

# **THE ALEXANDER CITY BOARD OF EDUCATION**

## **PAYROLL HANDBOOK**



## INTRODUCTION

Whether you have just joined our staff or have been at the Alexander City Board of Education for a while, we are confident that you will find our school system a dynamic and rewarding place in which to work, and we look forward to a productive and successful association. We consider the employees of the Alexander City Board of Education to be one of its most valuable resources.

There are several things to keep in mind about this handbook. First, it contains only general information and guidelines. It is not intended to be comprehensive or to address all the possible applications of, or exceptions to, the general policies and procedures described. You should address your specific questions to the Payroll Department.

The procedures, practices, policies and benefits described here may be modified or discontinued from time to time. We will try to inform you of any changes as they occur.

Some subjects described in this handbook are covered in detail in official policy documents. Refer to these documents for specific information because the handbook only briefly summarizes those guidelines and benefits.

## EMPLOYEE CLASSIFICATION CATEGORIES

All employees are designated as either non-exempt or exempt under state and federal wage and hour laws. The following is intended to help employees understand employment classifications and employees' employment status and benefit eligibility.

- **Non-exempt employees** are employees whose work is covered by the Fair Labor Standards Act (FLSA). They are NOT exempt from the law's requirements concerning minimum wage and overtime.
- **Exempt employees** are generally managers or professional, administrative or technical staff who ARE exempt from the minimum wage and overtime provisions of the FLSA. Exempt employees hold jobs that meet the standards and criteria established under the FLSA by the U.S. Department of Labor.

## ATTENDANCE

All leave must be scheduled with one's supervisor in advance through the AESOP system. Sick leave may be used in the case of emergency or sudden illness without prior scheduling. Refer to the Local School Accounting Manual for more detail information in completing the leave request in AESOP.

## COMPENSATION

All regular personnel shall be paid in accordance with salary or hourly wage schedules as adopted by the Alexander City Board of Education, provided the salary schedule for certified staff is no less than 100 percent of the State Minimum Salary Schedule.

The procedures for implementing the approved salary schedule shall be developed and published by the Superintendent upon approval of the Board of Education. Such procedures and published information shall include, but is not limited to, calculations of experience for placement on the salary schedule.

Contract principals may be placed on the School System's salary schedule for principals or may be employed under a negotiated contract.

Compensation in the form of supplements may be paid for supplemental duties in accordance with the Board-approved supplemental salary schedule. Such supplemental duties are not considered to be a part of a teaching contract or appointment, and no tenure, continuing service status, non-probationary status or contractual right to continued employment or compensation for supplemental assignment will be recognized or implied in the absence of a separate written contract of employment providing for such rights.

Supplements can be paid with the monthly payroll or in a lump sum payment after the duties are fulfilled. The employee will be notified at the time the supplement contract is signed whether the payment will be on a twelve (12) month basis or as a lump sum payment.

All supplements must be approved by the Alexander City Board of Education. No school employee may receive a supplement directly from a booster club or organization.

## **PAYROLL PROCEDURES**

Payroll checks, in the form of direct deposits, shall be released on the last Friday of the last week of the month on a twelve (12) month basis. New employees may elect a thirteen (13) month payment plan for the first year of employment. All employees, including substitutes, shall be required to sign up for direct deposit and shall submit a valid email address for payroll direct deposit notifications. Employees may access their direct deposit via the web Employee Portal at <https://alx.innovak.net>. Employees may only access this website within the District's internet service. Employees may be paid to either a savings or checking account at the financial institution of their choice.

### **Salary Deductions**

The Alexander City Board of Education will make salary deductions including federal income tax, state income tax, retirement, etc., in accordance with applicable laws and regulations.

The Alexander City Board of Education will approve salary deductions when 35% of employees or groups of employees request such deductions as provided by law. The deductions shall be made from salaries and shall be remitted to the appropriate recipient as specified and in a timely manner following each deduction.

New authorization for payroll deductions may be added during open enrollment or upon state required enrollments.

Upon termination, amounts owed under the authorization of an employee shall be deducted from an employee's final pay.

When amounts have been correctly deducted and remitted by the Alexander City Board of Education, the Alexander City Board of Education shall bear no further responsibility or liability for further transactions. The Board shall not be liable for any error while acting in good faith to make the subject deductions.

