

ROSS-PIKE COUNTY BOARD OF EDUCATION
STAFF EMERGENCY NOTIFICATION FORM

Name _____  _____

Address _____

Social Security # _____

In case of emergency, please notify:

Physician _____  _____

Dentist _____  _____

Other persons:

Name _____ Relationship _____

Address _____  _____

Name _____ Relationship _____

Address _____  _____

Any pre-existing condition? Yes No

If yes, please explain _____

In the event that we are unable to contact the above named physician and/or person(s), and I am unable to respond for myself, I hereby authorize transfer to and treatment in the emergency facilities of any reasonable accessible hospital.

Signature

Date

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 \$	
6 Additional amount, if any, you want withheld from each paycheck		6		7	
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		7		7	
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.)				9 First date of employment	
				10 Employer identification number (EIN)	

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at any time if the number of your exemptions **increases**.


You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of
Taxation**

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed _____
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
3. Exemptions for dependents _____
4. Add the exemptions that you have claimed above and enter total _____
5. Additional withholding per pay period under agreement with employer _____ \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____



ROSS-PIKE Educational Service District

ROSS-PIKE EDUCATIONAL SERVICE DISTRICT

475 Western Avenue ▪ Suite E
Chillicothe ▪ OH 45601
Phone: 740/702-3120 ▪ Fax: 740/702-3123

P.O. Box 578
Piketon ▪ OH 45661
Phone: 740/289-4171 ▪ Fax: 740/289-4542

City Tax Liability

Name

Social Security Number

Street

City/State/Zip

In accordance to Amended Substitute House Bill No. 108, I hereby authorize the Ross-Pike County Educational Service District to deduct the following city income tax from my earnings:

1. I am liable for _____ tax because I **WORK** there.
City
2. I am liable for _____ tax because I **LIVE** there.
City

It will be my responsibility to file a city tax form accounting for the time I spend in different sections of the city.

It will also be my responsibility to advise my employer of any change in my work location that would alter the above. I acknowledge that I may be liable for city taxes where I reside.

Signature

Date

For Fiscal use only:

City Code _____ Rate _____



ROSS-PIKE

Educational Service District

ROSS-PIKE EDUCATIONAL SERVICE DISTRICT

475 Western Avenue ▪ Suite E
Chillicothe ▪ OH 45601
Phone: 740/702-3120 ▪ Fax: 740/702-3123

P.O. Box 578
Piketon ▪ OH 45661
Phone: 740/289-4171 ▪ Fax: 740/289-4542

Public School District of Residence

We are required by Ohio law (Ohio Revised Code Section 5747.06E) to ask all employees for the public school district of residence. This provides us with the necessary information to withhold the school income tax. It also helps us prepare for income taxes that may be added for other school districts in the future.

Please fill out, sign and date this form. Your exemptions are the same for school district withholding as they are for state income tax withholding purposes.

Return the completed document to the Payroll Department.

Public School District of Residence Employee Withholding Certificate

Name _____
Social Security Number _____
Street Address _____
City/State _____
Public School District of Residence _____
District Number _____

It will be my responsibility to advise my employer of any changes that would alter the above.

Signature of Employee

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: _____

3-D Barcode
Do Not Write in This Space

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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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

STOP Employer Completes Next Page **STOP**

Need a copy of your Drivers License & Social Security Card for this form.

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:				<div style="border: 1px solid black; padding: 5px;"> 3-D Barcode Do Not Write in This Space </div>
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

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

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

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

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

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

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:
---	--------------------	--

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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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.



