

EMPLOYMENT PROCESS

- 1. Completed Application**
- 2. Completed Availability Form / Proof of Education/License – (Highest Degree Received)**
- 3. Completed Payroll Forms: I-9 (copy of Driver's License & Social Security Card or Birth Certificate / Passport) & W-4, Direct Deposit, e-stub information**
- 4. Physical – Coffee County Schools Medical Certification Form – Signed by Physician or Nurse Practitioner**
- 5. Background Waiver, Privacy Rights & Fingerprint Instructions**
- 6. Drug Test Consent Form & Drug Test Information**
- 7. Sign Confidentiality Agreement (FERPA)**
- 8. New Hire Training Acknowledgement**
- 9. Handbook Agreement**
- 10. Satisfactorily completing the required "Substitute Teacher Training/Orientation"**

A candidate is not eligible to substitute until all requirements listed have been completed. Your name will not be added to the Substitute List by anyone (including Principals) until ALL requirements have been met through the Central Office. Coffee County Schools reserves the right to deny employment to any applicant. Substitute teachers can be terminated from service at any time.

The Employment Process must be completed within two (2) months of the Substitute Training Day in order to be added to the Substitute Teacher List.

The Central Office will not keep Incomplete Employment information past this two month period. All materials will be shredded due to identity information precaution.

Name: _____ Date: _____

Email Address: _____

Please Check the days you are available to work:

DAYS:	Check if can work:	Comments:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please check the schools that you wish to substitute at:

Schools:	Check:	Comments:
Coffee County Central High		
Red Raider Academy		
Coffee County Middle School		
Koss Center		
Deerfield Elementary		
East Coffee Elementary		
New Union Elementary		
Hillsboro Elementary		
North Coffee Elementary		
Hickerson Elementary		

Please circle highest level of education:

(Must provide proof of all education to receive pay)

High School Diploma/GED or Associates Degree /Degree Non-Certified \$60

Degree Certified Teaching Degree (License Active) \$75

Please circle if you are interested in substituting/working in the following:

-ESP After School Program

-Food Service

-Excellence at East (E@E)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

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

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

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

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

Preparer and/or Translator Certification (check one):

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

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

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



Must attach copy of the following for the I-9 form:

-Driver License & Social Security Card or Birth Certificate
or Passport

Copies cannot be made at the Central Office. Please
have copies made prior to dropping off packet.

Thank you,

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Company Name: Coffee County Schools

I (we) hereby authorize Coffee County Schools, hereinafter called COMPANY, to initiate credit entries to my checking/savings account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account.

Depository Name (Bank): _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Please indicate type of Account: _____ **Checking Account**

_____ **Savings Account**

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ SS# _____
(Please print)

Signature _____ Date _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH VOIDED CHECK HERE

Note: If you do not have a check, you need a letter from your banking institution with routing number and account number.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5:
Sign Here

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

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

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

EASY SETUP FOR E-STUBS!!!!

After your first payroll, follow the steps below to have access to your paycheck stub:

STEP 1: Employee Portal Login

You can access your account from any Internet connected computer by typing the website <https://www.my-estub.com> into the address bar.

- Click on Employee Portal
- Enter your User ID: Use all caps (CCS + five zeros + employee number + first four letters of first name)
- Enter your Default Password: CCS001 (Use all caps)

STEP 2: Create your own Secure Password (passwords are case sensitive!!!!)

To format your new password, use the following guidelines:

- Between 8 – 20 Characters
- At least 1 Capital Letter
- At least 1 Lowercase Letter
- At least 1 Number
- Must have 1 Special Character: !@#\$%^&*()-=+.,/<>?

STEP 3: Choose your Security Questions

- Click on the Choose a question drop down menu to choose from the list of questions.
- Once you select your question, type your answer in the Security Answer box below.
- Repeat the same for the Second Security Question and click Next.

STEP 4: Choose your Email Delivery Options

You have the option to receive email alerts notifying you when your pay stub is ready to view. We can also send your stub as a secure, password protected PDF file to your email.

