

Hauppauge Public Schools

Instructional Substitute Application

School Year _____

**Please Print

Please check position desired: <input type="checkbox"/> Substitute Teacher <input type="checkbox"/> Substitute Nurse <input type="checkbox"/> Substitute Teaching Assistant				
Last Name		First Name	MI	Email Address
Home Telephone No.			Cell Telephone No.	
Social Security No.	US Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		Sex M <input type="checkbox"/> F <input type="checkbox"/>	Are you now receiving or have you applied for unemployment insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what employer:
Address				Days/Times Available: Mon. __AM __PM Tues. __AM __PM Wed. __AM __PM Thurs. __AM __PM Fri. __AM __PM
City State Zip				
Are you a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> NOTE: This question is voluntary. Information will be kept confidential and is intended for use solely in connection with record keeping and affirmative action requirements and to determine program eligibility. You will not be penalized for refusal to answer.				Are you receiving compensation for a service connected disability? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, list % of disability ____ % Describe _____ _____
NYS Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of Certification From ____ to ____ <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Initial <input type="checkbox"/> Professional <input type="checkbox"/> Teaching Assistant		Cert. No.:	Area of Certification, Grade and Subject
Other State Certified:	Type of Certification From ____ to ____ <input type="checkbox"/> Provisional <input type="checkbox"/> Permanent <input type="checkbox"/> Initial <input type="checkbox"/> Professional <input type="checkbox"/> Teaching Assistant		Cert. No.:	Area of Certification, Grade and Subject
Additional certifications, training, ie: ABA, additional languages:				

Minimum Education Requirements – Must hold a BA or BS Degree

Name of School	Degree Earned	Year

PLEASE COMPLETE BOTH SIDES

**Please Print

Related Experience

School	Grade/Subject	Years of Service	Tenured

New York State Teachers' Retirement Number, if any _____ Tier _____

Fingerprints are on file in the NYS Education Department: Yes _____ No _____

If Yes, state date and location where fingerprints were taken: _____

Grades in which you are willing to substitute: Kdg. ____ 1-3 ____ 4-5 ____ MS (6-8) ____ HS (9-12) ____

Were you previously a substitute teacher in the Hauppauge School District? Yes ____ No ____ Years _____

Have you ever been convicted of a felony or misdemeanor? Yes ____ No ____

Have you ever left a position involuntarily? Yes ____ No ____

If you checked "Yes" to any of the above, please give details:

At the time this form was prepared, it was in full compliance with our understanding of all applicable regulations. Should further modifications have invalidated any of the information requested, applicants are free to leave such questions blank.

I certify that the above information is true and complete and understand and agree that my false statement in this application shall be sufficient cause for rejection of the application or, if employed, sufficient cause for dismissal. In addition, I authorize the Hauppauge School District to investigate and verify information I have submitted. I understand and agree that my employment is not for any fixed or definite period and that I may be terminated at any time for any or no reason, subject to applicable provisions of law.

References (List 3: Please give Name, Title, Phone Number, Email)

Name/Title	Phone Number	Email

I certify that the preceding information is true and correct to the best of my knowledge.

Signature _____

Date _____

Hauppauge Union Free School District is an equal opportunity employer. Hauppauge School District does not discriminate because of race, color, religion, age, disability, sex or national origin.

PLEASE COMPLETE BOTH SIDES

HAUPPAUGE PUBLIC SCHOOLS

PLEASE COMPLETE THE FOLLOWING & SIGN IN THE PRESENCE OF A NOTARY PUBLIC:

AFFIDAVIT

STATE OF NEW YORK)

ss.:

COUNTY OF SUFFOLK)

_____, being duly sworn, deposes and says:
Name

1. I now reside at _____
Street Address

City State Zip Code Telephone #

2. My Social Security number is ____/____/____.

My date of birth is ____/____/____.
Mo. Day Year

3. I am an applicant for a position as a _____
Title of Position

In the Hauppauge School District. I make the following representations as an inducement to the District to consider my employment application.

4. I have been advised, and understand, that New York State Law requires, as part of the application process for this position, that I receive clearance for employment from the New York State Education Department.
5. I have also been advised and further understand, the New York State Law requires that, as part of the clearance process, and as a condition of my employment by the District, I be fingerprinted for purposes of a criminal history check by authorized personnel of a designated fingerprinting entity.
6. I hereby represent to the Hauppauge School District that have already caused my consent form, fingerprint cards, and the requisite fee, to be forwarded to the New York Department of Education as part of the clearance process.
7. I hereby represent to the Hauppauge School District that (check one or more):
- ☐ A. The criminal history check will reveal that I have no criminal history.
 - ☐ B. The criminal history check will indicate that I have been convicted of a crime.
 - ☐ C. The criminal history check will indicate that I have a pending criminal charge.

8. If my answer to 7 (B) or (C) is in the affirmative, I hereby provide the following details explaining my answer (include, at a minimum, the date(s) of your conviction(s) and/or charge(s); for what crimes(s) you were convicted or charged; the jurisdiction(s) by which you were convicted or charged; and whether you have been issued a certificate of relief from disabilities or a certificate of good conduct with regard to any of the conviction(s):

9. I understand that my completion and submission of this affidavit is just one part of the employment application process. I further understand that, even if the results of my fingerprint check confirm my representations contained in this Affidavit, the District has no obligation to employ me. Finally, I certify that my statements in this Affidavit and in any explanatory enclosures are, to the best of my knowledge and belief, true and correct and that any omission and/or misstatement of any material fact(s) may be cause for the District to (a) refuse to hire me; (b) revoke any offer of conditional employment; and/or (c) terminate me if I have been hired.

WARNING: THE MAKING OF A SWORN FALSE STATEMENT IS A PUNISHABLE OFFENSE UNDER THE PENAL LAW OF THE STATE OF NEW YORK.

Signature

Sworn to before me this _____ day of

_____, 20____

Notary Public

I hereby acknowledge that I have been informed by the Hauppauge UFSD, my employer, that as a "teacher" not currently a member of the New York State Teachers' Retirement System who is or will be rendering less than full-time service for the _____ school year, I may, as a matter of right, join the New York State Teachers' Retirement System. I further acknowledge that I understand under present law if I elect to join the New York State Teachers' Retirement System, I must complete a Retirement System membership application which must be filed with the Retirement System in order to be effective. As a result of joining the Retirement System, I will be required to contribute, pursuant to Article 15, of the RSSL, as modified by Chapter 504 of the Laws of 2009, 3.5% of my salary to the Retirement System and furthermore, as a member of the Retirement System, I will be required to contribute to Social Security.