Whenever an employee is separated from the system prior to the end of the contract period, the terminal pay shall be computed on a per diem basis.

The School System will deduct teacher retirement contributions for all employees eligible for participation in the State Teacher Retirement System according to applicable laws and regulations. Any questions concerning your retirement can be addressed with the TRS representative at the link listed below.

<http://www.rsa-al.gov/index.php/members/trs/>

The School System may make other deductions as a service to employees when requested, in writing, by the employee and approved by the Superintendent. Such deductions must be permissible by law and shall be made only with written authorization of the employee and shall remain in effect until cancelled in writing by the employee.

Employees are responsible for submitting, on time and in writing, correct information for all authorizations for starting, continuing, changing, and stopping payroll deductions. A copy of payroll forms is included in the Appendix section of this Handbook but can also be found on the financial web site at the link listed below under the payroll section.

<http://www.alexcityschools.net/Default.asp?PN=DocumentUploads&L=2&DivisionID=22509&DepartmentID=26724&LMID=1091941&ToggleSideNav=ShowAll>

In the event of a lost paycheck, the Payroll department must be notified in writing as soon as possible and before a replacement check can be issued. An email shall serve as a valid form of notification. In the event the lost paycheck is recovered and the company identifies the endorsement as that of the employee, the employee must remit the amount of the replacement check to the company within 24 hours of the time it is demanded.

If an employee's marital status changes or the number of exemptions previously claimed increases or decreases, a new Form W-4 must be submitted to the Payroll department.

No salary advances will be made.

## **Time Reporting**

Exempt and Non Exempt employees are expected to submit a timesheet each month reflecting time worked and/or leave taken. Time reporting will be done via the electronic time and attendance system or TES.

- **Non Exempt Employees (hour-paid):**

Timesheets are the official records that support compensating non-exempt employees.

Timesheets shall contain the employee's name, workweek, and work schedule (if not a standard schedule).

Non-exempt (hourly-paid) employees report time worked and all absences with and without pay including sick leave, vacation leave, holidays, military leave, jury duty, voting time, administrative leave, and compensatory time off. Time worked shall be recorded in 2-hour increments to the nearest ¼-hour.

Records of overtime worked each day shall be maintained. Overtime worked must be calculated at the end of the workweek either as overtime earned at the straight-time rate or as overtime earned at the premium rate. For more information refer to Overtime Calculations in the Time and Attendance Procedures manual.

Compensatory time off (Comp Time) records shall distinguish between Comp Time that was earned at either the straight time rate or the premium rate.

- **Exempt Employees (salaried):**

Because exempt employees are paid a predetermined, established salary each pay period and are not paid based upon hours worked, they shall not be required to record their work time or adhere to strict attendance record keeping requirements for purposes of receiving their salary but rather to record time absent from work in determining leave taken.

Exempt employees record all absences with and without pay in ½-day and whole day increments only.

Absences of less than ½-day shall not be charged against accrued hours.

When an employee has exhausted all available accrued leave, their salary shall be reduced for number of absences at the employee's daily rate.

## **Meal Periods**

The scheduling of meal periods at the Alexander City Board of Education is set by the employee's immediate manager with the goal of providing the least possible disruption to company operations.

## **Mandatory Meal Period**

Non-exempt employees who work at least 6.00 consecutive hours will be provided a meal break not to exceed 60 minutes. The meal period will not be included in the total hours of work per day and is not compensable. **Non-exempt employees are to be completely relieved of all job duties while on meal breaks and must clock out for meal periods.**

## **Compensatory Time (non-exempt employees)**

Compensatory (comp) time occurs when an employee works more than his/her scheduled work hours during a work week. It is the intent of the Alexander City Board of Education that each employee adhere to his/her work schedule; however, there may be times when the immediate supervisor of an employee may request him/her to begin work before or work beyond the normal work day/week. If this occurs, the employee shall earn comp time for the time he/she works. Recorded comp time will be possible only in minimum time units of one-half hour.

For an employee to earn comp time, it should always be approved by the immediate supervisor prior to working beyond the regular work day. The immediate supervisor shall record earned comp time on an approved form and shall give the employee a copy within one week from the day the work was performed.

