

Bladen County Schools Application Process

Complete an on-line application at: <https://nc.teachermatch.org/signin.do> for North Carolina Public Schools Employment for School Nutrition Substitute.

School Nutrition Substitute applications will need to return the following information to the Human Resources Department at the Board of Education to complete the application process:

- Copy of High School Transcript, College Transcript or GED
- Copy of HACCP in your Schools certificate (see attached instructions)
- Copy of Driver's License
- Copy of Social Security Card
- TB Skin Test results
- Finger print card
- Authority of Release of Information
- I-9 Form
- Code of Ethics
- Employee Dress Code
- Internet Acceptable Use
- NC-4 and W-4 Employee's withholding allowance
- Direct deposit form

How to complete an application in People Admin

1. **Website:** <http://nc.teachermatch.org>
2. **Sign in page:** If you have not created an account click sign up, otherwise enter your credentials
3. **Set Preference:**
 - a. Geography: Choose all
 - b. Type: Choose at least **PUBLIC**
 - c. Regions: Choose at least **SOUTH**
 - d. Keywords: Leave blank
 - e. Profile sharing: Choose one (by not selecting agree, may limit the availability of you application to potential employers)
 - f. Click SAVE PREFERENCES
4. **Dashboard:**
 - a. **Personal Planning:**
 - i. Complete **PROTFOLIO** (Click arrows next to complete now)
 1. Personal information: Complete all areas with and asterisk(*)
 2. **Academic:** click +Add School (enter at least high school)
 - a. Possible issues:
 - i. Enter the information in other order listed on screen
 - ii. If you do not see your school select My schools in Not listed
 - iii. Enter your information, then select SAVE SELECTION
 - iv. Repeat as needed
 3. **Credentials:** Answer all information with an asterisk (*)
 - a. Certification/Licensure:
 - i. If you do not hold a teachers license, you will click add, then under Certification/Licensure Status, select

DON'T HAVE ANY CERTIFICATIONS
and then save section

- ii. If you DO have certification or licensure:
you will enter information for all of the
fields that have an asterisk (*)

- 1. NOTE: Under Certification URL,
enter NCDPI

4. References: Must enter 3

- i. Emails are required for references
- ii. If your reference does not have an email
address use:
firstnamelastname@noemail.com (example:
Their name is John Doe so the email will be
johndoe@noemail.com)

5. Video Links: OPTIONAL

6. Additional Documents: OPTIONAL

7. Experiences

- a. Resume: Upload a resume
- b. Employment History: add employment history by
selecting +Add employment.
 - i. Possible issues:
 - 1. Position: Select area that applies,
otherwise select other work
experiences.
 - 2. Type of role: Select General Member
is not a supervisor.
 - ii. Repeat if needed
- c. Involvement/Volunteer Work: OPTIONAL
- d. Honors: OPTIONAL

8. Affidavit: Review and then select the box for confirm,
then click Complete.

9. You will return to the Dashboard

5. Jobs of Interest: Select SEE ALL

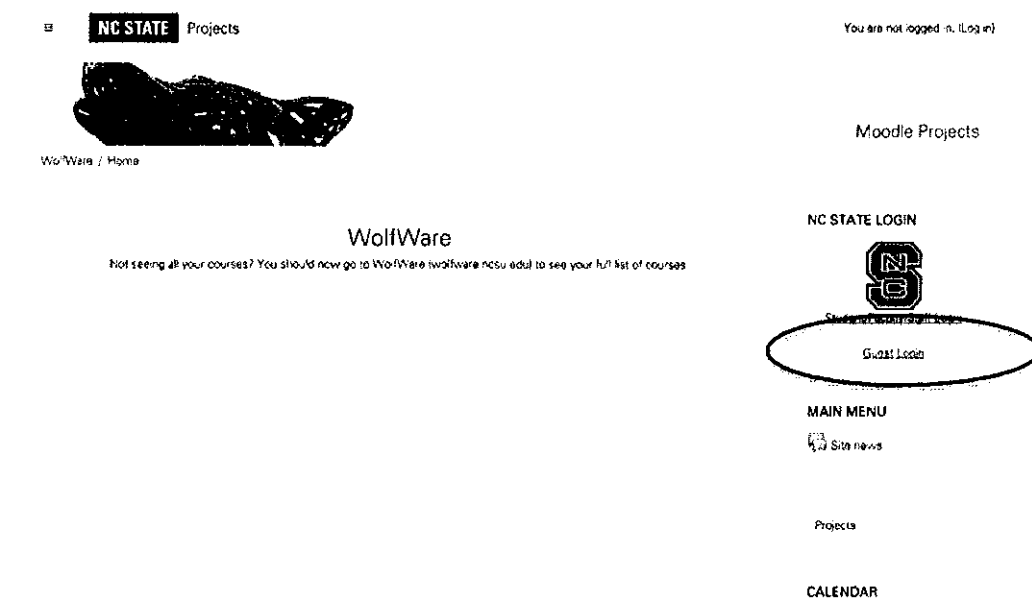
- a. District: Type Bladen County
 - i. Optional: Enter school name

- b. Click search
 - c. Find a position, click Apply now (paper and pen icon)
 - d. Job position will appear, click APPLY
 - e. COVER LETTER: Select either that you DO NOT want to add a cover letter or that you want to type a cover letter. DO NOT SELECT I AM CURRENTLY AN EMPLOYEE OF THIS DISTRICT.
 - f. Required Application items for Bladen County Schools
 - i. Social Security number field is optional; however , it is required for verification, eligibility and identifying applications and omission of the SS# can delay processing of your application.
 - ii. Confirm all information and complete all information with an asterisk (*), then click SAVE & CONTINUE
 - iii. NOTE: at this time of there are missing information on your application a box will appear with the information that needs to be corrected.
 - g. Mandatory Declaration:
 - i. Answer all questions
 - ii. If you select yes, an explanation is required
 - h. Affidavit:
 - i. Review, then confirm, then click Continue
6. This process will be completed for all positions that are applied for.

