

PATHWAY 3

FOR BPS EMPLOYEES ONLY

Non-Renewed teachers for 2016-2017 / Short-Term Teachers and IA's who are finishing a Short Term Contract / Temporary Assignment for the current school year only

PATHWAY for Instructional Assistants and other support employees

(NOTE: All forms are fillable):

1. **A** Application for a District-Issued Substitute Certificate with a local check or money order for \$25.00 payable to Brevard Public Schools
OR
B A copy of a valid, current Florida Teaching Certificate - *A Florida Statement of Eligibility is NOT a valid certificate*
2. **A** Substitute candidates who do not have a degree in education **OR** an on file Passing Parapro score with the district, must complete the Online Training Course and pass test as described below:
B Open the following link to access the online training course: www.edtrainingcenter.com
Register an account
C Click "Learning" and then purchase "Introductory Teacher Training - For Substitute Teachers". Add to your cart and proceed to Checkout (\$20.00***). [Click here for more information](#)
D Once you have completed all courses and tests, please **PRINT** the FINAL 20 HOUR CERTIFICATE showing completion of all five courses and submit required forms.
3. Contact any **one** Brevard Public School to make an appointment with an administrator for a substitute interview. The interview form will be sent directly from the school to the BPS Substitute Office.
4. SmartFindExpress User Agreement Form
5. School Profile & Home School Form - tell us what schools you will substitute for
Map of School Locations
6. W-4 (external link to IRS)
7. Direct Deposit Form - please attach a VOIDED, blank check from a local bank
8. Letter of Reasonable Assurance for BPS Substitutes

SCHOOL BOARD OF BREVARD COUNTY

HUMAN RESOURCES SERVICES
2700 JUDGE FRAN JAMIESON WAY
VIERA, FLORIDA 32940

APPLICATION FOR A DISTRICT ISSUED SUBSTITUTE CERTIFICATE

A \$25 processing fee for SUBSTITUTE TEACHER CERTIFICATE in the form of a local check (no counter checks) or money order made payable to THE SCHOOL BOARD OF BREVARD COUNTY must accompany this application. THE FEE IS NON-REFUNDABLE.

Applicant Name			
	Last	First	Middle/Maiden

I. PERSONAL INFORMATION

Social Security Number _____	Birth Date: _____	Phone #: _____	U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____			
Street or Route	City	State	Zip Code
Completion of this section is optional:			
_____ Male	_____ Female	_____ White Non-Hispanic	_____ Black Non-Hispanic _____ Hispanic
		_____ Asian/Pacific Islander	_____ American Indian/Alaskan Native

II. ACADEMIC RECORD:

High School Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School: _____			Date of Graduation: _____	
Name of College(s)/Branch Campus	State	Degree	Date	Major	Sem.Hrs.	Attendance Dates

III. TEACHING EXPERIENCE:

Dates of Employment	Name of School/Employer	State	Subject and Grade Level	Full-Time(F) Part-Time(P)	No. of Months Taught per Year	Public or Private School

IV. CERTIFICATION STATUS - Please list below any state or district certificates you have held:

Type	Validity Period	State or District	Subjects Covered

V. ARREST/REVOCACTION RECORD:

<input type="checkbox"/> <input type="checkbox"/> YES NO		Have you ever been convicted, found guilty, entered a plea of nolo contendere (no contest), or had adjudication withheld in a criminal offense other than a minor traffic violation (DUI is NOT a minor traffic violation); or are there any criminal charges now pending against you? SEALED or EXPUNGED records must be reported pursuant to s.943.058, F.S. Failure to answer this question accurately could cause denial of certification. A YES or NO answer is required by Florida Law. If you check the YES box, you must give the information requested for each charge. Please attach a separate sheet if you need more space.			
City Where Arrested	State	Date of Arrest	Charge(s)	Disposition(s)	
<input type="checkbox"/> <input type="checkbox"/> YES NO		Have you ever had a teaching certificate revoked, suspended, or denied by a state other than Florida; or is there any action pending against your certificate or application in another state? (A determination of academic ineligibility is not considered denial of a certificate.) If YES , you must give the state where your certificate was revoked, suspended, or denied, or where action is pending against your certificate or application.			
STATE _____					

I hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the State of Florida. I understand the Florida Statutes provide for revocation of an Educator's Certificate if evidence and proof are established and that the certificate has been obtained by fraudulent means. I further certify that all information pertaining to this application is true, correct, and complete.