Under the Fair Labor Standards Act (FLSA), non-exempt employees may accrue up to 240 hours of compensatory time. An employee who has accrued compensatory time shall, upon termination of employment, be paid for the unused compensatory time at a rate the higher of:

- the average regular rate received by such employee during the last 3 years of the employee's employment, or
- the final regular rate received by such employee

The approval and use of comp time will have no relationship whatsoever to payroll of the Alexander City School System employee. Comp time may be granted only to non-exempt employees whose job titles or responsibilities indicate that the position is non-supervisory; however, comp time may be granted to all Central Office non-supervisory employees by the Superintendent. Comp time will be awarded at a rate of one and one-half times the amount of time worked when time worked within the work week is over forty (40) hours. Any approved comp time under forty (40) hours will be exchanged hour for hour of comp time.

Employees who anticipate the need for overtime to complete the week's work must notify the supervisor in advance and obtain approval before working hours that extend beyond their normal schedule.

During busy periods employees may be required to work extended hours.



## **Overtime (non-supervisory personnel)**

It is the intent of the Alexander City Board of Education for its employees to perform the necessary tasks of their jobs during the regular designated work week. However, there may be certain circumstances, in the best interest of students and the school system, when emergencies would necessitate that certain employees work beyond their designated work week. However, the option to receive pay rather than compensatory time must be approved by the immediate supervisor and the Superintendent.

Overtime should always be requested by the immediate supervisor and approved by the Superintendent on the approved form for overtime. Verbal approval should be given by the immediate supervisor at the time the work is done; however, an immediate follow-up written request must be forwarded to the Superintendent for approval within one working day after the work has been performed. Overtime pay may be granted only to non-exempt employees whose job titles or responsibilities indicate that the position is non-supervisory.

Payment for overtime shall be made to the appropriate Alexander City School System employees at the next regular pay period if submitted prior to the deadline for the pay period.

## **TIME OFF/LEAVES OF ABSENCE**

### **Vacation**

Vacation days may only be earned by 12-month employees, and may not be carried over from calendar year to calendar year.

Full-time employees, who have worked twelve (12) months or more within the Alexander City School System, shall be allocated vacation leave as follows:

- For 1-14 years of employment = 10 days of vacation leave
- For 15-24 years of employment = 15 days of vacation leave
- For 25 or more years of employment = 20 days of vacation leave

Full-time employees with less than twelve (12) months of employment with the Alexander City School System shall be allocated vacation leave based on his/her hire date as follows:

- January 1 through March 31 = 7 days of vacation leave
- April 1 through June 30 = 5 days of vacation leave
- July 1 through September 30 = 2 days of vacation leave
- October 1 through December 31 = 0 days of vacation leave

Vacation leave days may be used at any time throughout the school year with the approval of the employee's immediate supervisor and the Superintendent with the understanding that the efficient operation of the School System must be a priority.

All vacation days must be used prior to effective resignation date. The School System shall not make cash payments for unused vacation days.

All vacation leave requests must be approved through the AESOP system.

## **Family and Medical Leave**

In compliance with the Family and Medical Leave Act of 1993, eligible full-time Alexander City School System employees (who have worked 12 months and worked 1,250 hours during a 12-month period) are entitled to take up to twelve (12) weeks unpaid leave a year for the following reasons:

- The birth of the employee's child;
- The placement of a child with the employee for adoption or foster care;
- To care for the employee's spouse, child, or parent who has a serious health condition; A serious health condition rendering the employee unable to perform his/her job; or
- Other request as approved by the Alexander City Board of Education.

Employees are to provide at least thirty (30) calendar days' notice, if possible, of their intention to take leave. Medical certification that the leave is needed is required for the employee's own serious health condition or that of a family member. The Alexander City Board of Education will continue the employee's health insurance under the same conditions as if the employee were working. Upon returning from leave, the employee will be restored to the same or equivalent position with equivalent pay, benefits, and other terms and conditions of employment.

Procedures for the implementation of this policy shall be developed at the direction of the Superintendent and shall be published in accordance with federal, state, and local laws and regulations.

All family and medical leave requests must be approved through the AESOP system.