If I join the System, my beneficiary will be protected by a death benefit should I die in service after I have been credited by the System with one year of service. Upon meeting eligibility requirements, I will be entitled to a lifetime pension at age 62 or a disability pension at an earlier age if I become permanently and totally disabled from gainful employment.

I also understand if I do not elect to join, I may be unable to obtain credit at a later date for service rendered during the period I was not a member.

Signature

Date

**HAUPPAUGE UNION FREE SCHOOL DISTRICT
495 HOFFMAN LANE
HAUPPAUGE, NY 11788**

Applicant: _____ *Position:* _____

Are you a retiree from a New York State or New York City retirement system?

Yes _____ No _____

If so, please indicate below:

_____ MTA Defined Benefit Pension Plan

_____ NYS Employee Retirement System (ERS)

_____ NYS Teachers Retirement System (TRS)

_____ NYS Fire/Police

_____ NYC Teachers

_____ NYC Board of Education

_____ NYC ERS

_____ NYC Police Pension Fund

_____ NYC Fire Department Pension Fund

Retirement date: _____ Retirement Number: _____

Signature

Today's Date



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</div></div></div> <div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div>		<div>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security<div>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</div><div>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</div></div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

What is a 403(b) Plan

A 403(b) plan is a retirement plan that allows public school employees to make tax deferred contributions to annuity contracts or custodial accounts (mutual funds). The employee elects to make contributions by use of a salary reduction agreement. Earnings on these contributions are also tax deferred; however the contributions are subject to FICA at the time they are contributed.

Contributions to a 403(b) plan are invested only in certain funding vehicles. These are limited to annuity contracts and custodial accounts. Insurance companies offer annuities that commonly offer loan provisions. Custodial accounts are only allowed to invest in mutual funds and in many cases do not offer loan provisions.

<u>Example:</u>	<u>Without 403(b)</u>	<u>With 403(b)</u>
Income	\$40,000	\$40,000
403(b) Deduction	\$0	\$5,000
Taxable Income	\$40,000	\$35,000
Federal Tax (15%)	\$6,000	\$5,250
State Tax (7%)	\$2,800	\$2,450
Total Taxes	\$8,800	\$7,700
Tax Savings	\$0	\$1,100

Who is Eligible to Participate

Participants include employees who perform services for the schools. Self-employed subcontractors are not eligible. The determination of the employer-worker relationship primarily rests on who is in control of the activities required to do the job.

Contribution Limits

Salary reduction contributions that are excludable from income are limited to \$23,000 (\$30,500 if age 50 or over) for calendar year 2024. There are other catch-up elections but for most people the above rule will govern their contributions.

Summary

The employee, after choosing a vendor from their school's approved list, is responsible for opening the 403(b) account. Once this is done, the employee needs to fill out a salary reduction agreement (OMNI SRA) to start their salary reductions. To view the school's approved list please visit the district's plan page <https://www.omni403b.com/plandetail/317>

Hauppauge Public Schools

ARE YOU AWARE OF YOUR 403(b) BENEFIT?

New accounts may be opened with the following approved service providers.

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your Employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministries. We recommend that all employees visit our education page which can be found here:

<https://www.omni403b.com/Employees/Education>

WHY SAVE WITH 403(b)?

1. You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
2. Pre-tax investment gains in the plan are not taxed until distribution and eligible ROTH investment gains are tax free.
3. Generally, retirement assets can be carried from one employer to another.

Future retirement savings value assuming 6% growth

Monthly Contributions	5 Year	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider authorized in the Plan, a list of which is available on the right. You may then complete a Salary Reduction Agreement (SRA) online at: <https://www.omni403b.com/SRA>

If you are already contributing to your Employer's Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA. Once we are in receipt of the newly completed SRA, we will notify your employer to begin contributions.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

In 2024, you may contribute up to \$23,000 if you are 49 years of age or below and up to \$30,500 if you are 50 years of age and over. You may also be entitled to additional catch-up provisions like the 15 Year Service Catch-up. Please contact OMNI's Customer Care Center at **877.544.6664** for further details.

Contribution Limits		15 Yr. Service Catch-up (if eligible)	Maximum Employer Contributions	Combined Limit	
Age 49 & below	Age 50 & above			Age 49 & below	Age 50 & above
\$23,000	\$30,500	\$3,000	\$69,000	\$69,000	\$76,500

LOOKING FOR HELP?

Click the link below for an investment professional to reach out to you.

<https://www.omni403b.com/PlanDetail>

BRIGHTHOUSE LIFE INS METLIFE CT TRAVELERS
EQUITABLE FORMERLY AXA
GWN EMPLOYEE DEPOSIT ACCT
INVESCO OPPENHEIMERFUNDS
LINCOLN INVESTMENT PLANNING
METLIFE
MUTUAL INC PLANMEMBER SERVICES
NY LIFE INS ANNUITY CORP
VOYA FINANCIAL NATL NY
NEW YORK STATE DEFERRED COMP PLAN 457



403(b) SALARY REDUCTION AGREEMENT FORM (SRA) For Tax Sheltered Annuities and Custodial Accounts

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

403(b)

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$22,500 (\$30,000 if age 50 or over) in 2023. Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

☐ Check here if you have contributed to another 403(b), 401(a), or 401(k) plan offered by another employer in the current calendar year. **NOTE: Do not check this box if you have only contributed to the 403(b) plan associated with this SRA.** If so, please provide the amount of the year-to-date contributions you have made to the other plan(s): \$ and, if applicable, the name of the other Plan:

* Social Security Number: * First Name: MI: * Last Name:

* Address:

* City: * State: * Zip:

* Date of Birth: * Phone: * Email address:

Part 2: Employer Information

* Full Organization Name, City and State: * Date of Hire: (mm/dd/yyyy)

Part 3: Contribution Information

OPTION 1: Recurring Contributions

WARNING!!! Any new recurring contributions will supercede all current recurring contributions to your employer's 403(b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403(b) plan, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below WILL BE DISCONTINUED. Also, a contribution may be discontinued by listing it below with an amount of zero.