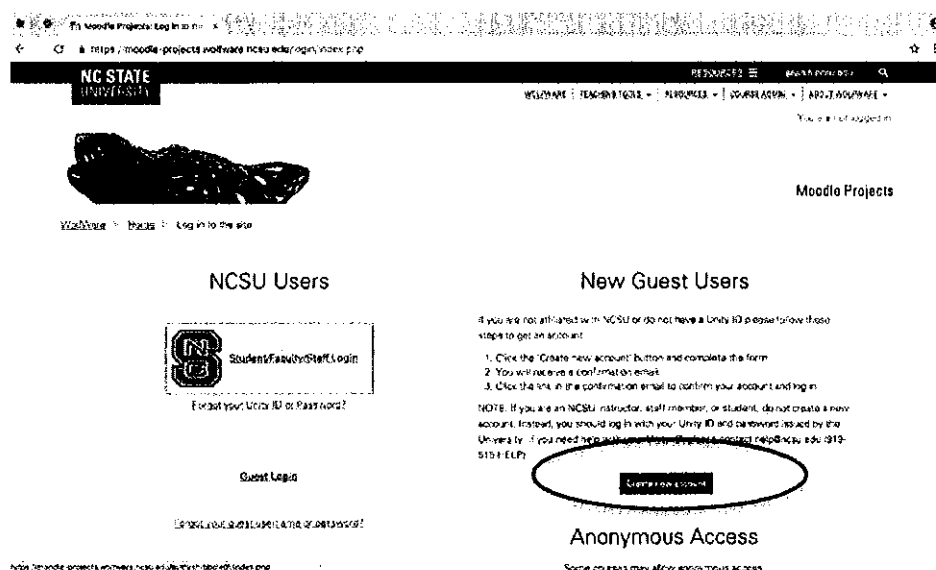
Step 1: Creating a New User Account on Moodle

1. Go to <https://moodle-projects.wolfware.ncsu.edu/>. Bookmark this site or save it for future reference. You will need it to log into the Moodle site each time you want to access the HACCP In Your Schools courses.

Click "Guest Login" on the menu bar under the NC State "block S" logo.



2. There are instructions for New Guest Users. Read these instructions before clicking the red "Create new account" button. They remind you to click on the link in the confirmation email you will receive after completing the form to create a new account.



3. Complete the form to create a new Guest Login account. Make sure to follow the directions for choosing a user name and a password, and fill out all of the information next to the items with the red "*".

Answer the security question at the bottom by typing in the words shown in the pictures. If you're having trouble reading them and want to get new words, click the "Get another CAPTCHA" link. If you want to hear the words spoken, click the "Get an audio CAPTCHA".

When you are finished with the form, click "Create my new account" at the bottom of the page.

The screenshot shows the 'Guest Users: Create New Account' page. It includes a navigation bar with a 'New account' link. A message states that NCSU students, instructors, or staff should use their existing University ID and password. The form has several sections: 'Choose your username and password' with fields for 'Username' and 'Password' (with an 'Unmask' button); 'More details' with fields for 'Email address', 'Email (again)', 'First name', 'Last name', 'City/town', 'Country' (set to 'United States'), and 'Security question'. The security question section shows two CAPTCHA images with the words 'MILK' and 'BREAD'. Below the CAPTCHA images are links for 'Enter the words above', 'Get another CAPTCHA', and 'Get an audio CAPTCHA'. At the bottom of the form are two buttons: 'Create my new account' and 'Cancel'. A note at the very bottom says 'There are required fields in this form marked *'.

4. Check your email for the confirmation email. The subject line should read: "Moodle Projects: account confirmation." It may take several minutes for it to appear in your inbox. You may need to refresh your email inbox or check the junk or spam folder if it does not appear after several minutes.

Moodle Projects: account confirmation

Inbox x

LearnTech <learntech@ncsu.edu>
to me

Hi Food Safety,

A new account has been requested at 'Moodle Projects'
using your email address.

To confirm your new account, please go to this web address:

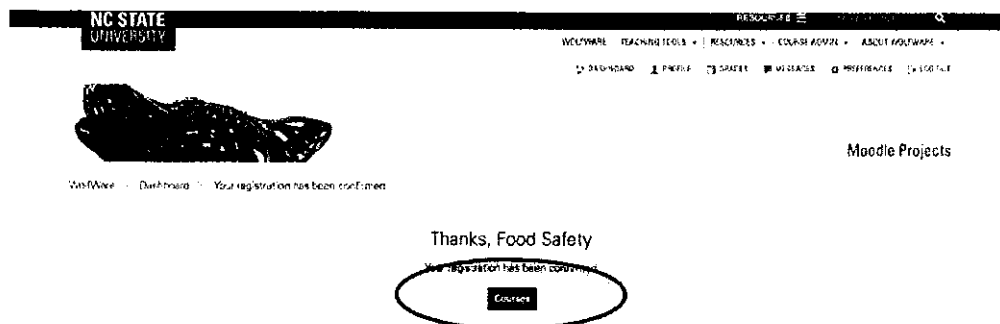
<https://moodle-projects.wolfware.ncsu.edu/login/confirm.php?data=CDaQVXn1ZNyJUHy/foodsafety1>

In most mail programs, this should appear as a blue link
which you can just click on. If that doesn't work,
then cut and paste the address into the address
line at the top of your web browser window.

If you need help, please contact the Help Desk
at help@ncsu.edu or 919-515-HELP(4357)

5. Click the link in the email to confirm your account. It will direct your return to the Moodle website. Now you have successfully created a Moodle account!

You will be able to search for and enroll in the HACCP In Your Schools: Part 1 and HACCP In Your Schools: Part 2 courses by clicking on the red "Courses" button.

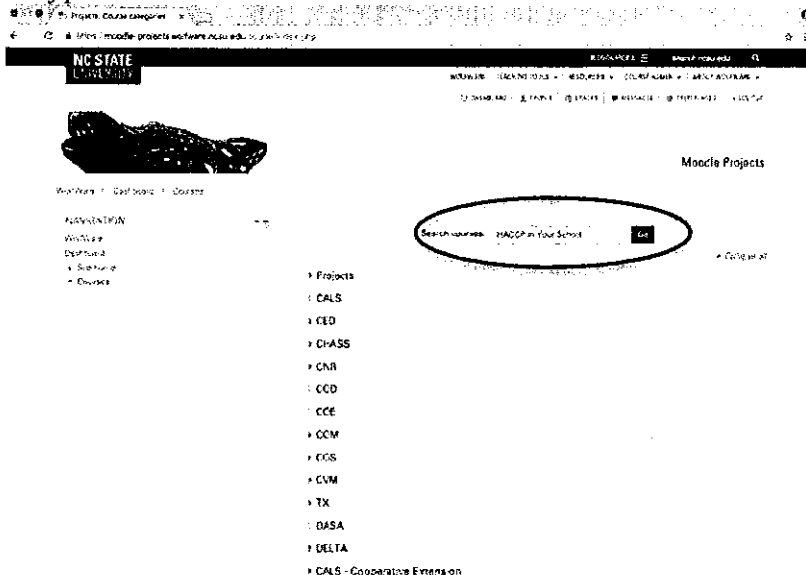


6. If you are ready to enroll in and access the courses now, follow the instructions for "Step 2: Enrolling in Moodle Courses". Please note: you will perform steps 1-6 above only once. Subsequently, enter the username and password just created to log on and enroll or continue your courses.