_____ Signature of Applicant

OFFICIAL USE ONLY
If you need an accomodation to participate in the application/selection process, please notify Human Resources in advance.

SMART FIND EXPRESS! USE AGREEMENT FOR SUBSTITUTES

Brevard Public Schools uses an automated substitute placement program called Smart Find Express for absence and assignment management.

As a condition of being employed as a substitute for Brevard Public Schools, I agree to use the Smart Find Express system. I also agree to utilize the tools in the Smart Find Express system appropriately by doing the following:

- by using my Smart Find Express Schedule to setup non-work days for the days I am unavailable to substitute. I understand that by not using my Smart Find Express schedule for the days that I am unavailable, Smart Find Express may call my number regarding an assignment.
- by answering all phone calls from the Smart Find Express system to reject or accept assignments. I understand that by not answering my phone or allowing my answering machine to pick up calls from Smart Find Express, my number will be called continuously and the absence may not be filled.
- by setting up appropriate calling times for my Smart Find Express account or inactivating my Smart Find Express calling feature. I understand that the Smart Find Express system will still show my selected schools that I am available to substitute even though my Smart Find Express calling has been turned off and I may still see all available.

My signature indicates that I have reviewed and understand these conditions.

Printed Name

Substitute Signature

Date

**SCHOOL BOARD OF BREVARD COUNTY
HUMAN RESOURCES SERVICES
2700 JUDGE FRAN JAMIESON WAY
VIERA, FL 32940**

**SUBSTITUTE PREFERENCES
Choose the schools where you will substitute**

Name: _____ SSN or Employee ID: _____

Address: (STREET) _____
(CITY) _____ (STATE) _____ (ZIP CODE) _____

Telephone Number: (including area code) _____

The hourly rate for Substitutes for Support Positions (*Classroom Assistants*) is currently \$8.25 per hour.

Are you willing to accept substitute assignments for a support absence? YES NO

SCHOOL LOCATIONS - BY CITY - Please mark the box to the left of the school(s) that you will substitute for:

- | | | | |
|--|--|---|---|
| Melbourne
Melbourne Beach
Grant
Indialantic
Indian Harbour Beach
Palm Bay | Cape Canaveral
Cocoa Beach
Satellite Beach
Suntree | Cocoa
Merritt Island
Rockledge
Viera | Port St. John
Mims
Scottsmoor
Titusville |
| <input type="checkbox"/> Bayside High
<input type="checkbox"/> Central Middle
<input type="checkbox"/> Columbia Elementary
<input type="checkbox"/> Discovery Elementary
<input type="checkbox"/> Gemini Elementary
<input type="checkbox"/> Heritage High
<input type="checkbox"/> Indialantic Elementary
<input type="checkbox"/> Jupiter Elementary
<input type="checkbox"/> Lockmar Elementary
<input type="checkbox"/> McAuliffe Elementary
<input type="checkbox"/> Meadowlane Interm Elem
<input type="checkbox"/> Meadowlane Prim Elem
<input type="checkbox"/> Melbourne High
<input type="checkbox"/> Palm Bay Elementary
<input type="checkbox"/> Palm Bay High
<input type="checkbox"/> Port Malabar Elementary
<input type="checkbox"/> Riviera Elementary
<input type="checkbox"/> South Area Headstart
<input type="checkbox"/> Southwest Middle
<input type="checkbox"/> Stone Middle
<input type="checkbox"/> Sunrise Elementary
<input type="checkbox"/> Turner Elementary
<input type="checkbox"/> University Park Elem
<input type="checkbox"/> West Melbourne Elem
<input type="checkbox"/> Westside Elementary | <input type="checkbox"/> Allen, Roy Elementary
<input type="checkbox"/> Cape View Elementary
<input type="checkbox"/> Cocoa Bch Jr/Sr High
<input type="checkbox"/> Creel, Dr. W..Elem
<input type="checkbox"/> Croton Elementary
<input type="checkbox"/> DeLaura Middle
<input type="checkbox"/> Eau Gallie High
<input type="checkbox"/> Freedom 7 Elementary
<input type="checkbox"/> Harbor City Elementary
<input type="checkbox"/> Holland Elementary
<input type="checkbox"/> Hoover Middle
<input type="checkbox"/> Johnson Middle
<input type="checkbox"/> Longleaf Elementary
<input type="checkbox"/> Ocean Breeze Elem
<input type="checkbox"/> Quest Elementary
<input type="checkbox"/> Roosevelt Elementary
<input type="checkbox"/> Sabal Elementary
<input type="checkbox"/> Satellite High
<input type="checkbox"/> Sea Park Elementary
<input type="checkbox"/> Sherwood Elementary
<input type="checkbox"/> South Area Abeyance Ctr
<input type="checkbox"/> Suntree Elementary
<input type="checkbox"/> Surfside Elementary
<input type="checkbox"/> Viera High
<input type="checkbox"/> West Shore Jr/Sr High | <input type="checkbox"/> Andersen Elementary
<input type="checkbox"/> Audubon Elementary
<input type="checkbox"/> Cambridge Elementary
<input type="checkbox"/> Carroll, Lewis Elem
<input type="checkbox"/> Central Area Abeyance
<input type="checkbox"/> Cocoa High School 7-12
<input type="checkbox"/> Edgewood Jr/Sr. High
<input type="checkbox"/> Endeavour Elementary
<input type="checkbox"/> FairglenElementary
<input type="checkbox"/> Golfview Elementary
<input type="checkbox"/> Jefferson Middle
<input type="checkbox"/> Kennedy Middle
<input type="checkbox"/> ManateeElementary
<input type="checkbox"/> McNair Magnet
<input type="checkbox"/> Merritt Island High
<input type="checkbox"/> Mila Elementary
<input type="checkbox"/> Rockledge High
<input type="checkbox"/> Saturn Elementary
<input type="checkbox"/> Stevenson Elementary
<input type="checkbox"/> Tropical Elementary
<input type="checkbox"/> Williams, Ralph M.Elem | <input type="checkbox"/> Apollo Elementary
<input type="checkbox"/> Astronaut High
<input type="checkbox"/> Atlantis Elementary
<input type="checkbox"/> Challenger 7 Elem
<input type="checkbox"/> Coquina Elementary
<input type="checkbox"/> Enterprise Elementary
<input type="checkbox"/> Imperial Estates Elem
<input type="checkbox"/> Jackson Middle
<input type="checkbox"/> Madison Middle
<input type="checkbox"/> Mims Elementary
<input type="checkbox"/> Oak Park Elementary
<input type="checkbox"/> Pinewood Elementary
<input type="checkbox"/> Space Coast Jr/Sr High
<input type="checkbox"/> Titusville High |

Home School (for check stub): _____

Email Address: _____

Signature: _____ **Date:** _____

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

General Instructions

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>Form W-4 Department of the Treasury Internal Revenue Service</p> </div> <div style="text-align: center;"> <h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p> </div> <div style="text-align: right;"> <p>OMB No. 1545-0074 2018</p> </div> </div>		
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)	6 Additional amount, if any, you want withheld from each paycheck	5 <input style="width: 50px;" type="text"/> 6 \$ <input style="width: 50px;" type="text"/>
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <input style="width: 50px;" type="text"/>
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 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)

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

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

Deductions, Adjustments, and Additional Income Worksheet

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

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

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

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

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

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

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

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

Instructions for Employer

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

New hire reporting. Employers are

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

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: {
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
 } **D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

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

- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: {
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 if you're single or married filing separately
 } **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2018 nonwage income (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H above **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

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

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and

U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be

retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



LETTER OF REASONABLE ASSURANCE
for New BPS Substitutes

I acknowledge that this letter provides notice that I have *reasonable assurance of continued employment* as a substitute for Brevard Public Schools as long as I meet all minimum substitute requirements. I acknowledge that BPS substitute requirements may be subject to change at any time.

By virtue of this notice, I acknowledge that I may not be eligible for unemployment compensation benefits drawn on school district wages during any scheduled school breaks including, but not limited to, the summer, Thanksgiving Break, Winter Vacation, and Spring Break. *I acknowledge that this assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the District (i.e., lack of school funding, natural disasters, court-orders, public insurrections, war, etc.).*

I acknowledge that nothing contained herein construes an employment contract. I acknowledge that my continued work with Brevard Public Schools is on an "at-will" basis whether employment is direct or indirect by an employment agency. I acknowledge that "at-will" employers may terminate substitutes at any time for any reason or for no reason, except for legally impermissible reasons. I acknowledge that "at-will" substitutes are free to resign at any time for any reason or for no reason.

Printed Name

Signature

Date