Please withhold funds from my pay for the following 403(b) contributions until further notice:

Plan Type	Service Provider	Account #	Effective Date	Amount Per Pay	OR	Percent Per Pay Period
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

If you have requested a percentage amount for any of the contributions above, please supply:

Your Annual Salary: Number of Pay Periods Per Year:

☐ Please check here if you are NOT a full-time employee

OPTION 2: One-Time Contributions (Elective Contributions Only)

After this contribution, any 403(b) recurring contributions to this service provider should be:

Plan Type	Service Provider	Account #	Effective Date	Amount	
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED

☐ Please check here if you are NOT a full-time employee

OPTION 3: Participation Opt Out

☐ I do not wish to participate at this time. I understand that I may participate in the future simply by filling out a new Salary Reduction Agreement form.

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6. (a) That OMNI does not choose the annuity contract or custodial account in which your contributions are invested.
(b) OMNI does not endorse any authorized Service Provider, nor is it responsible for any investments.
(c) OMNI makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
(d) (i) OMNI shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
(ii) Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
(iii) The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. That some service providers may take administration fees from your 403(b) account.
10. When provided all required information in a timely manner, OMNI is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
11. To contact OMNI and complete the appropriate OMNI forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
12. This SRA is subject to the terms of the Services Agreement between OMNI and Employer, and to the Information Sharing Agreement between OMNI and the Service Providers.
13. This agreement supercedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature: Date:

Part 6: Acknowledgement and Representation of Sales Agent/Representative (Not Required to Submit SRA)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. In the event I provide OMNI with an Employee's date of birth ("DOB"), I acknowledge and agree that I must provide accurate information based on documentation provided to me by the Employee. Furthermore, I understand that any DOB information I provide to OMNI is utilized by OMNI to calculate the Employee's Maximum Allowable Contribution limits, which must be accurate to keep the Employer's plan in compliance with IRS regulations. All indemnification or other responsibility for a claim or demand arising from an error in employee DOB I provide will be governed by the Information Sharing Agreement between my employer and OMNI.

Sales Agent/Representative Name: Phone:

Email:

Signature: Date:

☐ I wish the above named agent to be copied on all e-mail communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction.

Part 7: Employer Acknowledgement (If Applicable)

Salary: # of TSA/CA Pay Periods: Effective Payroll Date:

Employer Name & Title:

Employer Signature: Date:

Please return this agreement to Omni Financial Group, Inc., unless otherwise advised by your employer:

Omni Financial Group, Inc.
220 Alexander Street, Suite 400 • Rochester, NY 14607
Toll Free: (877) 544-OMNI • Fax: (585) 672-6194
Please visit our website at www.omni403b.com

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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.****2024****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 surviving spouse		
<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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter:

{	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$ _____
---	--	---	-----------	----------	----------
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial		Last name		Your Social Security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State	ZIP code	Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.					
Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)				1	
2 Total number of allowances for New York City (from line 31, if using worksheet)				2	
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.					
3 New York State amount				3	
4 New York City amount				4	
5 Yonkers amount				5	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions): You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.Are dependent health insurance benefits available for this employee? Yes ☐ No ☐If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
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Scan here

<https://www.tax.ny.gov/r/it2104i-2024>

has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4 (submitted to your employer for tax year 2019 or earlier), and the disallowed allowances were claimed on your original Form IT-2104.
- You are a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 4 of the worksheet on page 4. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must** send a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 7.

Other credits (Worksheet line 14) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	63
Between \$215,400 and \$1,077,550	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Between \$1,077,550 and \$5,000,000	Between \$1,616,450 and \$5,000,000	Between \$2,155,350 and \$5,000,000	96
Between \$5,000,000 and \$25,000,000	Between \$5,000,000 and \$25,000,000	Between \$5,000,000 and \$25,000,000	100
Over \$25,000,000	Over \$25,000,000	Over \$25,000,000	110

Example: *You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 63. $160/63 = 2.5397$. The additional withholding allowance(s) would be 3. Enter 3 on line 14.*

Married couples with both spouses working – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 19 and line 31 (if applicable) between you and your working spouse.
- \$107,650 or more, use the chart(s) in Part 5 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,263,265, use the chart(s) in Part 6 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

Dependents – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.75% (.1675) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 5 or Part 6, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Employers

Box A – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865**. If the employee is also a new hire or rehire, see *Box B* instructions. See Publication 55, *Designated Private Delivery Services*, if not using U.S. Mail.

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Box B – If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the **Yes** or **No** box indicating if dependent health insurance benefits are available to this employee. If **Yes**, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: **NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119**. To report newly-hired or rehired employees online instead of submitting this form, go to <https://www.nynewhire.com>.

(continued)

Worksheet**See the instructions before completing this worksheet.****Part 1 – Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).**

6	Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>)	6	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7	_____
8	New York State household credit	8	_____
9	Real property tax credit	9	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10	_____
11	Earned income credit	11	_____
12	Empire State child credit	12	_____
13	New York City school tax credit: If you expect to be a resident of New York City for any part of the tax year, enter 2	13	_____
14	Other credits (<i>see instructions</i>)	14	_____
15	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	15	_____
16	Enter an estimate of your federal adjustments to income, such as deductible IRA contributions you will make for the tax year. Total estimate \$ _____. Divide this estimate by \$1,000. Drop any fraction and enter the number	16	_____
17	If you expect to be a covered employee of an employer who elected to pay the employer compensation expense tax in 2022, complete Part 3 below and enter the number from line 28	17	_____
18	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 23. All others enter 0	18	_____
19	Add lines 6 through 18. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> or <i>Married couples with both spouses working</i>	19	_____

Part 2 – Complete this part only if you expect to itemize deductions on your state return.

20	Enter your estimated NY itemized deductions for the tax year (<i>see Form IT-196 and its instructions; enter the amount from line 49</i>)	20	_____												
21	Based on your federal filing status, enter the applicable amount from the table below	21	_____												
Standard deduction table															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Single (cannot be claimed as a dependent)</td> <td style="width: 10%;">\$ 8,000</td> <td style="width: 50%;">Qualifying widow(er)</td> <td style="width: 10%;">\$16,050</td> </tr> <tr> <td>Single (can be claimed as a dependent)</td> <td>\$ 3,100</td> <td>Married filing jointly</td> <td>\$16,050</td> </tr> <tr> <td>Head of household</td> <td>\$11,200</td> <td>Married filing separate returns</td> <td>\$ 8,000</td> </tr> </table>				Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$16,050	Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$16,050	Head of household	\$11,200	Married filing separate returns	\$ 8,000
Single (cannot be claimed as a dependent)	\$ 8,000	Qualifying widow(er)	\$16,050												
Single (can be claimed as a dependent)	\$ 3,100	Married filing jointly	\$16,050												
Head of household	\$11,200	Married filing separate returns	\$ 8,000												
22	Subtract line 21 from line 20 (<i>if line 21 is larger than line 20, enter 0 here and on line 18 above</i>)	22	_____												
23	Divide line 22 by \$1,000. Drop any fraction and enter the result here and on line 18 above	23	_____												

Part 3 – Complete this part if you expect to be a covered employee of an employer that has elected to participate in the Employer Compensation Expense Program (line 17).