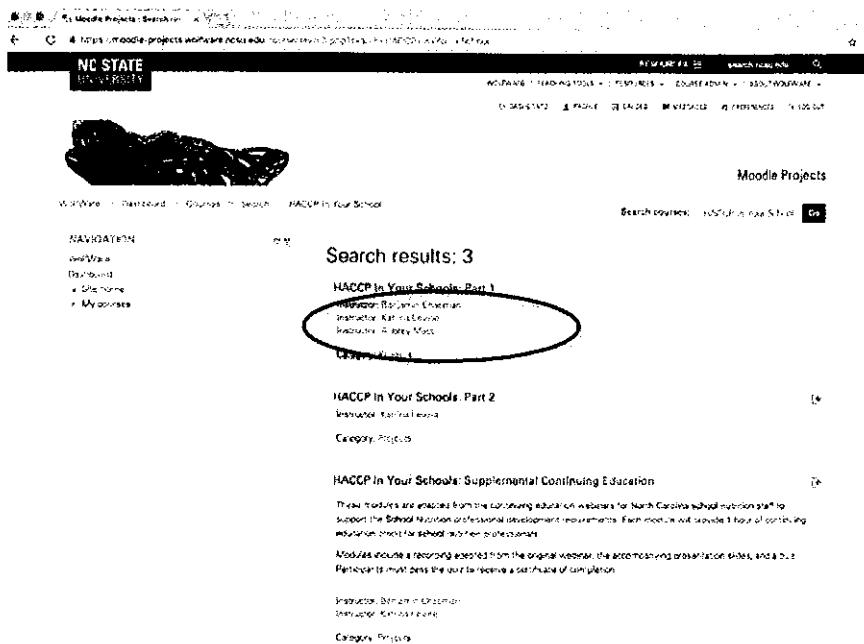
Step 2: Enrolling in Moodle Courses

Now you have a user account for Moodle and can enroll in HACCP In Your Schools: Part 1 and HACCP In Your Schools: Part 2. If you decide not to enroll in both courses now, you can enroll in the other course by logging back into your Guest User account and clicking the "Courses" link on the left side bar of your home page. This will take you to STEP 1 below.

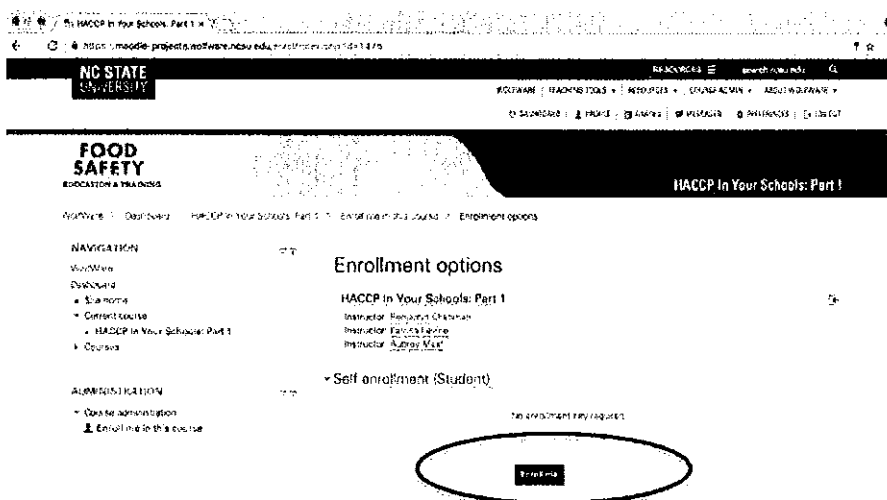
1. Type "HACCP In Your School" into the search bar and click "Go".



- Click "HACCP In Your Schools: Part 1" **FIRST** to enroll in this course. **You will need to complete this course first before starting "HACCP In Your Schools: Part 2"**. However, you can enroll in both now.



- Click the red "Enroll me" button at the bottom to self-enroll as a student.



- You have now enrolled in HACCP In Your Schools: Part 1. You should receive an email confirmation from the instructor. You may continue and complete Part 1 of the course OR go to step 6 and also enroll in Part 2.

Benjamin Chapman

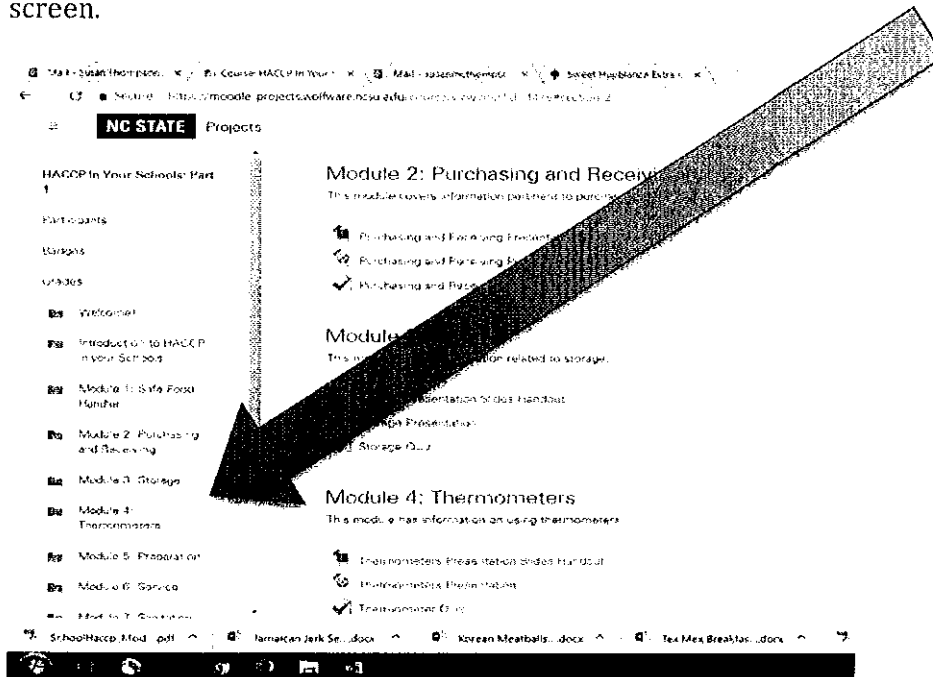
to me

Welcome to HACCP In Your Schools: Part 1!

