

WEB ACCEPTABLE USE POLICY AGREEMENT FORM

THE FOLLOWING MUST BE COMPLETED BY ALL APPLICANTS AND APPROVED BY THE DISTRICT PRIOR TO ANY USE OF THE DISTRICT'S WEBSITE SECTIONS.

Applicant's Name: _____

(Please print)

Department/Building/Program: _____

Home Address: _____

Home Phone Number: _____

Purpose of Project or Information Posted: _____

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1. I acknowledge that I have received, read and fully understand the Londonderry School District's Digital Technology/Electronic Media Acceptable Use Policy.
 2. It is clear to me that use of the District's "technology resources", specifically the District's website sections, is designed for educational purposes only.
 3. I am responsible for any and all information that I am posting on the District's website sections.
 4. I agree to ensure information accuracy, relevance and timeliness.
 5. I agree to notify the administration whenever changes are to be made to these pages.
 6. I understand that all information or files stored in the District's website sections directory will be served to the World Wide Web and thus, are open to inspection by the District.
 7. I understand that my violation of the Londonderry School District Digital Technology/Electronic Media Acceptable Use Policy may result in the restriction, suspension or cancellation of access privileges and may result in other disciplinary action, civil liability or criminal prosecution by the appropriate authorities.
 8. I understand that I am using the District's technology resources, specifically the District's website sections, at my own risk.
 9. I hereby release, indemnify and hold harmless the Londonderry School District, its staff and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my use of or inability to use the District's technology resources, specifically the District's website sections.
 10. I certify that the information contained in this form is true and accurate.

Applicant's Signature: _____ Date: _____

Administrator's Signature: _____ Date: _____

APPROVED: _____ DECLINED: _____

(Please send copy to Human Resources)

LONDONDERRY SCHOOL BOARD

Adopted: January 22, 2002

Amended: September 7, 2004

Amended: May 6, 2008

Updated: August 4, 2011

Adopted: October 22, 2013



**Londonderry School District
268C Mammoth Road
Londonderry, NH 03053**

CONFIDENTIALITY REQUIREMENT

The undersigned employee/volunteer/substitute of the Londonderry School District hereby acknowledges that all personally identifiable student information shall be kept confidential in accordance with the requirement of the Family Educational Privacy Act (FERPA). Specifically, all personally identifiable student information obtained from student records, observations, student work product, or by any other means, shall only be shared with parents of the student in question, other individuals with appropriate written authorization, or with other school officials that have a legitimate educational interest in such information. If the undersigned employee/volunteer/substitute has any question as to whether or not such information may be shared in accordance with this requirement, it is incumbent upon the employee/volunteer/substitute to seek the assistance of his/her immediate supervisor. Violation of this Confidentiality Requirement may result in discipline, up to and including termination or disqualification from continued service with the Londonderry School District.

Signature

Date

Print

LONDONDERRY SCHOOL BOARD

Instructions for Livescan Fingerprinting

- Call **(603) 223-3867** and ask to be scheduled for an applicant fingerprinting. Please inform Theresa with the date and time of your appointment when you arrive at the District Office with your completed documents from online.
- Complete the following highlighted areas only on the Criminal Record Release Authorization Form and bring it to the District Office to be notarized. **Please do not sign it until the Notary is present.** You will need this notarized form to bring to the DMV.
- **By Appointment Only:** You must arrive 10 minutes prior to your scheduled time. Arriving more than 10 minutes late will require you to reschedule. Expect the process to take approximately 20 minutes. A 24-hour notice is required for all cancellations.
- **Two Locations:**

Manchester DMV Substation 377 South Willow Street Manchester, NH 03103	Department of Safety Building 33 Hazen Drive/ First Floor, Rm 124 Concord, NH 03305
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- **Hours of operation for both locations:**
 - Monday – Friday 8:30 a.m. to 3:30 p.m.
- **Required Documents:**
 - **Photo identification** (*If the volunteer/employee is under the age of 18 and does not have a driver's license, they need to bring their school I.D. that has a picture on it, as well as, a birth certificate or passport. The school I.D. alone is not sufficient.*)
 - **Completed Criminal Record Release Authorization Form.** (This will be notarized at the Londonderry School District Office.)
- **Payment:**
 - Check or Money Order: \$47.00 for Employees and \$30.75 for Volunteers and Interns
 - (Credit Cards only accepted at the Concord location)

Volunteers, Coaches: Please submit your receipt to the District Office for reimbursement.