24	Expected annual wages and compensation from electing employer in 2022	24	_____
25	Line 24 minus \$40,000 (if zero or less, stop)	25	_____
26	Line 25 multiplied by .05	26	_____
27	Line 26 multiplied by .935	27	_____
28	Divide line 27 by 65. Drop any fraction and enter the result here and on line 17 above	28	_____

Part 4 – Complete this part to compute your withholding allowances for New York City (line 2).

29	Enter the amount from line 6 above	29	_____
30	Add lines 15 through 18 above and enter total here	30	_____
31	Add lines 29 and 30. Enter the result here and on line 2	31	_____

Part 5 – These charts are only for married couples with both spouses working or married couples with one spouse working more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

[illegible][illegible]

		Combined wages between \$1,185,400 and \$1,724,299									
Higher earner's wages		\$1,185,400	\$1,239,250	\$1,293,200	\$1,347,050	\$1,400,950	\$1,454,850	\$1,508,700	\$1,562,550	\$1,616,450	\$1,670,400
		\$1,239,249	\$1,293,199	\$1,347,049	\$1,400,949	\$1,454,849	\$1,508,699	\$1,562,549	\$1,616,449	\$1,670,399	\$1,724,299
\$592,650	\$646,499	\$5	\$8								
\$646,500	\$700,399	\$5	\$8	\$11	\$14						
\$700,400	\$754,299	\$5	\$8	\$11	\$14	\$17	\$20				
\$754,300	\$808,199	\$5	\$8	\$11	\$14	\$17	\$20	\$24	\$27		
\$808,200	\$862,049	\$5	\$8	\$11	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$862,050	\$915,949	\$42	\$8	\$11	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$915,950	\$969,899	\$36	\$45	\$11	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$969,900	\$1,023,749	\$30	\$39	\$48	\$14	\$17	\$20	\$24	\$27	\$30	\$33
\$1,023,750	\$1,077,549	\$36	\$33	\$42	\$52	\$17	\$20	\$24	\$27	\$30	\$33
\$1,077,550	\$1,131,499	\$38	\$38	\$34	\$44	\$53	\$19	\$22	\$25	\$28	\$31
\$1,131,500	\$1,185,399	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22	\$25	\$28
\$1,185,400	\$1,239,249	\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22	\$25
\$1,239,250	\$1,293,199		\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22
\$1,293,200	\$1,347,049			\$9	\$23	\$37	\$38	\$34	\$44	\$53	\$19
\$1,347,050	\$1,400,949				\$9	\$23	\$38	\$38	\$35	\$44	\$53
\$1,400,950	\$1,454,849					\$9	\$23	\$38	\$38	\$35	\$44
\$1,454,850	\$1,508,699						\$9	\$23	\$38	\$38	\$34
\$1,508,700	\$1,562,549							\$9	\$23	\$38	\$38
\$1,562,550	\$1,616,449								\$9	\$23	\$38
\$1,616,450	\$1,670,399									\$9	\$23
\$1,670,400	\$1,724,299										\$9

		Combined wages between \$1,724,300 and \$2,263,265									
Higher earner's wages		\$1,724,300	\$1,778,150	\$1,832,050	\$1,885,950	\$1,939,800	\$1,993,700	\$2,047,600	\$2,101,500	\$2,155,350	\$2,209,300
		\$1,778,149	\$1,832,049	\$1,885,949	\$1,939,799	\$1,993,699	\$2,047,599	\$2,101,499	\$2,155,349	\$2,209,299	\$2,263,265
\$862,050	\$915,949	\$36	\$39								
\$915,950	\$969,899	\$36	\$39	\$42	\$45						
\$969,900	\$1,023,749	\$36	\$39	\$42	\$45	\$48	\$52				
\$1,023,750	\$1,077,549	\$36	\$39	\$42	\$45	\$48	\$52	\$55	\$58		
\$1,077,550	\$1,131,499	\$34	\$38	\$41	\$44	\$47	\$50	\$53	\$56	\$1,234	\$1,263
\$1,131,500	\$1,185,399	\$31	\$34	\$38	\$41	\$44	\$47	\$50	\$53	\$1,231	\$1,263
\$1,185,400	\$1,239,249	\$28	\$31	\$34	\$38	\$41	\$44	\$47	\$50	\$1,228	\$1,260
\$1,239,250	\$1,293,199	\$25	\$28	\$31	\$34	\$38	\$41	\$44	\$47	\$1,224	\$1,257
\$1,293,200	\$1,347,049	\$22	\$25	\$28	\$31	\$34	\$38	\$41	\$44	\$1,221	\$1,253
\$1,347,050	\$1,400,949	\$19	\$22	\$25	\$28	\$31	\$34	\$38	\$41	\$1,218	\$1,250
\$1,400,950	\$1,454,849	\$53	\$19	\$22	\$25	\$28	\$31	\$34	\$38	\$1,215	\$1,247
\$1,454,850	\$1,508,699	\$44	\$53	\$19	\$22	\$25	\$28	\$31	\$34	\$1,212	\$1,244
\$1,508,700	\$1,562,549	\$34	\$44	\$53	\$19	\$22	\$25	\$28	\$31	\$1,209	\$1,241
\$1,562,550	\$1,616,449	\$38	\$34	\$44	\$53	\$19	\$22	\$25	\$28	\$1,206	\$1,238
\$1,616,450	\$1,670,399	\$37	\$38	\$34	\$44	\$53	\$19	\$22	\$25	\$1,203	\$1,235
\$1,670,400	\$1,724,299	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$22	\$1,200	\$1,232
\$1,724,300	\$1,778,149	\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$19	\$1,197	\$1,229
\$1,778,150	\$1,832,049		\$9	\$23	\$38	\$38	\$35	\$44	\$53	\$1,193	\$1,225
\$1,832,050	\$1,885,949			\$9	\$23	\$38	\$38	\$35	\$44	\$1,228	\$1,222
\$1,885,950	\$1,939,799				\$9	\$23	\$38	\$38	\$34	\$1,218	\$1,257
\$1,939,800	\$1,993,699					\$9	\$23	\$38	\$38	\$1,209	\$1,247
\$1,993,700	\$2,047,599						\$9	\$23	\$38	\$1,212	\$1,238
\$2,047,600	\$2,101,499							\$9	\$23	\$1,212	\$1,241
\$2,101,500	\$2,155,349								\$9	\$1,197	\$1,241
\$2,155,350	\$2,209,299									\$16	\$52
\$2,209,300	\$2,263,265										\$16