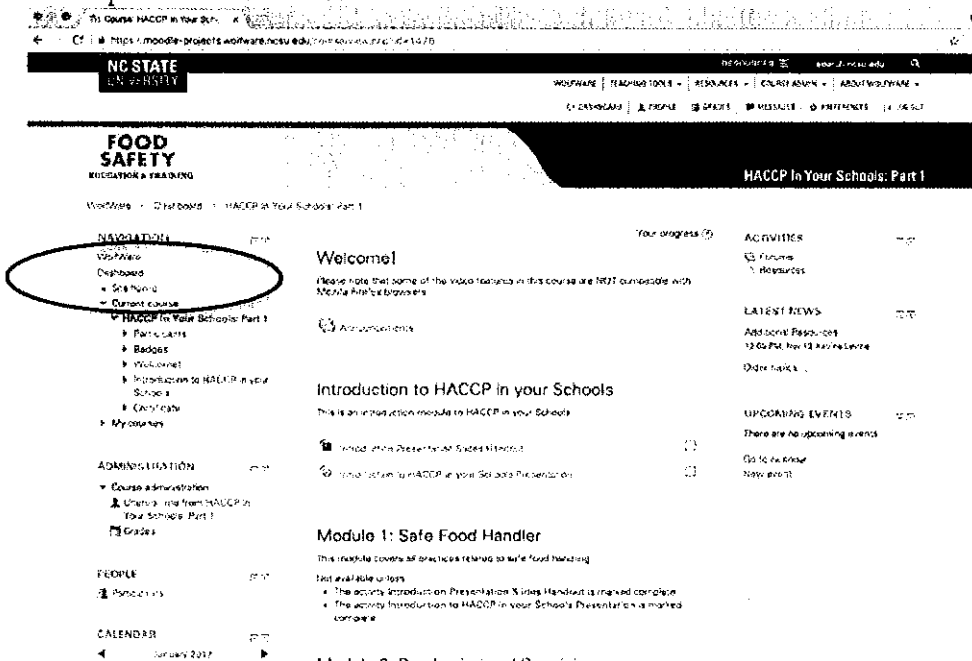
If you have not done so already, you should edit your profile page so that we can learn more about you:

<https://moodle-projects.wolfware.ncsu.edu/user/view.php?id=199795&course=1476>

- You may start or return to any module by clicking on the module name on the left side of the screen.



- You may go back and enroll in HACCP In Your Schools: Part 2 by clicking on "Site home" towards the top of the left side bar.



7. In the search bar, type in “HACCP In Your School”. This will take you to the courses page again.

The screenshot shows the Moodle Projects WolfWare interface. At the top, there's a navigation bar with links like WOLFWARE, TEACHING TOOLS, RESOURCES, COURSE ADMIN, and ABOUT WOLFWARE. Below this is a search bar. The main content area is titled "WolfWare" and displays "My courses". A search bar is present with the text "HACCP In Your" entered. The course list shows "HACCP In Your Schools: Part 1" with instructors Benjamin Chapman, Katrina Levine, and Audrey Malt. A red circle highlights the search bar area.

8. This time, select “HACCP In Your Schools: Part 2”. Click the red “Enroll me” button at the bottom to self-enroll as a student.


The screenshot shows the Moodle Projects WolfWare interface for the course "HACCP In Your Schools: Part 2". The page title is "Enrollment options". The course is listed with the instructor Katrina Levine. Under the "Self enrollment (Student)" section, there is a red "Enroll me" button highlighted with a red circle. The navigation bar at the top includes links like WOLFWARE, TEACHING TOOLS, RESOURCES, COURSE ADMIN, and ABOUT WOLFWARE. The left sidebar shows the course structure with "HACCP In Your Schools: Part 2" selected.

9. You have now enrolled in HACCP In Your Schools: Part 2. You should receive an email confirmation from the instructor.

Welcome to HACCP In Your Schools: Part 2

Inbox x



 Katrina Levine
to me

4:25 PM (1 minute ago)



Welcome to HACCP In Your Schools: Part 2!

If you have not done so already, you should edit your profile page so that we can learn more about you:

<https://moodle-projects.wolfware.ncsu.edu/user/view.php?id=199795&course=3149>

10. You will navigate through the part 2 modules like part 1. After you download the handout slides and watch the presentation, you will be able to take the quiz for that module. Quizzes have approximately 8-10 questions, and you must pass with an 85% or greater to receive credit for the module (don't worry, you're allowed many attempts to take each quiz). After you have gone through the module and passed the quiz, you will be able to print a certificate. If you are not wishing to complete all 4 credit hours now, you can download the individual certificate for each module (1 credit hour per module).

If you need to report completion of all 4 modules in Part 2 (4 credit hours total, 1 hour per module), you can receive a 4-hour certificate for Part 2 after filling out the evaluation linked at the bottom of the home page for this course. A link to download the certificate will be given at the end of the evaluation.