- Choose Email
- Enter your email address
- A confirmation code will be sent to validate your email address
- Choose one of the following options:
 - Do not send my stub, notify me when it's available or,
 - Send my stub as a password protected PDF file.
- On-line Tax Form Use Option – we do not utilize at this time. Skip and select Next

STEP 5: Choose your Text Message Notifications

If you'd like to receive your pay information directly to your cell phone:

- Choose Activate Text Message Notifications
- Pick up to 6 options
- Select your Cellular Provider
- Enter your Cellular Number
- Click Finish!

STEP 6: View your Pay Stubs

Your Electronic Pay Advice Listing is a menu of all your available pay stubs

- Each pay stub is listed on your account for 48 months from the date of posting

To select a stub to view, click on the blue Trans ID number next to the Payment Date



COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

MEDICAL CERTIFICATION

NAME _____

DATE _____

Please Print Name

Tennessee Code Annotated 49-5-404 states in part: "No person shall teach in any school that has contagious or communicable diseases in such form as might endanger the health of school children and any teacher must submit to a physical examination by competent physicians, when so required by the local board of education."

YES _____

NO _____

Is the employee in good health?

YES _____

NO _____

Is the employee at low risk for tuberculosis?

YES _____

NO _____

The employee has no communicable disease which would impact the health and safety of students.

If any answer is "NO", the employee will be required to submit a full physical examination including tuberculin skin test or x-ray.

Physician or Nurse Practitioner Name _____

Please Print Name

Signature of Physician or Nurse Practitioner

Date

rev:04/19/2018sl



COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

Waiver Agreement and Statement for Criminal History Checks

This form must be completed and signed by every current or prospective employee, volunteer and contractor/vendor, for whom criminal history records are requested by a qualified entity.

I hereby authorize COFFEE COUNTY SCHOOLS to submit a set of fingerprints through the TBI vendor to the Tennessee Bureau of Investigation (TBI), for the purpose of accessing and reviewing Tennessee and national criminal history that may pertain to me directly from the FBI, pursuant to 28 CFR, Sections 16.30-16.34. By signing this Waiver agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to entity locations. I further understand that, upon request, you will provide me with a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor or subcontractor.

A national criminal history background check on me is being requested by:

Coffee County Schools

1343 McArthur St

Manchester, TN 37355

I have or have not been convicted of a crime. If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one):

Employee

Volunteer

Contractor/Vendor

YES I have or NO I have not received a copy of the *Applicant's Privacy Rights*.

Signature: _____

Date: _____

Printed Name: _____

DOB: _____

Address: _____

City: _____

State: _____

Public Chapter 1006:

In addition to the mandatory TBI/FBI criminal history records checks conducted at the time of initial employment for teachers or any other position that requires proximity to children, the new law adds the requirement that LEAs conduct criminal history checks for required employees every 5 years.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).



IdentoGO
BY IDENTIX

State Schools/Colleges Use Only

Tennessee Applicant Processing Services Form

\$35.15

Substitute Teachers

To schedule your ten-minute fingerprint appointment, simply visit <https://tn.ibtfingerprint.com> and enter the following Service Code

28TYBF

When prompted, please enter the following ORI:

Service Code and ORI are unique to your hiring/licensing agency

Do not use these codes for another purpose

As a primary form of picture identification, one of the following valid and unexpired documents is required to be presented to the enrollment agent when being fingerprinted:

- **Driver's License issued by a State or outlying possession of the U.S.**
- **State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency**
- **Commercial Driver's License issued by a State or outlying possession of the U.S.**
- **U.S. Passport**

However, in the absence of one of these documents, applicants may provide one or more Secondary Documents including:

- State Government Issued Certificate of Birth
- US Active Duty/Retiree/Reservist Military ID Card (000-10-2)
- Passport
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- INS I-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Current Utility Bill (Address)
- Voter Registration Card
- Current Vehicle Registration Card/Title
- Current Paycheck Stub with Name/Address
- Cancelled Check or Current Bank Statement
- Social Security Card



Don't have access to the Internet? You can still schedule an appointment by calling 855.226.2937



COFFEE COUNTY BOARD OF EDUCATION
1343 McArthur Street
Manchester, TN 37355
Office: 931 -723-5150 Fax: 931 -723-5153