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,131,632 but less than \$2,263,265, and the other spouse's wages are also more than \$1,131,632 but less than \$2,263,265;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,263,265, but combined wages from all jobs is over \$2,263,265.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, contact the Tax Department for assistance (see *Need help?* on page 7).

Part 6 – These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$107,650 and \$2,263,265.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Combined wages between \$107,650 and \$538,749											
Higher wage	\$107,650 \$129,249	\$129,250 \$150,749	\$150,750 \$172,299	\$172,300 \$193,849	\$193,850 \$236,949	\$236,950 \$280,099	\$280,100 \$323,199	\$323,200 \$377,099	\$377,100 \$430,949	\$430,950 \$484,899	\$484,900 \$538,749
\$53,800 \$75,299	\$12	\$19									
\$75,300 \$96,799	\$12	\$20	\$28	\$29							
\$96,800 \$118,399	\$8	\$16	\$24	\$27	\$29						
\$118,400 \$129,249	\$2	\$10	\$18	\$21	\$26	\$40					
\$129,250 \$139,999		\$4	\$14	\$17	\$23	\$46					
\$140,000 \$150,749		\$2	\$9	\$13	\$19	\$46	\$47				
\$150,750 \$161,549			\$3	\$9	\$15	\$46	\$46				
\$161,550 \$172,499			\$1	\$7	\$12	\$46	\$48	\$46			
\$172,500 \$193,849				\$3	\$10	\$44	\$51	\$49	\$52		
\$193,850 \$236,949					\$12	\$38	\$53	\$53	\$55	\$45	
\$236,950 \$280,099						\$10	\$20	\$33	\$31	\$35	\$18
\$280,100 \$323,199							\$7	\$18	\$31	\$26	\$32
\$323,200 \$377,099								\$8	\$20	\$31	\$27
\$377,100 \$430,949									\$8	\$20	\$31
\$430,950 \$484,899										\$8	\$20
\$484,900 \$538,749											\$8

		Combined wages between \$538,750 and \$1,185,399											
Higher wage		\$538,750 \$592,649	\$592,650 \$646,499	\$646,500 \$700,399	\$700,400 \$754,299	\$754,300 \$808,199	\$808,200 \$862,049	\$862,050 \$915,949	\$915,950 \$969,899	\$969,900 \$1,023,749	\$1,023,750 \$1,077,549	\$1,077,550 \$1,131,499	\$1,131,500 \$1,185,399
\$236,950	\$280,099	\$11											
\$280,100	\$323,199	\$9	\$8										
\$323,200	\$377,099	\$33	\$8	\$8	\$8								
\$377,100	\$430,949	\$27	\$33	\$8	\$8	\$8	\$8						
\$430,950	\$484,899	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$8				
\$484,900	\$538,749	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$8	\$8		
\$538,750	\$592,649	\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$8	\$604	\$636
\$592,650	\$646,499		\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$8	\$604	\$636
\$646,500	\$700,399			\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$8	\$604	\$636
\$700,400	\$754,299				\$8	\$20	\$31	\$27	\$33	\$8	\$8	\$604	\$636
\$754,300	\$808,199					\$8	\$20	\$31	\$27	\$33	\$8	\$604	\$636
\$808,200	\$862,049						\$8	\$20	\$31	\$27	\$33	\$604	\$636
\$862,050	\$915,949							\$8	\$20	\$31	\$27	\$629	\$636
\$915,950	\$969,899								\$8	\$20	\$31	\$623	\$661
\$969,900	\$1,023,749									\$8	\$20	\$627	\$655
\$1,023,750	\$1,077,549										\$8	\$616	\$659
\$1,077,550	\$1,131,499											\$16	\$52
\$1,131,500	\$1,185,399												\$16

(Part 6 continued on page 8)

Privacy notification

See our website or Publication 54, *Privacy Notification*.

Need help?



Visit our website at **www.tax.ny.gov**

- get information and manage your taxes online
- check for new online services and features

Telephone assistance

Automated income tax refund status: 518-457-5149

Personal Income Tax Information Center: 518-457-5181

To order forms and publications: 518-457-5431

Text Telephone (TTY) or TDD
equipment users

Dial 7-1-1 for the
New York Relay Service

[illegible]



HAUPPAUGE PUBLIC SCHOOLS

SUBSTITUTE TEACHER HANDBOOK

TABLE OF CONTENTS

Introduction and Welcome	2
School District Information	2
School Directory and Hours of Operation	4
Type of Substitute Teachers	5
Compensation Schedule and Retirement Benefits	6
Daily Assignment Procedures	7
Philosophy and Ethics for the Hauppauge Substitute Teacher	8
Pupil Relations	8
Professional Expectations	8
Classroom Ethics	8
Appropriate Attire	9
Classroom Management Skills	10
What to Expect from the Regular Teacher	10
The Substitute Teacher's Daily Responsibilities	11
Response to a Crisis	12
Fire Drill Procedures	12
Lockdown Drill Procedures	12
Lockout Drill Procedures	12
Extended Evacuation Drill Procedures (On-site)	12
Delayed Openings	13
District Early Dismissal Drill Procedures	13
Handling Accidents, Illnesses, and Injuries	13
Important District Policies	14
Equal Employment Opportunity	14
Drug-Free Workplace	14
Smoking on School Premises	14
Reporting Child Abuse/Neglect	14
Sexual Harassment	15
Students and Personal Electronic Devices	15
Corporal Punishment Complaints	15
Acknowledgment of Receipt of Substitute Teacher Handbook	16

INTRODUCTION AND WELCOME

Welcome to the Hauppauge Public Schools. The Hauppauge Union Free School District has one high school, one middle school, and three elementary schools: Bretton Woods, Forest Brook, and The Pines. There are approximately 4,000 students in our public schools and some 300 more in the private and parochial schools.