## **Military Family and Medical Leave**

### **Military Caregiver Leave**

- An eligible employee of the Alexander City Board of Education shall be granted up to a total of 26 work weeks of unpaid military family and medical leave during any single

12-month period to care for a spouse, son, daughter, parent, or next of kin of a covered service member with a serious injury or illness;

- A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness;
- An eligible employee means one employed with the school system for at least 12 months during which time the employee worked at least 1,250 hours;
- A serious injury or illness is one that was incurred by a service member in the line of duty on active duty that may render the service member medically unfit to perform the duties of his or her office, grade, rank, or rating;
- The "single 12-month period" for leave to care for a covered service member with a serious injury or illness begins on the first day the employee takes leave for this reason and ends 12 months later, regardless of the 12-month period established by the Alexander City Board of Education for other types of FMLA leave;
- An eligible employee is limited to a combined total of 26 workweeks of leave for any FMLA-qualifying reason during the "single 12-month period." Only 12 of the 26 weeks total may be for a FMLA-qualifying reason other than to care for a covered service member.

### **Qualifying Exigency Leave**

- An eligible employee shall be granted up to a total of 12 workweeks of unpaid leave during the normal 12-month period established by the Alexander City Board of Education for FMLA leave for qualifying exigencies arising out of the fact that the employee's spouse, son, daughter, or parent is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation. Qualifying exigency leave is available to a family member of a military member in the National Guard or Reserves; it does not extend to family members of military members in the Regular Armed Forces.
- Qualifying exigencies include:
  - Issues arising from a covered military member's short notice deployment (i.e. deployment on seven or less days of notice) for a period of seven days from the date of notification;
  - Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active duty or call to active duty status of a covered military member;
  - Certain childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate

need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member;

- Making or updating financial and legal arrangements to address a covered military member's absence;
  - Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the need for which rises from the active duty or call to active duty status of the covered military;
  - Taking up to five (5) days of leave to spend time with a covered military member who is on short-term temporary, rest and recuperation leave during deployment;
  - Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of a covered military member;
  - Any other event that the employee and employer agree is a qualifying exigency.
- Spouses employed by the same employer are limited to a combined total of 26 workweeks in a "single 12-month period" if the leave is to care for a covered service member with a serious injury or illness and for the birth and care of a new born child, for placement of a child for adoption or foster care, or to care for a parent who has a serious health condition.
  - Military FMLA leave may be taken intermittently whenever medically necessary to care for a covered service member with a serious injury or illness. FMLA leave also may be taken intermittently for a qualifying exigency arising out of the active duty status or call to active duty of a covered military member. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the school system's operation.
  - Appropriate and verifiable documentation of the qualifying exigency, military status, and relationships of the individual(s) seeking military FMLA leave may be requested.

All military family and medical leave requests must be approved through the AESOP system.

## **Military Leave**

All Alexander City School System employees are entitled to military leave of absence when ordered to active duty for training as members of the Alabama National Guard or any

component of the U.S. Armed Forces. Employees, who volunteer, are drafted or are ordered to extend active duty with any component of the U.S. Armed Forces shall be entitled to reinstatement to their former positions or comparable positions if the right is exercised in a timely manner as noted below.

**Military Leave for Training -or Short-term Duty -** Employees who are required to attend annual training or special active duty shall not suffer any loss of salary during the first twenty-one (21) days of such absence in any calendar year. Alexander City School System employees who are ordered for such duty shall provide one copy of their orders to the Superintendent. Leave will be without loss of benefits. These arrangements shall apply to any "military call-ups."

**Reinstatement to Positions after Extended Duty -** Alexander City School System employees who volunteer, are drafted or called to active duty for extended periods will be placed on Military Leave of Absence upon written application and be entitled to reinstatement to their former or similar positions upon their return and under the following conditions:

- They must not have remained on active duty beyond their first opportunity for honorable or general release;
- They must report to claim reinstatement within ninety (90) days after completion of such service (31 days in case of individuals who undergo only six (6) months active training or less).

A maximum of three (3) years of experience credit for placement on the school system salary schedule may be granted for service in the U.S. military.

All military family and medical leave requests must be approved through the AESOP system.

### **On-the-Job Injury**

Any Alexander City School System employee shall be entitled to on-the-job injury leave for a period not to exceed ninety (90) working days per fiscal year when he/she has to be absent from work because of a personal injury received in the discharge of his/her duties.