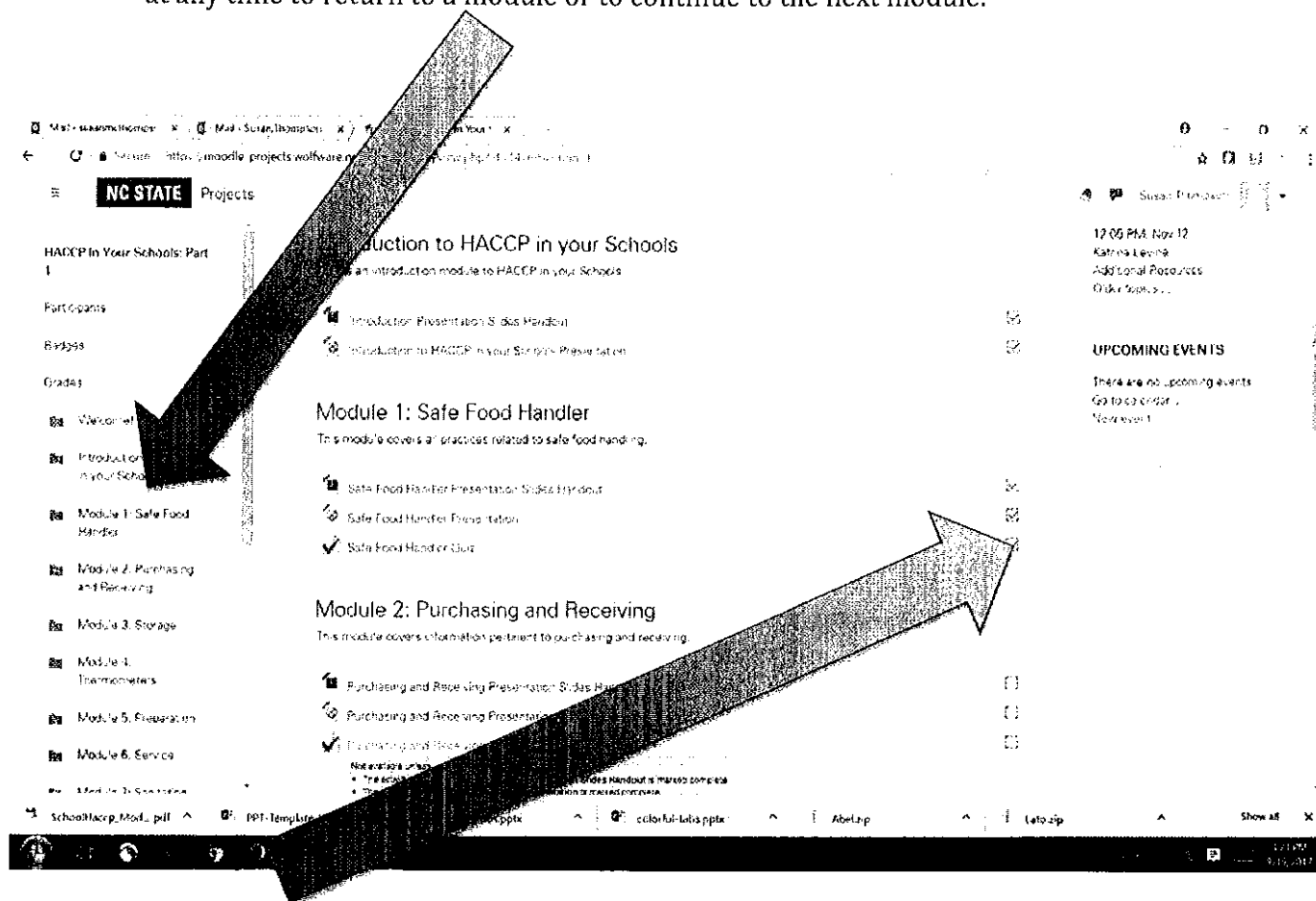
You can use the two 4-hour certificates (one each for part 1 and 2) when submitting proof of food safety core course to SNA for certification. Information about certification is found at the weblink below:

<https://schoolnutrition.org/certificate/>

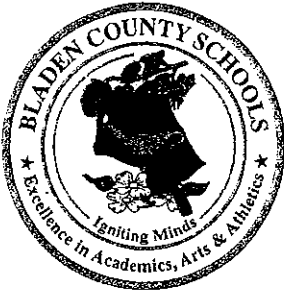
Notes:

- Log in at <https://moodle-projects.wolfware.ncsu.edu/> with your username and password when you want to start or return to the course.
- Some of the video features in this course are NOT compatible with Mozilla Firefox browsers. Consider using Google Chrome or Internet Explorer.

- Be sure to click the module name AFTER watching each video to be able to take the quiz and move to the next module. You can click on the Module Names on the left side of the screen at any time to return to a module or to continue to the next module.



- The first 2 blocks must contain check marks before one can attempt the quiz and move to the next module. You should access and download the handouts before you watch the presentation. If you have completed the 2 required tasks and check marks do not appear, refresh your screen with the F5 key, refreshing or reloading the web page, or log out and log in to the course again.
- A link to complete the evaluation will become available after passing all quizzes with a grade of 85% or higher. Participants are allowed many attempts to pass each quiz. After an unsuccessful attempt to pass, participants should review the rationale for each answer, watch and listen carefully to the presentation again, and ask questions of the manager or supervisor if still unclear about the material.
- After successfully completing all quizzes, complete the course evaluation and print your Certificate of Completion.
- After completion of Part 1, participants may complete Part 2. Completion of both Part 1 and Part 2 provides 8 hours of professional development and the certificates obtained may be used for School Nutrition Certification Food Safety Core Course requirements.
- Contact Susan Thompson at susan.thompson@dpi.nc.gov or 919-218-4090 with questions.



BLADEN COUNTY SCHOOLS

1489 US Hwy 701 South
Post Office Box 37
Elizabethtown, North Carolina 28337
Telephone (910) 862-4136 • Fax (910) 862-4277

AUTHORITY OF RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a North Carolina Criminal History Records Information check in connection with my application for employment or my employment with Bladen County Schools pursuant to N.S.G.S. 114-19.2.

I, the undersigned applicant/employee hereby expressly authorize the Bladen County Board of Education, its agents and employees to make any investigation of my personal or employment history, and/or state/federal criminal, law enforcement or traffic records. I further authorize any former employer, person, firm, corporation, credit agency, administrative body or governmental agency to give to the Board of Education, its agents or employees any information they may have regarding me. In consideration of the review of my employment application by the Bladen County Board of Education, its agents or employees, I hereby release the Board of Education and any and all providers of information to whom this release is sent, from any liability as a result of furnishing or receiving this information.

I, also understand that any falsification of information on my application for employment or in any personal interviews will be grounds for dismissal.