The Hauppauge School District offers a variety of educational programs to help students reach their potential. We are fortunate to have a staff dedicated to developing in each student the skills and attitudes necessary to lead a personally useful and fulfilling life. All employees contribute to the achievement of our goals and objectives.

Substitute teachers also have an important contribution to make. The Hauppauge School District recognizes that instruction and classroom environments must remain at the highest levels even when the regularly assigned teacher is absent. Careful attention is placed on our selection of substitute teachers. We ask that all substitute teachers read the procedures and practices, which are outlined in this manual.

If you need help or if you have any questions or concerns, please call the Personnel and Administration Office at 761-8293. We hope that you will enjoy your teaching time at our schools.

Joseph C. Tasman
Deputy Superintendent of Schools

SCHOOL DISTRICT INFORMATION

Board of Education

David M. Barshay, Esq. *President*

Rob Scarito, *Vice President*

Michael Buscarino

Colleen Capece, Esq.

Dr. Lawrence Crafa

James Kiley

Gemma Salvia

Lori DeGeorge, *District Clerk*

District Office

Dr. Donald Murphy

Superintendent of Schools

Joseph C. Tasman

Deputy Superintendent of Schools

Dr. Timothy McCarthy

Assistant Superintendent, Curriculum, Instruction and Technology

Brigid Siena

Assistant Superintendent for Business & Operations

Rebecca Bilski

Assistant Superintendent for Pupil Personnel Services

HAUPPAUGE PUBLIC SCHOOLS

Hauppauge, New York 11788

SCHOOL DIRECTORY

BRETTON WOODS ELEMENTARY 582-6633 K-5 9:00 a.m. - 3:30 p.m.
Club Lane
Hauppauge, NY 11788
(report by 8:40 a.m.)

Principal: George Gagliardi
Administrative Assistant: Diane Sheehan
Secretary for Substitutes: Denise Murphy

FOREST BROOK ELEMENTARY 265-3265 K-5 8:30 a.m. - 3:00 p.m.
Lilac Lane
Smithtown, NY 11787
(report by 8:10 a.m.)

Principal: Michael Caulin
Administrative Assistant: Theresa Agnello
Secretary for Substitutes: Christa DiVilio

PINES ELEMENTARY 543-8700 K-5 9:00 a.m. - 3:30 p.m.
Holly Drive
Smithtown, NY 11787
(report by 8:40 a.m.)

Principal: Claudine DiMuzio
Administrative Assistant: Jeanne Beyer
Secretary for Substitutes: Anne Nicholls

HAUPPAUGE MIDDLE SCHOOL 761-8234 6-8 8:00 a.m. - 2:48 p.m.
600 Town Line Road
Hauppauge, NY 11788
(report by 7:40 a.m.)

Principal: Christine O'Connor
Assistant Principal: Kristy Pagliari
 Kevin Trentowski
Administrative Assistant: Michele Aversano
Secretary for Substitutes: Barbara Slocki

HAUPPAUGE HIGH SCHOOL 761-8305 9-12 7:30 a.m. - 2:15 p.m.
Lincoln Boulevard
Hauppauge, NY 11788
(report by 7:10 a.m.)

Principal: Joseph Wieckhorst
Assistant Principals: Andrea Darbee
 Joy Ferrara
 Dan Wald
Secretary for Substitutes: Leigh Jacobs-Mansi

TYPES OF SUBSTITUTE TEACHERS FOR HAUPPAUGE SCHOOL DISTRICT

The terminology for different types of substitute teacher services needs to be communicated consistently when conversing about the status of substitute teachers replacing regular staff.

All substitutes must be board-appointed and cannot work in our district before that appointment. If you are not certain about the status of an individual, it is reflected in his/her board appointment. The Personnel Department will be happy to assist you with any questions you may have regarding substituting.

Requirements for all substitutes:

- **Bachelor's degree or letter from college verifying completion of an undergraduate degree.**
- **Completed teacher education program and teacher certification**
- **Fingerprint clearance**
- **Complete TEACH profile on the SED website with the following workshops:**
 - **Dignity for All Students Act (DASA)**
 - **School Violence Intervention And Prevention**
 - **Child Abuse Identification**

The following is a list of terms which apply in these circumstances:

Per Diem Substitutes earn \$135/day and must be board appointed as per diem substitutes. Individuals are placed on the substitute list by filling out a substitute application in Personnel or through screening by administrators looking for specific skills. A skilled per diem substitute may be selected by an administrator to serve as a permanent substitute. **Please understand the Hauppauge District does not guarantee any amount of work days per week. It is 100% contingent on the need to cover classes due to staff absences.**

Extended (Regular) Substitutes are substitute teachers who are in a position for the same person for 30 consecutive days. After thirty days, the salary increases to BA Step 1 plus benefits, and the individual is board-appointed to replace a specific individual. Additionally, they retain their original appointment as a per diem substitute teacher and they can return to daily substituting when the extended position is over.

Leave Replacements are substitutes who replace a teacher on a leave of absence. Substitutes who serve as a leave replacement must be qualified through a committee interview process and they serve as the "teacher of record" in the positions they hold.

COMPENSATION SCHEDULE

The per diem substitute salary for the 2023/2024 school year is:

Certified teacher (per diem) \$135 per day

Extended (Regular) Substitute BA Step 1 of HTA Contract

Note 2: After 30 consecutive days in one assignment, HTA membership dues are deducted and the substitute receives one (1) sick day per each month worked (non-cumulative) and full insurance benefits including health, dental, life and disability benefits as listed in current teachers' contract.*

Registered Nurse (per diem) \$175 per day

RETIREMENT BENEFITS

Membership in the New York State Teachers' Retirement System is optional for substitute teachers.

For anyone joining the New York State Teachers' Retirement System after July 1, 1976, membership requires a contribution of 3% of annual teaching service earnings. This is an automatic payroll deduction on monies earned.

A part-time member of the New York State Retirement System is entitled to all of the retirement benefits, on a pro-rated basis, that are available to a member who works full-time.

A brochure with detailed information is available for examination in the Personnel and Administration Office.

