

CRANSTON PUBLIC SCHOOLS
845 PARK AVENUE
CRANSTON, RHODE ISLAND 02910-2790

Dear Applicant:

We are pleased that you have expressed an interest in the Cranston Public Schools and would appreciate your completing the enclosed application. All applicable items must be completed and they must include official college transcripts, if available. If your transcripts must be forwarded from your college, please assure that they send them with your current name.

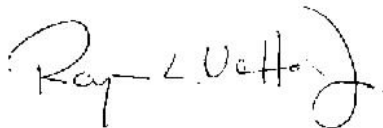
Reference forms are enclosed for your convenience. They are to be forwarded by you. These forms are not necessary provided you have written references. If there are recent references filed with your college placement office, you may prefer to have them forwarded to this office. A minimum of three references is necessary for a completed application.

When we receive your *completed application**, along with a letter of intent for specific positions, your qualifications will be reviewed as positions become available for which you are qualified. An incomplete file will prohibit consideration of your candidacy.

Notice of vacancies will be posted in the Cranston Public Schools, Human Resource Office, and also on our website: cpsed.net.

We appreciate your interest and look forward to receiving your completed application.

Very truly yours,



Raymond L. Votto, Jr.
Director of Human Resources

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- | |
|--|
| <ol style="list-style-type: none">1. Application form – all applicable items must be completed.2. All official college transcripts must be included. (When requesting transcripts, please make sure that they send them to us with your current name.)3. R.I. Teacher's Certificate.4. Three references. (Must have your current name and position applied for.)5. Current (within the last six months) results of Tuberculosis/Mantoux Test.6. Completed State Immunization Form or note from your Doctor. |
|--|



CRANSTON PUBLIC SCHOOLS

845 Park Avenue
Cranston, Rhode Island 02910

APPLICATION of

Name: _____
Last First Middle

Date: _____ Street and Number: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cellphone: _____

Email: _____ Social Security #: _____

Position Applied For: _____

Subject(s): _____

Please note:

Before beginning service in this state it will be necessary to obtain a Rhode Island Teaching Certificate from the Commissioner of Education, 255 Westminister Street, Providence, Rhode Island 02903. It is necessary to have a copy of your certificate in your application.

Please have your placement file forwarded to this office. If you do not have a placement file, an official transcript of your college record will be needed to complete this application.

Return application to: EXECUTIVE DIRECTOR OF HUMAN RESOURCES AND PUBLIC RELATIONS
CRANSTON PUBLIC SCHOOLS
845 PARK AVENUE
CRANSTON, RHODE ISLAND 02910
TEL: (401)270-8025
FAX: (401)270-8641
TDD: (401)270-8115
WEBSITE: cpsed.net

The Cranston Public Schools welcomes diversity in its employment opportunities, programs and activities.

1) COLLEGE EXTRA-CURRICULAR ACTIVITIES:

List any extra-curricular activities in which you participated in college such as student government, debate, publication, honorary or athletic: _____

2) DO YOU HOLD A REGULAR RHODE ISLAND TEACHING CERTIFICATE? _____

If so, what type? _____ Expiration Date _____

At what level (elementary, middle or secondary)? _____

3) WHEN COULD YOU BEGIN WORK HERE? _____

4) EDUCATION:

List Colleges and Universities attended	Location	Specialization or nature of course	Dates of Attendance	Diplomas or Degrees	
				Kind	Date Received or Expected

5) TEACHING EXPERIENCE:

Town, State, School (Indicate if other than Public School)	Nature of Position State Subjects or Grades taught	Dates		# of years taught	Regular or Substitute	Reason for Leaving
		From	To			

6) STUDENT TEACHING EXPERIENCE:

From Mo. Yr.	To Mo. Yr.	School	School Address	Grades and/or Subjects Taught

NAME OF DIRECTING TEACHER _____

7) EXPERIENCE RELATED TO TEACHING: List experiences you have had working with children or young people other than teaching) such as scouting, summer camps, travel, publications, lecturing, etc.

Nature of experience	Where	Dates

8) OTHER EXPERIENCE: Trade, Business, Social Work, Community, etc.

Location	Firm or Institution	Nature of Work	Dates

9) ADDITIONAL INFORMATION: Your future plans in teaching, your ideas and beliefs concerning education, etc. Use a separate page if necessary.

10) REFERENCES: Give as references three people who would have first-hand knowledge of your character, personality, scholarship and teaching ability. If an experienced teacher, provide the names of superintendents, principals or supervisors under whom you worked.

Name	Official Position	Complete Mailing Address	Date Rec'd

How did you find out about Cranston Public Schools, specifically the position for which you are applying?

APPLICANT'S CERTIFICATION

I certify that the information provided in this job application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I agree to execute such form(s) as The Cranston Public Schools may require enabling Cranston Public Schools to investigate my performance in my current and previous jobs.