New Employee Drug-Test Consent Form

Coffee County Schools is a Drug Free Workplace

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Coffee County Schools in the selection process of applicants for employment, for the purpose of determining the drug content thereof. I agree that *Physician Medical Walk-In Care, Tri-County Drug Screen, or Fast Pace Urgent Care* may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis. I further agree to and hereby authorize the release of the results of said tests to Coffee County Schools. I understand that it is the current illegal use of drugs and/or abuse of alcohol that prohibits me from being employed at Coffee County Schools. I further agree to hold harmless the Coffee County Schools and its agents (including the above named physicians or clinics) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Coffee County Schools' consideration of my employment application. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant Name _____ Date _____

Please Print

Applicant Signature _____

SSN (last four) _____

DOB: _____

Effective July 1, 2015

Rev:04/19/2018sl

Coffee County Board of Education
1343 McArthur Street
Manchester, TN 37355
Phone: 931-222-1060 fax: 931-723-8285

Coffee County Schools is a TN Drug Free Workplace

A drug test must be completed at one of the facilities within ten (10) business days of meeting with Human Resources.

(Coffee County Schools Policy 5.403 and pursuant to T.C.A. section 50-9-100 et.seq.)

Family Urgent Care 909 Hillsboro Blvd Manchester, TN (931) 723-1705 or (931) 723-3355	Drug Test Cost: \$30.00
Fast Pace Urgent Care 1415 Hillsboro Blvd Manchester, TN 37355 (931) 954-5605	Drug test Cost: \$50.00

02/27/2020sl



COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, Tennessee 37355

Telephone - 931-723-5150 Facsimile - 931-723-8285

Coffee County Schools

Student Privacy Statement and Confidentiality Agreement

Student Privacy and Confidentiality

Students in the Coffee County Schools have the right to expect that information about them will be kept confidential by all staff. Additionally, the U.S. congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as "FERPA**"). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution which disseminates a student's education records without his or her parent's consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the administrators at your school. Even when discussing a student with those who are directly involved in a student's education, such as a teacher, principal, or guidance counselor, you may not share otherwise confidential information with them unless it is relevant to the student's educational growth, safety, or well-being.
- You may not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a student's care, is the only exception). Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student's teacher or principal.
- Parents, friends, or community members may in good faith ask you questions about a student's problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of your own family or the student's family.
- Before you speak, always remember that violating a student's confidentiality isn't just impolite, it's against the law!

Agreement

I, (print name) _____, as an employee of *Coffee County Schools* agree never to disclose information about a student's records to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student's education to authorized school department employees.

Signature: _____

Date: _____



COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

Coffee County Schools New Hire Training Acknowledgement

Drug Free Agreement/Training

(All Employees yearly)

Drug Free Powerpoint Training

Bloodborne Pathogens Training

(All Employees yearly)

Bloodborne Pathogens Powerpoint

Homeless & Foster Care Training

(All Employees yearly)

Homeless Training

Suicide Training

(All Employees yearly)

Jason Foundation

FERPA

(All Employees yearly)

FERPA Video

Bullying/Harassment

(All Employees yearly)

Discrimination/Harassment of Employees (Sexual, Racial, Ethnic, Religious)
Student Discrimination/Harassment and Bullying/Intimidation and Cyberbullying

Human Trafficking

(All Employees yearly)

Introduction to Human Trafficking for Tennessee Educators

***As a new employee for Coffee County Schools, I verify that I will complete the above trainings that apply to my position in Coffee County Schools within the first 30 days of employment. An email will be sent to your school or personal email account with the above trainings and links. ***

Name (print) _____ Date: _____

Signature _____

School _____ Position _____



COFFEE COUNTY BOARD OF EDUCATION

Dr. Charles Lawson, Director of Schools

1343 McArthur Street

Manchester, Tennessee 37355

lawsonc@k12coffee.net

Telephone - 931-723-5150 Facsimile - 931-723-8285

Substitute Teacher Handbook Agreement

By signing below, you agree to read the

Coffee County Schools Substitute Teacher Handbook.