DAILY ASSIGNMENT PROCEDURES

1. All substitute teachers will receive their Building assignments from AESOP.
2. When a teacher knows that he/she will be absent from school, that teacher will call or go online to AESOP. While the teacher may request a particular substitute teacher, the Building Principal ultimately assigns each substitute to a particular classroom or special area. Considerations are given to individual requests.
3. The substitute can go on AESOP to choose jobs at any time. If the position doesn't get taken AESOP will call and email available substitute teachers as much in advance as possible. Where possible, AESOP will attempt to reach the requested substitute if that substitute is not already assigned. If the requested substitute is already assigned or cannot be reached, AESOP will use the approved substitute teacher list.
4. Substitute teachers are called in the following order:
 - (1) Certified teacher in the specific subject area
 - (2) Certified teacher
5. All substitutes must keep a pair of sneakers and gym clothes in their car in case they are needed to cover a physical education class(es).
6. If a substitute teacher accepts a substitute assignment and is unable to fulfill that assignment due to illness or some other emergency, the substitute should immediately call AESOP at (631-218-5343).

PHILOSOPHY AND ETHICS FOR THE HAUPPAUGE SUBSTITUTE TEACHER

A substitute teacher are viewed as a professional similar to a regular teacher and is expected to observe the same ethical codes. It is our belief that comments/criticisms about the aims and methods of education can bring forth productive discussions and meaningful change. Such comments/criticisms are healthy and belong within the profession. Individual criticism of teachers, students, or schools, however, tends to erode public confidence in teachers, schools, and education. If a substitute teacher has concerns regarding a practice at a school, a discussion with an administrator is recommended.

Pupil Relations

- A substitute teacher shall respect the dignity of each individual student and shall treat him/her with fairness and courtesy.
- A substitute teacher shall treat all information concerning students in a confidential manner.
- A substitute teacher shall refrain from criticism of the school or its staff members in the presence of students.

Professional Expectations

- A substitute teacher shall transact all official business with the Personnel Department or with the Building Principal or his/her designee.
- A substitute teacher shall refrain from criticism of any school, its staff members, or policies when substituting in the district. Comments should be made to the Principal or his/her designee.
- A substitute teacher shall maintain professional confidentiality regarding the teacher for whom he/she is substituting.
- A substitute teacher shall not use personal electronic devices for any reason and shall not check personal emails during instructional time.
- A substitute teacher shall refrain from eating during instructional time.

Classroom Ethics

Information obtained about students, including grades/performance must be kept confidential. It is against the law to disclose information contained in a student's personal folder, a student's grades or the fact that a student has a special need or disability. A substitute should assume and act as if any information learned about a student as a result of being a substitute teacher is confidential. In addition, personal information regarding other teachers should not be publicly disseminated. Substitute teachers are representatives of the Hauppauge Public Schools.

Personal religious or political beliefs, philosophies, and opinions may not be imposed upon the students. Substitute teachers may not distribute religious, political, or commercial materials to students without prior permission from the Principal.

Appropriate Attire

Substitute teachers are expected to dress professionally and appropriately.

- All substitutes should dress modestly and present a neat, clean appearance.
- Blue jeans, sweat pants, sweatshirts, and shorts should not be worn except on "field day", "denim days" or for some other special activity as directed by the Principal.
- Blouses, shirts, or tops that reveal the midriff or chest may not be worn.
- Tops with less than a "two finger" inch strap may not be worn.
- Hats and caps are not appropriate for wear inside the buildings.
- Clothing of any sort that contains a message that promotes alcohol, drugs, tobacco, or any other type of message that may cause a disruption or disturbance in school may not be worn.
- Clothing that contains obscene or suggestive language may not be worn.
- Clothing should conceal any body art that is not in keeping with the district's mission.

Classroom Management Skills

Be Prepared

- Arrive early
- Obtain needed administrative information
- Become familiar with the classroom
- Locate needed teaching materials
- Ask the secretary about extra duties (bus duty, lunch duty, etc.)

Take Charge of the Classroom

- **NEVER LEAVE STUDENTS UNATTENDED!** (Contact the office if it is necessary to leave the classroom for any reason.)
- Start the class decisively
- Take attendance efficiently
- Give directions concisely

Clarify Expectations Regarding Student Contact

- Follow the classroom discipline plan
- Give specific directions regarding desired behavior
- Give specific feedback about actual behavior
- Circulate frequently through the classroom

Communicate the Significance of Learning

- Minimize time spent on procedural matters
- Require student attention and participation
- Provide feedback to students about their work
- Provide closure at the end of the class

What to Expect From the Regular Teacher

Except in unplanned absence, the regular classroom teacher should supply the following:

- Lesson plans
- Materials necessary to teach lesson plans
- Class schedule and teacher schedule when it deviates from the class
- Class list
- Seating chart
- List of students with special needs or disabilities
- Location of supplies/ materials
- Names of nearby teachers who can be of assistance

If you are substituting for an unplanned absence, then the classroom teacher may not have had an opportunity to prepare all of the above information. If you have questions or need additional information in order to adequately carry out classroom lesson plans or procedures, please

contact the building principal, assistant principal, or appropriate director as soon as possible.

THE SUBSTITUTE TEACHER'S DAILY RESPONSIBILITIES

- Report to the school at least twenty minutes before the start of the school day. Sign in at the school office by filling out a substitute “half sheet”.
- Check with the appropriate secretary for keys, student attendance materials, the teacher's schedule, the teacher's lesson plans, class lists, and any special information.
- Report to the classroom before the school day begins. Familiarize yourself with the building, the teacher's schedule, specific building procedures, and plans left by the teacher. Pay close attention to the emergency evacuation procedures posted in each classroom.
- Your schedule for the day will be the teacher's schedule. This schedule also will include non-teaching assignments. All substitute teachers are expected to be present for the entire school day. If you are covering a traveling or special area teacher, you are expected to follow the teacher's entire schedule.
- If a substitute is not in for a specific teacher for the entire day, they will not receive a prep period, only a lunch break.
- Classroom control is the substitute teacher's responsibility. If a problem arises where assistance is needed, contact the school office.
- DO NOT use any kind of markers on the **electronic white interactive board** in the classrooms. These are NOT whiteboards; they are interactive computer boards and should not be used by substitute teachers.
- If a student is involved in an accident (even a minor one), the health office should be notified immediately. In all cases, an accident form must be filled out. At the substitute teacher's earliest convenience, check with the nurse regarding this form. Do not leave the building until the form has been signed.
- Many students have allergies, therefore a substitute should NEVER give food to students under your care.
- Make certain that students remain in the classroom until the bell rings; then dismiss students promptly at the end of each period. Students are expected to be in their next class on time.
- At the end of the school day, dismiss students promptly. Many students ride school buses and should not be detained unless an emergency arises. Please adhere carefully to the dismissal procedures, particularly at the elementary schools.
- At the end of the day lock the windows, adjust the blinds, leave the room in order, turn out the lights, and lock the door.
- Return keys, lesson plans, attendance forms, and other materials to the office. Check to see whether the principal (or his/her designee) has any further instructions.