To be considered for on-the-job injury leave, the following conditions shall be met:

The employee must provide written testimony or evidence that his/her injury was received in the line of duty;

- The employee shall be required to supply written certification from a medical doctor who treated the patient, stating that in his/her opinion, there is a strong probability that the illness was contracted at the work site. The Alexander City Board of Education may at its expense require a second medical opinion;
- The employee must file a written claim as required by the employer.

The employee or, if incapacitated, another person knowledgeable of the situation shall notify the supervisor within twenty-four (24) hours of the occurrence of the injury.

The supervisor or his/her designee shall notify the Superintendent of the injury on the date of occurrence and follow-up with a written report including all documentation concerning the injury.

All on-the-job leave requests must be approved through the AESOP system.

### **Jury-Witness Duty Leave**

An employee of the Alexander City Board of Education who is summoned as a member of a jury panel may be granted leave with pay. Any jury fees may be retained by the employee. The Board shall not reimburse the employee for meals, lodging, and travel expenses incurred while serving as a juror.

An employee who is subpoenaed as a witness, not involving personal litigation, may be granted temporary leave. Any witness fees may be retained by the employee. The Board shall not reimburse the employee for meals, lodging, and travel expenses incurred while serving as a witness.

When an Alexander City School System employee is subpoenaed in line of duty to represent the Board as a witness or defendant, he/she may retain any fees received from the court. In the event no fees are received from the court, he/she may be paid for meals, lodging, and travel expenses.

When an Alexander City School System employee is released from jury service and/or court appearances, he/she is to report promptly (same day if possible) to the employment positions.

All jury-witness duty leave requests must be approved through the AESOP system.

### **Personal Leave of Absence**

All Alexander City School System employees will receive two (2) personal leave days funded by the state as authorized by state law. In addition, the Board will pay the costs for a substitute for one (1) additional day for a total of three (3) personal leave days at no cost to the employee. An employee may take up to two (2) additional personal leave days for which the employee's pay shall be reduced by the amount paid a substitute.

When the two state-funded personal leave days are not used, Alexander City School System certified employees may receive, upon written request, compensation at the same daily rate paid for their substitute. Otherwise, unused personal leave days will be converted to sick leave days in July.

Personal leave is non-cumulative and requires no justification from the employee. The Superintendent shall establish and publish procedures for documenting personal leave by employees.

All personal leave requests must be approved through the AESOP system.

### **Professional Leave and Leave for Training**

Professional Leave - Professional leave may be granted to personnel for participation in educational activities related to instructional improvement in the Alexander City School System.

Leave for Training - Leave for training shall be granted to support personnel to participate in activities that will enrich the Alexander City School System's program and improve skills or understandings of the employee.

An employee absent for professional leave **should not** clock in for the hours they are absent.

All professional leave and leave for training requests must be approved through the AESOP system.

### **Displaced Duty Leave**

Displaced Duty Professional Leave - Professional leave may be granted to personnel for participation in activities not directly related to the **instructional** improvement in the Alexander City School System but will improve skills or understanding of a non-instructional program.

Displaced Duty Leave for Training - Leave for training shall be granted to personnel to participate in activities that are part of the employee's regular daily responsibility or is part of the employee's supplemental responsibility.

An employee absent for Displaced Duty **should** clock in if they are traveling inside the school system. However, if an employee is absent for Displaced Duty and is traveling out of the school system, the employee **should not** clock in for the hours he/she is absent.

All displaced duty requests must be approved through the AESOP system.

### **Sick or Bereavement Leave**

All full-time, regular employees accrue sick leave from the date of hire, for a total of 9 days per year for 187 day (9-month) and 202 day (10-month) employees and 12 days per year for 240 day (12-month) employees.

Sick leave is defined as the absence from regular duty by an employee because of the following:

- Personal illness or doctor's quarantine;
- Incapacitating personal injury;
- Death in the family of the employee (parent, spouse, child, sibling, parent-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, grandchild, grandparent, uncle or aunt);
- Where unusually strong personal ties exist because of an employee's having been supported or educated by a person of some relationship other than those listed, this relationship may be recognized for leave purposes. In such cases the employee concerned shall file with the Superintendent a written statement of the circumstances which justify an exception to the general rule;
- Attendance to an ill member of the immediate family (parent, spouse, child, sibling) of the employee, a person standing in loco parentis, or an individual with a close personal tie.