Questions: Theresa Bertrand @ 432-6920 X1101

**LONDONDERRY SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION OF PAYROLL**

START	STOP	CHANGE
NAME (PLEASE PRINT)	LOCATION	
EMPLOYEE ID #	PRIMARY PHONE #	

1st ACCOUNT (PRIMARY)

2ND ACCOUNT

Name of Bank

Name of Bank

City State

City State

CHECKING SAVINGS

CHECKING SAVINGS

BANK ROUTING NUMBER (9 DIGITS)

BANK ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

- ENTIRE AMOUNT
- FIXED AMOUNT \$ _____
- BALANCE OF NET PAY
- BALANCE DUE IN PRINTED CHECK

ACCOUNT NUMBER

FIXED AMOUNT \$ _____

PLEASE ATTACH A VOIDED CHECK FOR ACCURATE ACCOUNT INFORMATION

I here by authorize the Londonderry School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the financial institution indicated. I further authorize the financial institution named to credit and/or debit such account. I understand that this authorization remains in effect until the Londonderry School District receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Londonderry School District and my financial institution a reasonable time to act on it.

YOUR SIGNATURE

DATE

ANY CHANGES REQUIRE PRE NOTIFICATION. DO NOT ASSUME THAT YOUR DIRECT DEPOSIT WILL BE IMMEDIATELY AVAILABLE.

Permanent Employees will receive electronic payroll notification via email at your **Londonderry.org** address. The electronic notification is formatted exactly as your current printed version (includes: wages, taxes, sick/vacation days, other deductions, etc.) The notification will be an attachment to an email sent by payroll_hr@londonderry.org. To open the Adobe PDF attachment you will need to enter the last four digits of your Social Security Number as your password. You will then be able to print or save this notification to file in a location of your choice.

Non Permanent Employees will be able to access their payroll notification thru Employee Self Service (ESS).



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

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

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

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

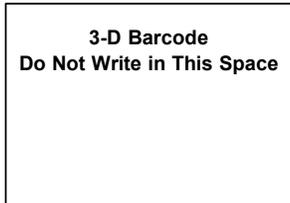
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: _____,

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR Generalist	
Last Name (Family Name) Thomson	First Name (Given Name) Melissa	Employer's Business or Organization Name Londonderry NH School District		
Employer's Business or Organization Address (Street Number and Name) 268C Mammoth Rd.		City or Town Londonderry	State NH	Zip Code 03053

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LONDONDERRY SCHOOL DISTRICT
268C Mammoth Road
Londonderry, NH 03053
603-432-6920

New Hire Paperwork

I, the undersigned employee, have received notification forms for the following:

- 403 B Retirement Plan Notification
- New Health Insurance Marketplace Coverage Notification

Print Name

Signature

Date

Londonderry School District

New Employees – Please Complete

If you are a retiree through the NH Retirement System, it is important that you contact NHRS before accepting any employment with the Londonderry School District. “Part-time” employment is defined “not to exceed 32 hours” in each normal calendar week. Employment in some instances may exceed 32 hours in any normal calendar week provided that in such case, the part-time employment of the retired member shall not exceed 1300 hours in a calendar year, so long as such part-time employment does not occur outside of a 5 consecutive month period in any 12-month period. We are required to submit a record of all hours worked per week – including long-term subs, coaches, and substitutes.

NH Retirement System – (603) 410-3500

ATTESTATION OF ELIGIBILITY FOR NEW HAMPSHIRE RETIREMENT SYSTEM PENSION BENEFITS

SECTION I – NHRS BENEFIT STATUS *(Choose one)*

- I am a retiree currently in receipt of an NHRS pension benefit.
- I am not in receipt of an NHRS pension benefit and am not eligible to receive an NHRS pension benefit at a future date.
- I am not in receipt of an NHRS pension benefit, but am eligible for a future benefit under vested deferred retirement.

SECTION II – EMPLOYEE SIGNATURE

Name _____ Address _____

Signature _____ Date _____ Last 4 Digits of Social Security # _____
Month Day Year

SECTION III – EMPLOYER INFORMATION

Employer Name Londonderry School District Position Name _____

Date of Hire ____/____/____ Position is Part-time Full-time
Month Day Year

Note to Employees: Beneficiaries of an NHRS survivorship pension are not considered “retirees.”

Note to Employers: Keep this form for your records; do not submit to NHRS.

Form W-4 (2016)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are 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.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2016</h1>
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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) _____
		10 Employer identification number (EIN) _____