religion, disability, or any other legally protected characteristic will not be tolerated.

Sexual harassment is defined as unwanted sexual advances or visual, verbal, or physical conduct of a sexual nature. This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same gender as the harasser.

If an employee experiences or witnesses sexual or other unlawful harassment in the workplace, it must be immediately reported to the supervisor. If the supervisor is unavailable or is the harasser or the employee believes it would be otherwise inappropriate to contact that person, the employee should immediately contact the site or system administrator. The employee can raise concerns and make reports without fear of reprisal or retaliation.

All allegations of sexual harassment will be investigated quickly and with discretion. To the extent possible, employee confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the employee will be informed of the outcome of the investigation.

An administrator or supervisor who becomes aware of possible sexual or other unlawful harassment must immediately advise the human resources coordinator in the Holy Family Central Office to ensure it can be investigated in a timely and confidential manner. Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action up to and including termination of employment.

The Archdiocese of Dubuque also requires the review of the *Sexual Misconduct* policy, which can be found at: <http://www.dbqarch.org/offices/potection-of-children/>



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I have received the Substitute Educator Handbook and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Substitute Name (printed): _____

Substitute Signature: _____

Date: _____