Last Name	First Name	Middle	Maiden

Social Security #	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in anyway for providing this information to the above named schools and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information.

Applicant's/Employee's Signature	Date



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	Zip Code
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: _____

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)

3-D Barcode
Do Not Write in This Space

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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
Bladen County Schools PO Box 37		Elizabethtown	NC <input checked="" type="checkbox"/> 28337

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):
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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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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	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Code of Ethics for Educators

Policy Code: 7305 Code of Ethics for Educators

To maintain the integrity of the educational environment, all educators must adhere to the following standards of profession conduct.

A. COMMITMENT TO STUDENTS

Educators serve in unique positions of trust with children and should aspire to be appropriate role models for all students. Accordingly, all educators must:

1. protect students from conditions within their control that circumvent learning or that are detrimental to the health and safety of students;
2. maintain appropriate relationships with students in all settings;
3. evaluate students and assign grades based on each student's demonstrated competency and performance;
4. discipline students justly and fairly, with care not to deliberately embarrass or harass any students;
5. comply with all rules and regulations concerning confidential information; and
6. refuse to accept significant gifts, favors or additional compensation that might influence or appear to influence professional decisions or actions.

B. COMMITMENT TO THE SCHOOL SYSTEM

Educators are entrusted with the important task of inspiring devotion to excellence and learning in children. Accordingly, all educators must:

1. utilize available resources to maintain a classroom environment that is conducive to learning and that promotes learning to the maximum extent possible;
2. acknowledge the diverse views of students, parents, legal guardians and colleagues;
3. refrain from proselytizing personal viewpoints that are outside the scope of professional practice;
4. sign all contracts in good faith and uphold contractual promises and duties to the best of ability; and
5. when acting in an administrative capacity:
 - a. act fairly, consistently and prudently when exercising authority over others;
 - b. follow appropriate procedures and regulations when evaluating other educator's work;
 - c. refrain from unlawful discrimination, retaliation, coercion or intimidation.

C. COMMITMENT TO THE PROFESSION

Educators should strive to maintain the respect and confidence of colleagues, students, parents, and the community. All educators must:

1. provide accurate information regarding employment credentials including licensure and prior employment
2. refrain from assisting others to provide untruthful information to employers; and

3. pursue growth and development in the practice of his or her profession and use that knowledge to improve the educational opportunities, experiences, and performance of students and colleagues.

Legal References: G.S. 115C-36, -47

Cross References: Prohibition Against Discrimination, Harassment and Bullying (policy 1710/4021/7230), Prohibition Against Retaliation (policy 1760/7280), Confidential Information (policy 2125/7315), Staff-Student Relations (4040/7310), Information Provided by Applicant or Employee (policy 7110)

Adopted: June 8, 2009

BLADEN COUNTY BOARD OF EDUCATION POLICY MANUAL

Bladen County Schools
Code of Ethics for Educators
Policy Code: 7305

Employee Agreement:

I have read the Bladen County Schools Code of Ethics for Educators. I understand and agree to follow the guidelines and regulations contained in this policy. I understand that violation of this policy could result in possible disciplinary action which may lead to termination of employment in accordance with Bladen County Schools' policies and state law.

Employee Name (please print): _____

Employee Signature: _____ Date: _____

***Bladen County School
School Nutrition Dress Code***

Uniforms/Clothing - All employees are to wear solid color uniform scrub pants, dresses, skirts or Capri pants. Tops should include solid or printed uniform scrub tops, solid knit polo tops, chef coats/shirts, approved school logo shirts or tops purchased by the SN Department. No jean or knit material, casual style or logos other than Bladen County Schools are allowed.

Hairnets/hats and aprons are considered part of the uniform and should be worn with the uniform. Shoes must be slip resistant and closed heel, toe and top of foot; they can be white or black in color. Schools are highly encouraged to match on a daily basis.

Personal Hygiene - School Nutrition requirements for hair and body are designed to promote a professional appearance, to decrease opportunities for employees to contaminate foods and to comply with North Carolina Environmental Health Department regulations.

1. Good personal hygiene practices must be followed each day.
 - a. Employees must take a bath daily.
 - b. Employees must be free from any undesirable body odor.
 - c. Uniforms must be clean, neatly pressed and free of body odor, perfume and cigarette smoke.
 - d. Shoes must meet the uniform requirements and be clean
 - e. Shoes must be leather or leather-like, closed toe, closed heel, top of foot should be covered and slip-resistance.
 - f. Hair must be clean and neatly styled.
 - g. Teeth and fingernails must be clean.
 - h. Men must be clean-shaven daily.
 - i. No strong perfumes or colognes should be worn to work.
2. Hair
 - a. Hair restraints must be worn by all employees in the kitchen or serving area and by employees preparing, serving or selling food.
 - b. All hair must be secured in a manner that prevents hair from falling and contaminating food or food preparation surfaces.
 - c. The hair restraint can be a hair net or a black or school logoed ball cap. The cap must not have a logo other than a school logo for the site specific school the employee currently works at. No visors.
 - d. The front of the hair – regardless of the length – must be secured so as not to fall in the food.
 - e. Collar length and longer hair must be secured under a hair net. A ball cap may be worn but a hair net must secure all hair under the ball cap. Long hair may be pulled back and secured in a bun or twist and covered with a hair net.
 - f. A hair restraint must cover the back and front of the head.
3. Fingernails
 - a. Fingernails harbor bacteria and may prevent proper hand washing.
 - b. Trimmed to be an appropriate length so they can be easily cleaned (1/8 inch from end of fingertip)
 - c. Clean and unpolished.

- d. Nail polish, artificial nail tips, gel nails, shellac nails and artificial fingernails are not permitted by North Carolina Health Department regulations.
- 4. Gum
 - a. Employees are not allowed to chew gum in the workplace.

Employee Sanitation

Sanitation and Safety Requirements: The HACCP Plan states that one cannot wear jewelry (other than a plain wedding band) on the hands and arms because they come in contact with food. The jewelry standards that are outlined in 2-4: Prerequisite Programs are minimum standards based on the 2009 FDA Food Code.

Morning Routine

- At the beginning of each workday, and before clocking in, each employee is to store their belongings in a locker or designated storage area and cover hair with hair net or ball cap (ball cap is to be plain black or have school logo).