Alexander City School System employees shall be allowed to accumulate an unlimited number of sick leave days.

A new employee may transfer unused earned sick leave from another Alabama school board, as permitted by law, upon certification by the previous employer.

See Policy 6.71 for Alexander City School System Sick Leave Bank provisions.  
All sick or bereavement leave requests must be approved through the AESOP system.

## **Maternity Leave**

An employee of the Alexander City School System shall be eligible for maternity leave in accordance with the following provisions:

- Maternity leave shall be without pay, except that accumulated sick leave days and/or personal leave days may be utilized in accordance with law when pregnancy has been confirmed.
- Maternity leave normally shall not extend over a period of time exceeding twelve (12) calendar months. Requests for maternity leave, for periods exceeding twelve (12) months for extraordinary circumstances (extended illness, complications, etc.), will be considered by the Board.
- Maternity leave shall become effective under ordinary circumstances when (1) the employee requests and has such leave approved by the Board, and/or (2) the attending physician notifies the Board that it is in the best interest of the teacher to take such a leave.
- Maternity leave ends, under ordinary circumstances, when (1) the employee requests to return to work, and/or (2) the attending physician determines the employee is able to return to work.



- Maternity leave shall not be counted as experience in the determination of placement on the salary schedule, except that an employee who has served at least ninety (90) days during that scholastic school year shall be placed on the salary schedule on the step she would have reached had she completed the full year.
- An employee, on return from maternity leave, shall be restored to her former position. She shall maintain her tenure status and all accruable benefits, except that, days are not to be accrued for sick leave, personal leave, or annual leave while on maternity leave without pay.

All maternity leave requests must be approved through the AESOP system.



# APPENDIX

**AUTHORIZATION AGREEMENT  
DIRECT DEPOSITS  
ALEXANDER CITY BOARD OF EDUCATION**

**I hereby authorize the Alexander City Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.**

**PRIMARY ACCOUNT:**

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

**SECOND ACCOUNT: Amount to deposit\$** \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

**THIRD ACCOUNT: Amount to deposit\$** \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

This authority is to remain in full force and effect until Alexander City Board of Education has received written notification from me of its termination in such time and manner as to afford the Alexander City Board of Education and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

EMPLOYEE NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM.**

**ALEXANDER CITY BOARD OF EDUCATION**

**Address Change**

Name Shown on Payroll: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

New Phone #: \_\_\_\_\_

Social Security #: \_XXX-XX-\_\_\_\_\_

School or Location: \_\_\_\_\_

Job Position or Title: \_\_\_\_\_

I give permission to have my address changed on all of my employee records and files.

\_\_\_\_\_

\_\_\_\_\_

Employee's signature

Date

Please notify your school payroll secretary of any changes.

**Employee:** Complete Form A-4 and file it with your employer. Otherwise, tax will be withheld without exemption.

**Employer:** Keep this certificate on file. If an employee is believed to have claimed more exemptions than that which they are legally entitled to claim, the Department should be notified. Any correspondence concerning this form should be sent to the AL Dept of Revenue, Withholding Tax Section, PO Box 327480, Montgomery, AL 36132-7480 or by fax to 334-242-0112. Please include contact information with your correspondence.

**Penalties: Section 40-18-73, Code of Alabama 1975.** Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A-4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

**Exempt Status: Military Spouses Residency Relief Act.** This exemption applies to a spouse of a US Armed Service member who is present in Alabama in compliance with military orders and who maintains domicile in another state. Employee should provide their employer with valid military identification and a copy of a current leave and earnings statement or Form DD-2058. Complete line 6 on front of Form A-4 if you qualify for this exemption.

**Exempt Status: No tax liability.** An exemption from withholding may be claimed if you filed an Alabama income tax return in the prior year, had a zero tax liability on that return, and you anticipate a zero tax liability on your current year return. If you had any tax withheld in the prior year and did not receive a full refund of that amount, you will not qualify and should complete the front of Form A-4.

**CHANGES IN EXEMPTIONS:** You may file a new certificate at any time if the number of your exemptions INCREASE. You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming exemption is divorced, legally separated, or claims her or his own exemption on a separate certificate.
- (b) You no longer provide more than half of the support for someone you previously claimed a dependent exemption for.