This handbook is not an employment contract. Every situation and/or question cannot be anticipated and may or may not be answered in this handbook.

As law, policies and procedures change, the employer reserves the right to make necessary revisions, changes or eliminate any of the policies and/or benefits described in this handbook. Before relying upon provisions set out herein, it is the employee's responsibility to check with the employer to see if any changes have occurred.

Print Name

Date

Signature



COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, TN 37355

Telephone-931-723-5150 Facsimile-931-723-8285

Coffee County Schools Handbook Agreement

By signing below, you agree to read the *Coffee County Board of Education Handbook* that is on our website www.coffeecountyschools.com under Human Resources/Documents &Form, within the first month of employment.

This handbook is not an employment contract. Every situation and/or question cannot be anticipated and may or may not be answered in this handbook.

As law, policies and procedures change, the employer reserves the right to make necessary revisions, changes or eliminate any of the policies and/or benefits described in this handbook. Before relying upon the provisions set out herein, it is the employee's responsibility to check with the employer to see if any changes have occurred.

Employee Name (print)

Date

Employee Signature



COFFEE COUNTY BOARD OF EDUCATION

1343 McArthur Street

Manchester, Tennessee 37355

Phone - 931-723-5150 Fax - 931-723-8285

Dear Substitute Teachers,

Welcome to the Coffee County School System! We hope you will enjoy your time with our students and staff. Please keep your information current by following these simple instructions:

- 1) Go to the district website at <http://www.coffeecountyschools.com/>
- 2) Click on the link **Substitute Portal** (located near the bottom of the side toolbar)
- 3) To log-in use: Username: CoffeeCo Password: SUBS
- 4) Click on your name in the drop down box
- 5) Enter your 'PIN' (last 4-digits of your social security number)
- 6) Click on 'My Contact Info'. (Instructions are listed on the top right hand side of the computer screen.)

Enter/update all information in the orange highlighted areas:

- *phone numbers – home & cell
 - *cell phone provider
 - *home email address
 - *days willing to work (all days or available days – make sure there is a check beside the days willing to work and uncheck any days not available to work).
 - *schools
- 7) CLICK 'SUBMIT' when information is complete. This will save all your information.
 - 8) Click 'Substitute Menu' to return to the main menu.
 - 9) To prevent you from getting contacted on days you are **not available** to work, you may want to remove these dates from your work calendar by choosing 'I Am Not Available'. When you click on a date, it will be highlighted in red then click submit for it to be removed from your list of dates available to substitute. Keep doing this step repeatedly until all are removed.
 - 10) CLICK 'SUBMIT' when information is complete. This will save all your information.
 - 11) Click 'Substitute Menu' to return to the main menu.
 - 12) To see a report of your scheduled days, click 'My Scheduled Days'. Any days you have agreed to work when the coordinator calls will show up on this list. You will also receive a confirmation email of the scheduled day.
 - 13) The next report 'My Days Worked' will show all the days worked this school year. This will also help you keep record of the specific days you are getting paid for on your paycheck. Please remember you are paid the 15th of each month for the prior calendar month's service.

Now that you have completed updating your information, the following are the steps that will take place in order for you to be contacted and accept an assignment:

- 1) The teacher will contact the substitute coordinator.
- 2) The coordinator will select the substitute from the information you have provided in the proceeding steps. When the coordinator clicks on your name, your contact information (phone numbers) will display. ***(You need to keep your contact information current.)***
- 3) The coordinator will call you to see if you are available to sub on the date needed.
- 4) If you accept the coordinator will click an icon 'Accept'. At this time, you and other designated personnel at the school will receive a confirmation email of the scheduled day. This day will also appear on your 'My Scheduled Days' report.
- 5) If plans change, the coordinator can also edit and/or delete a scheduled absence. If this occurs, you will be sent an email and the change will appear on your 'My Scheduled Days' report.

At any time, if you do not wish to continue substituting with our system or would like to be placed on an inactive list, please call Janet Morgan at 222-1061 or email her at morganj@k12coffee.net. Please contact Janet if you have any other questions.

Lisa Myers, Finance Director

Janet Morgan, Payroll Specialist