Jewelry

- School Nutrition requirements for jewelry are designed to protect the safety of employees, to decrease opportunities for employees to contaminate foods and to comply with North Carolina Environmental Health Department regulations.

Rings

- Rings harbor bacteria and may prevent proper hand washing.
- Rings may also catch on equipment and cause injury to an employee. Therefore, employees are prohibited to wear rings other than a solid, smooth surfaced wedding band while working in the cafeteria.
- Employees may choose to wear a single band wedding ring that does not contain any stone or engraved/etching on the solid band
- If an employee *wears a* wedding band ring, gloves must be worn when the employee is preparing or serving foods.

Watches and Bracelets

- Watches may not be worn around the wrist in the kitchen.
- Bracelets cannot be worn while working in the cafeteria.

Necklaces and Earrings

- Necklaces and Earrings cannot be worn while working in the cafeteria

Body Piercing

- No nose, tongue, cheek, eye brow, etc. jewelry may be worn while working in the cafeteria.

Tattoos

- All tattoos must be covered while working in the cafeteria, either by clothing or cover-up makeup.

Bladen County Board of Education Policy Manual
Section 7000-Personnel
Policy Code: 7340 Employee Dress and Appearance

Policy Code: 7340 Employee Dress and Appearance

The board believes that the appearance and the conduct of its faculty are of supreme importance in establishing a positive image for education in the community and for presenting a good example for students. Therefore, the board affirms its expectation that all personnel will be professionally, neatly and appropriately attired for the work to be done. An employee's dress must not disrupt or distract from the educational process and must be in accordance with health and safety standards. The superintendent shall develop and communicate to employees guidelines for appropriate dress and appearance. Such guidelines may authorize the principal or department supervisors to develop specific dress or appearance requirements for each school or department.

Administrative and supervisory personnel shall set a good example in personal appearance and good manners and shall encourage and expect employees to dress in accordance with the board's expectations. An employee's supervisor will make an initial determination of whether an employee's dress or appearance is inappropriate. In making this determination, the supervisor will consider the following factors:

1. the nature of the work;
2. whether the dress is consistent with a professional environment;
3. health and safety factors;
4. the nature of the employee's public contact and the normal expectations of outside parties with whom the employee will work;
5. the employee's interaction with students;
6. the prevailing practices of other workers in similar jobs; and
7. any properly established guidelines for dress or appearance.

If the supervisor determines that the employee's dress or appearance violates the established guidelines or is hazardous to the health or safety of the employee, fellow employees or students, the supervisor shall counsel the employee regarding attire that is consistent with this policy and shall determine whether the employee is allowed to remain at work or must leave work to change his or her dress. Any failure to follow the supervisor's directive and/or blatant or repeated violations of this policy will subject the employee to disciplinary action up to, and including, dismissal.

Legal References: G.S. 115C-36, -47

Cross References:

Adopted: June 8, 2009

BLADEN COUNTY BOARD OF EDUCATION POLICY MANUAL

July 18, 2012

Bladen County Schools
Employee Dress Code and Appearance Policy
Policy Code: 7340

Employee Agreement:

I have read the Bladen County Schools Employee Dress Code and Appearance Policy. I understand and agree to follow the guidelines and regulations contained in Policy Code: 7340. I understand that violation of this policy could result in possible disciplinary action which may lead to termination of employment in accordance with Bladen County Schools' policies and state law.

Employee Name (please print): _____

Employee Signature: _____

Date: _____

Bladen County Schools electronic network services, herein referred to as the "BCS Network", has been established to allow access to the Internet and other electronic resources to assist in furthering educational goals, to support valid business uses and to provide for efficient work-related communication among employees. This access makes a vast amount of diverse information available to employees. Employees are defined as all teachers, administration and staff. This policy also applies to any non-students who are expressly authorized by Bladen County Schools to use electronic information resources, including, but not limited to, Board of Education members, contractors, consultants and temporary workers. The goal of the school system in providing the BCS Network is to provide resources and communication that support the educational objectives of the State of North Carolina and Bladen County Schools. It is a privilege, not a right, which is extended to students, employees and other authorized users within the school system's wide area network.

Access includes:

- Information, news and resources from businesses, libraries, educational institutions, government agencies, research institutions and a variety of other sources
- Telecommunications with individuals and groups around the world
- Project participation with other schools

Because the Internet provides access to computer systems located all over the world, users must understand that Bladen County Schools cannot control the content of the information available. With access to this resource comes additional responsibility for the employee or authorized user. Some of the information is controversial and sometimes offensive; however, the valuable information and interaction accessible on this worldwide network far outweigh the possibility that users may find inappropriate material. Bladen County Schools does not condone the use of such materials and takes reasonable precautions to filter access to these materials. Anyone using the BCS Network is required to sign an Acceptable Use Policy, which will be kept as a permanent record. School system employees and authorized users must be aware that access to the BCS Network will be withdrawn from those individuals who do not respect the rights of others or who do not follow the rules and regulations established by the Bladen County Schools Employee Acceptable Use Policy.

BCS Network Rules and Regulations

1. Acceptable Use: The BCS Network is to be used in a responsible, efficient, ethical and legal manner and must be in support of the educational objectives and the Code of Ethics for North Carolina Educators. Transmission of any material in violation of any federal or state regulations is prohibited.

Unacceptable use includes, but is not limited to the following:

- Violating copyright/trademark laws

- Using peer-to-peer file sharing software programs (e.g., Napster, Limewire)
- Unauthorized access to social networking sites (e.g., MySpace, Hi5, Facebook)
- Forwarding personal communications without the author's prior consent
- Using threatening or obscene material
- Distributing material protected by trade secret
- Utilizing the Internet for commercial purposes
- Providing political campaign information
- Using offensive or harassing statements or language including profanity, vulgarity and/or disparagement of others based on race, national origin, sex, sexual orientation, age, disability and religious or political beliefs
- Changing settings on computers and peripherals
- Disrupting the use of the BCS Network
- Connecting unauthorized devices to the BCS Network
- Streaming non-educational music and videos
- Using web proxies to bypass Internet content filtering for access to blocked web sites
- Accessing programs or computer equipment not designated for employee use, including hacking and other unlawful activities
- Playing non-educational games
- Displaying, distributing or printing offensive pictures, language or graphics

Deliberate violation of the BCS Network acceptable use will result in disciplinary action up to and including termination of employment and the employee may be held personally liable for his/her action.