- Check with staff members regarding specific emergency procedures for the school.

Response to a Crisis

Fire Drill Procedures

1. Always check the fire exit map located in each classroom
2. Have the children line up quietly
3. Turn off the lights
4. Bring the green “go bag” if available or an attendance list, exit the classroom in a quiet, orderly fashion, and close the door
5. Exit the building through the closest exit doors
6. Have the children line up at least 100 feet from the building
7. Take attendance. Immediately notify an administrator if anyone is missing
8. Wait for the "all clear" signal before re-entering the building

Lockdown Drill Procedures

1. Enter the building and go to the nearest safe area
2. Close all blinds
3. Close and lock all windows and doors
4. Move away from Windows
5. Turn off lights
6. Remain in your seats
7. Speak quietly so that all announcements can be heard
8. Wait for the "all clear" signal before resuming classroom activities

Lockout Drill Procedures

1. The outside doors will be locked and only authorized personnel will be allowed to enter building
2. Close all blinds
3. Close and lock all windows and doors
4. All other business will be conducted as usual
5. Wait for the "all clear" signal

Extended Evacuation Drill Procedures (Students remain on site)

1. Line up students and leave the classroom when notified
2. Classroom doors should be closed but not locked
3. Bring the green go bags and attendance list

4. All students and staff will evacuate the premises of the school and will be taken to an alternate location
5. Attendance should be taken at the alternate location

Delayed Openings

1. In the event of a delayed opening, all subs are required to check with the Hauppauge website or listen to News 12 or WALK FM radio.
2. All teachers are expected to arrive at work as close to the regular start of the day in a safe fashion.

District Early Dismissal Drill Procedures

1. Students will be released from school early in a quiet, orderly fashion via the PA system.
2. The after-school SCOPE program for elementary students will not be in session.

Handling Accidents, Illnesses and Injuries

- If a student is bleeding, do not touch the location of the injury, even if you are wearing gloves. Provide the student with a tissue or paper towel and instruct them to hold it on their wound.
- If appropriate, send the student to the nurse's office with another student or staff member if available for further care.
- If the situation is an emergency, call for an administrator or the school nurse.
- Do not administer medicine of any kind to students. (No aspirin, cough medicine, prescription or non-prescription drugs.)
- If you or a student in your class is injured (no matter how insignificant the injury), then you **must report** the injury to the nurse's office immediately.

IMPORTANT DISTRICT POLICIES

All Hauppauge Board of Education Policies can be found on the district website at:
www.hauppauge.k12.ny.us

Equal Employment Opportunity (Policy 9010)

The Board of Education, its officers, and employees shall not discriminate against any employee or applicant for employment on the basis of race, color, national origin, creed or religion, marital status, sex, age or disability.

Drug-Free Workplace (Policy 9125)

The Board of Education believes that a drug-free workplace is essential to the goals of public education and central to the mission of the school district. This policy is intended to assure that a drug-free environment is provided for all employees.

The Board prohibits the manufacture, distribution, possession, and/or illegal use of any controlled substances in the workplace. "Workplace" shall mean any site on school grounds for school-sponsored activities or any place in which an employee is working within the scope of his/her employment or duties. "Controlled substances" shall include drugs that are illegal because they have no legitimate medical purpose, and drugs that have legitimate medical uses but are highly addictive.

Smoking on School Premises (Policy 9530)

Pursuant to New York State Legislation (Chapter 565 of the Laws of 1994), the use of tobacco shall be prohibited on school grounds, which shall include any and all school buildings, structures, surrounding outdoor grounds, and vehicles used to transport children or school personnel, during hours when school is in session or a student activity supervised by staff or an officially sanctioned school event is taking place.

Reporting Child Abuse/Neglect (Policy 5460)

Pursuant to applicable law, any school official or employee who has reasonable cause to know or suspect that a child has been subjected to abuse or maltreatment will immediately report this to the building principal who will report the case to the New York State Child Abuse and Maltreatment Register, as required by law.

Sexual Harassment (Policy 9010.2)

The Board of Education is committed to safeguarding the right of all employees within the school district to a work environment that is free from all forms of sexual harassment. Sexual harassment is a form of discrimination, and as such, is prohibited by law. Conduct is deemed to be sexual harassment when the recipient reasonably perceives such behavior as unwelcome. It is irrelevant that the harasser had no intent to sexually harass the person. The Board recognizes that sexual harassment can originate from a person of either sex against a person of the opposite or same sex, and from peers as well as supervisors. Harassment by School District Officers, administrators, employees, parents, vendors, and others doing business with the School District is prohibited.

Students and Personal Electronic Devices (Policy 5695)

The display and/or use by students of cellular phones, pagers and two-way communication systems, and/or other electronic devices shall be prohibited from the first bell that starts the school day until the final class bell at the end of the school day in secondary schools and from the time students begin the instructional day until the end of the instructional school day for elementary students. Such devices must be turned off and stored out of sight during this time period. Misuse of any of these electronic devices will result in confiscation and/or disciplinary action.

Corporal Punishment Complaints (Policy 5314)

The Board of Education asserts that corporal punishment is not a desirable method of enforcing decorum, order, or discipline. The Board prohibits the use of corporal punishment by district employees.

HAUPPAUGE PUBLIC SCHOOLS

Personnel and Administration Office

495 Hoffman Lane

P.O. 6006

Hauppauge, NY 11788

I _____ acknowledge receipt of the Hauppauge Substitute Teacher Handbook. By signing this, I agree to adhere to the rules, regulations, and policies of the Hauppauge School District as outlined and stated in this handbook.

Signature Substitute Teacher

Date: _____

Please sign and return to:

Hauppauge School District

Personnel and Administration Office

495 Hoffman Lane

P.O. Box 6006

Hauppauge, NY 11788