DECREASES in exemption, such as the death of a spouse or dependent, will not require the filing of a new exemption certificate until the following year.

**DEPENDENTS:** To qualify as your dependent (Line 4 on other side), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

PLEASE CUT HERE

FORM  
**A-4** REV. 11/10

ALABAMA DEPARTMENT OF REVENUE  
Employee's Withholding Exemption Certificate



EMPLOYEE'S FULL NAME		SOCIAL SECURITY NO.	
HOME ADDRESS	CITY	STATE	ZIP CODE
SIGNED		DATE	

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. See reverse side for penalty details.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A-4 and file it with your employer. ....
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed. Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption. ....
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed. Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption. ....
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. See instructions for dependent qualifications. ....
5. Additional amount, if any, you want deducted each pay period. .... \$
6. **Exempt Status:** If you meet the conditions set forth under the Military Spouses Residency Relief Act and will have no Alabama income tax liability, skip lines 1-5, write "EXEMPT" on line 6, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 for the documentation you must provide to your employer in order to qualify. ....
7. **Exempt Status:** If you had no Alabama income tax liability last year and you anticipate no Alabama income tax liability this year, you may claim an exemption from Alabama withholding tax. Skip lines 1-6, write "EXEMPT" on line 7, sign and date Form A-4 and file it with your employer. See instructions on the back of Form A-4 to be sure you qualify. ....

**LINE 8 BELOW TO BE COMPLETED BY YOUR EMPLOYER**

8. TOTAL EXEMPTIONS (Example: Employee claims "M" on line 3 and 2 on line 4. Employer should use column headed M-2 in the Withholding Tax Tables and Instructions for Employers.) .....		
EMPLOYER NAME	EMPLOYER FEIN	EMPLOYER STATE ID

# 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](http://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](http://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.

**File 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](http://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](http://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.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2018</b>
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 <b>both</b> of the following conditions for exemption.				
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul>				
If you meet both conditions, write "Exempt" here				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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶				
<b>Date</b> ▶				
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)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form **W-4** (2018)



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

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

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

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

SICP **Employer Completes Next Page** SICP





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

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

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		HR & Benefits Coordinator
Brasell		Gail		Alexander City Schools
Employer's Business or Organization Address (Street Number and Name)			City or Town	State
375 Lee St.			Alexander City	AL
			ZIP Code	35010

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**ALEXANDER CITY BOARD OF EDUCATION**

**Name Change** (A Copy of your new social security card must accompany this form to change your name.)

Present Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_XXX-XX-\_\_\_\_\_

School or Location: \_\_\_\_\_

Job Position or Title \_\_\_\_\_

I give permission to have my name changed on all of my employee records and files.

\_\_\_\_\_

Employee's signature

Date

Please notify your school payroll secretary of any changes.



**ALEXANDER CITY BOARD OF EDUCATION  
OVERTIME/"COMP" TIME REQUEST FORM**

Nature of duty: Check type of duty requested (you may choose only one): \_\_\_\_\_ paid overtime  
\_\_\_\_\_ "comp" time

Notes:

1. Hours worked in excess of 40 hours per week are calculated at "time and one-half" and must be approved in advance. This applies to paid overtime and "comp" time.
2. "Comp" time must be used by the end of the Fiscal Year in which the "comp" time is earned and approved.
3. Paid overtime applies to non-certified non-exempt employees only.
4. "Comp" time applies to non-certified non-exempt employees only.

Employee Name \_\_\_\_\_

Dates(s) of extra duty \_\_\_\_\_

Date(s) "comp" time will be used \_\_\_\_\_

Estimated time in hours to complete task \_\_\_\_\_

Justification for overtime/"comp" time \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's/Supervisor Signature

\_\_\_\_\_  
Date

# BUSINESS OFFICE STAFF

## Chief School Financial Officer

Rhonda Blythe  
[rblythe@acsk12.net](mailto:rblythe@acsk12.net)

(256) 234-8610

## Bookkeeper/Payroll

Andrea Allen  
[aallen@acsk12.net](mailto:aallen@acsk12.net)

(256) 234-8608

## Accounts Payable

Natalie Kelly  
[nkelly@acsk12.net](mailto:nkelly@acsk12.net)

(256) 234-8606