2. Internet Rules: Users must abide by network etiquette rules. These rules include, but are not limited to the following:
 - Be polite – rudeness is never acceptable
 - Do not reveal any personal information, such as address or phone number, about yourself or anyone else
 - Assume that all communication and information accessible via the BCS Network is private property
3. Privileges: The use of the BCS Network is a privilege, not a right. Inappropriate use will result in cancellation of user privileges and any other penalty determined appropriate by the Superintendent or designee, including without limitation, suspension or termination. No reference to any specific penalty in this policy shall limit the authority of the Superintendent's designee to impose any other or additional penalties or timelines determined to be appropriate as a consequence for violation of this policy consistent with Bladen County Schools policies and state law.
4. Disclaimer: Bladen County Schools will not be responsible for any damages suffered, including loss of data resulting from delays, service interruptions or inaccurate information.

The user accepts personal responsibility for any information obtained via the BCS Network, including the sharing of personal information such as home address or financial information.

5. Security: Security on any computer system is a high priority, especially when the system involves many users. Attempts to login to the system as any other user or to share a password should be reported immediately to an administrator and not demonstrated to other users. Such attempts to fraudulently login and failure to report such attempts will result in cancellation of user privileges. If a security problem is identified, notify an administrator at the school. Do not demonstrate the problem to other users. Note that electronic mail is not guaranteed to be private; system operators have access to all mail. Messages relating to or in support of illegal activities will be reported to the authorities.
6. Vandalism: Vandalism will result in cancellation of user privileges. Vandalism is defined as any malicious attempt to harm or destroy equipment and/or data or anyone connected to the BCS Network. This includes, but is not limited to: uploading, creating or transmitting computer viruses/spyware.

**Bladen County Schools
Employee Acceptable Use Policy**

Employee Agreement:

I have read the Bladen County Schools Employee Acceptable Use Policy. I understand and agree to follow the rules and regulations contained in this policy. I understand that any violation of this policy will result in the loss of access privileges and possible disciplinary action in accordance with Bladen County Schools policies and state law.

I hereby release Bladen County Schools, its personnel and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of, or inability to use, the BCS Network, including, but not limited to claims that may arise from the unauthorized use of the network to purchase products or services.

Employee Name (please print) _____

Employee Signature: _____ Date: _____

Anyone using Bladen County Schools network services is required to sign an Acceptable Use Policy, which will be kept as a permanent record.

NC-4EZ

Employee's Withholding Allowance Certificate

Social Security Number

Marital Status

 First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

 M.I.

 Last Name

_____ Single _____ Head of Household _____ Married or Qualifying Widow(er)

Address

County (Enter first five letters)

City

State

Zip Code (5 Digit)

Country (If not U.S.)

FORM NC-4EZ: Please use this form if you:

- Plan to claim the N.C. standard deduction
- Plan to claim no tax credits or only the credit for children
- Prefer not to complete the extended Form NC-4
- Qualify to claim exempt status (See lines 3 or 4 below)

Important: If you are a nonresident alien you must use Form NC-4 NRA.

You may complete Form NC-4, if you plan to claim N.C. itemized deductions, federal adjustments to income, or N.C. deductions.

If you do not plan to claim the credit for children, enter zero (0) on line 1. If you plan to claim the credit for children, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on line 1. For married taxpayers, only 1 spouse may claim the allowance for the credit for each child.

Single & Married Filing Separately

Married Filing Jointly & Qualifying Widow(er)

Head of Household

Income	# of Children under age 17									
	1	2	3	4	5	6	7	8	9	10
	# of Allowances									
0-20,000	0	1	2	3	4	5	6	6	7	8
20,001-50,000	0	1	2	2	3	4	4	5	6	6

Income	# of Children under age 17									
	1	2	3	4	5	6	7	8	9	10
	# of Allowances									
0-40,000	0	1	2	3	4	5	6	6	7	8
40,001-100,000	0	1	2	2	3	4	4	5	6	6

Income	# of Children under age 17									
	1	2	3	4	5	6	7	8	9	10
	# of Allowances									
0-32,000	0	1	2	3	4	5	6	6	7	8
32,001-80,000	0	1	2	2	3	4	4	5	6	6

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above) _____

2. Additional amount, if any, withheld from each pay period (Enter whole dollars) _____ .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:

- Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and
- This year, I expect a refund of all State income tax withheld because I expect to have no tax liability

Check Here ☐
 4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in the state of _____ (Enter state of domicile) Check Here ☐

If line 3 or line 4 above applies to you, enter the effective year 20 ____

 5. I certify that I no longer meet the requirements for exemption on line 3 ☐ or line 4 ☐ (Check applicable box)

Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on line 1 and any amount entered on line 2.

Check Here ☐

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature

Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or 4, whichever applies.

Form W-4 (2018)

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

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • 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					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ▶	
9 First date of employment				10 Employer identification number (EIN)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____
B	Enter "1" if you will file as married filing jointly	B _____
C	Enter "1" if you will file as head of household	C _____
D	Enter "1" if: <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	D _____
E	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 \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E _____
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F _____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G _____
H	Add lines A through G and enter the total here	H _____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These 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. See Pub. 505 for details	1 \$ _____
2	Enter: <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately 	2 \$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____
5	Add lines 3 and 4 and enter the total	5 \$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6 \$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____
9	Enter the number from the Personal Allowances Worksheet , line H above	9 _____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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			
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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.

Authorization Agreement for Direct Deposit

Bladen County Schools
P.O. Box 37, Elizabethtown, NC 28337

☐ NEW

☐ CHANGE

☐ CANCEL

Social Security No. _____

Employee Name (please print) _____

Name of Bank _____

Bank Location _____

Routing Number _____ Account Number _____

FOR DEPOSIT TO (indicate ***ONLY*** one):

☐ CHECKING ACCOUNT

☐ SAVINGS ACCOUNT

*ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT OR A DEPOSIT SLIP FOR SAVINGS ACCOUNT
(Central Office Use Only)*

ATTACH
Voided Check or Deposit Slip

I hereby authorize Bladen County Schools and the financial institution shown to deposit my pay directly to my account each pay period. If funds to which I am not entitled are deposited to my account, I authorize Bladen County Schools to direct the bank to return said funds.

Signature _____

Date _____