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746

614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

MEMBERSHIP RECORD

PART A - TO BE COMPLETED BY MEMBER

____-____-____

SOCIAL SECURITY NUMBER

LAST NAME FIRST MIDDLE MAIDEN

PERMANENT MAILING ADDRESS:

STREET

MALE
 FEMALE

CITY

STATE

ZIP

DATE OF BIRTH: MONTH DAY YEAR

E-MAIL ADDRESS:

PHONE NUMBER: ()

SINGLE
 MARRIED
 DIVORCED
 WIDOWED

FAMILY DATA

LAST NAME

FIRST

MIDDLE OR MAIDEN

DATE OF BIRTH MONTH/DAY/YEAR

SPOUSE:

CHILDREN:

FATHER:

MOTHER:

JOB CLASSIFICATION *Mark one box only:*

- Administrative
- Educational Aide
- Supplemental (Coach, Advisor, Etc.)
- Clerical/Secretarial
- Food Service
- School Board Member
- Custodial/Maintenance
- Transportation
- Other

If an employee of the schools through an outside contract company:

Name of contract company: _____

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER		BENEFIT			
School Employees Retirement System of Ohio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor
Cincinnati Retirement System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Service	<input type="checkbox"/> Disability	<input type="checkbox"/> Survivor

Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.

MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE: _____

DO NOT PRINT

DATE: _____

PART B - TO BE COMPLETED BY EMPLOYER

ROSS-PIKE COUNTY ESD

SCHOOL DISTRICT

ROSS

COUNTY

7 1

COUNTY

0 0 1

DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30): _____

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

AUTHORIZED OFFICER'S SIGNATURE: _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____
Employer Name ROSS-PIKE COUNTY ESD Employer ID# 71-001

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Ross-Pike County Educational Service District

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Ross-Pike County Educational Service District hereinafter called District, to initiate electronic transfer entries to my bank accounts indicated below and the Financial Institution named below to credit and/or debit the same to such account.

Checking Account #: _____ Routing #: _____

Financial Institution: _____

Address: _____ Phone Number: _____

AND/OR

Savings Account #: _____ Routing #: _____

Financial Institution: _____

Address: _____ Phone Number: _____

PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION

I have verified that the routing/transit number and account number are valid and correct.

This authority is to remain in full force and in effect until the District has received written notification from me of it's termination in such time and in such manner as to afford the District a reasonable opportunity to act.

Employee Name: _____

Employee Signature: _____ Date: _____

100% of your pay will go into your account listed above on payday. However, you can designate part of your pay to go directly to your savings account by listing a percentage or fixed dollar amount below:

Checking: _____

Savings: _____



ROSS - PIKE COUNTY EDUCATIONAL SERVICE DISTRICT

475 Western Avenue ▪ Suite E
Chillicothe ▪ OH 45601
Phone: 740/702-3120 ▪ Fax: 740/702-3123

P.O. Box 578
Piketon ▪ OH 45661
Phone: 740/289-4171 ▪ Fax: 740/289-4542

Dear Employee:

In an effort to continue to save time and money in the business office, we will be sending your "check stubs" to you via email. You have the option to enter 2 email addresses if you wish.

You may also send your email address to bmiller@rpesd.org

The email "check stub" does not include your social security number or your bank account numbers.

Your Name: _____

Email Address: _____

2nd Email Address: _____

If you have any questions, please feel free to contact either myself or Beth Miller.

Sincerely,

Erin Kirby
Treasurer/CFO

MEMO

TO: ALL EMPLOYEES
FROM: TREASURER'S OFFICE
SUBJECT: STAFF HANDBOOK

The Ross-Pike ESD Staff Handbook can be found on our website at <http://www.rpesd.org/>, under forms and links.

Please read the handbook and follow the link at the bottom of the last page to electronically submit your acknowledgment.

MEMORANDUM

TO: Hourly Employees
FROM: Erin Kirby, Treasurer
SUBJECT: Payroll Dates

Work dates from the 1st to the 15th of the month will be paid on the 30th of the month.

Work dates from the 16th to the end of the month will be paid on the 15th of the next month.

If the pay date falls on a weekend, the pay date becomes the Friday before the weekend.

If the pay date falls on a holiday, the pay date becomes the business day before the holiday.

Employees (Aides and Attendants) submit timesheets through ProcessMaker Campus 2.0

Subs will be paid based on the Absence Management report (AESOP) and do not need to submit a timesheet for jobs accepted through this system.

*Please be advised if a paper time sheet is being submitted, it **MUST** be in the Business Office, with all signatures, by the 15th and the 30th or you will be paid on the **next** payroll cycle.