I understand that if I am offered a position with The Cranston Public Schools, I must submit to a State Criminal Conviction check. This can be accomplished through the State of Rhode Island Attorney General's Office, Rhode Island State Police, or Police Department of the city/town in which you reside.

I understand and agree that nothing contained in this application shall be deemed an employment contract between The Cranston Public Schools and myself for either employment or providing of any benefit. I further understand and agree that the granting of an interview shall likewise not create such a contract. No promises regarding employment or inducements to take employment have been made or offered to me and I understand and agree that no such promises are binding upon The Cranston Public Schools unless made in writing.

In the event of employment, I understand that any false or misleading information given in this application or which I have provided by way of a resume or during interview(s) may result in discharge. I understand, also, that I am required to abide by all of Cranston Public Schools rules and regulations. If I am applying for a bargaining unit job, I understand that the collective bargaining agreement governing that bargaining unit will apply to me.

Signature: _____

Print Name: _____

Date: _____

Notice: This application shall be considered active for a period of time not to exceed two years. Any applicant wishing to be considered for employment after that time period should inquire as to whether or not applications are being accepted.

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Print Name: _____

Date: _____

Notice: This application shall be considered active for a period of time not to exceed two years. Any applicant wishing to be considered for employment after that time period should inquire as to whether or not applications are being accepted.

TO: Prospective Employees of the
Cranston Public Schools

FROM: Raymond L. Votto, Jr.,
Chief Operating Officer

DATE: October 9, 2009

RE: State/National Criminal Background Check
Rhode Island General Laws 16-2-18.1 - 16-2-18.2

Sections 16-2-18.1 and 16-2-18.2 of the Rhode Island General Laws entitled, "School Committees and Superintendents" were recently amended. The changes enacted require any person seeking employment with a private school or public school department who has not previously been employed by a private school or public school department in Rhode Island during the past twelve months, to obtain a state and national criminal background check.

In order to implement this statute, the following procedures have been adopted:

All nationwide background checks require the taking of fingerprints. It is, therefore, required that persons seeking employment, apply to the BCI Unit of the State Police or the police department in the city/town in which they reside.

Once applicants are fingerprinted, a search of the statewide criminal history database will be initiated. In order to expedite the processing of requests, the results of that check will immediately be given to the applicant in written form to be forwarded to the prospective employer. At this time, applicants can be appointed to a position pending the outcome of the subsequent national search.

The fingerprints will then be forwarded to the FBI by mail for a nationwide search of the national criminal history database. Upon completion, the fingerprint cards will then be returned to the BCI Unit noting the existence of a criminal history, if any.

The turn around time for this inquiry is approximately six weeks.

BCI personnel will then inform the applicant in writing of the results of the search noting the existence of specific "disqualifying information," if any. "Disqualifying information" is defined by the statute.

The prospective employer will be notified in writing of the results of the search as well. However, the information conveyed will include only whether or not disqualifying information exists.

Since the fee for both the state and national search is \$35.00 to be paid by the applicant to the Department of Attorney General by check or money order, you need not do this unless you are told that you are going to be recommended or if you wish to begin substituting immediately.

If an applicant for employment has undergone a national and state criminal record check within twelve months prior to an application for employment, the employer may request a letter from the BCI Unit indicating the presence or absence of disqualifying information.

If you have any questions or concerns, please contact my office or the Department of the Attorney General at 421-5268.

RLV:cm

c: P. Nero
J. Lundsten

CRANSTON PUBLIC SCHOOLS
845 PARK AVENUE
CRANSTON, RI 02910-2790

IMMUNIZATION REQUIREMENTS

The Rules and Regulations of the State of Rhode Island require that a physician certify that you are immunized and free of communicable diseases.

MEASLES, MUMPS AND RUBELLA (MMR)

ANY PERSON BORN ***PRIOR*** TO 1956 SHALL BE CONSIDERED IMMUNE

Any person born ***after*** 1956:

- Must have documented evidence of natural immunity or serologic testing via physician, or
- Must have evidence of being immunized against measles, mumps and rubella with a live virus vaccine on or after 12 months of age. (Persons vaccinated prior to 1968 must be revaccinated); or
- Must show documentation that he/she is not a fit subject for immunization due to medical reasons.

Vaccination is preferred in lieu of serologic testing for immunity for women who are not pregnant.

An employee may be exempt from the immunization and requirements, provided:

- A licensed physician signs a medical exemption, stating that the employee is exempt from a specific vaccine for medical reasons, in accordance with ACIP guidelines:
- The employee completes and signs the Immunization Exemption Form on grounds of religious beliefs. Said form is available through the office of Disease Control at the Department of Health.

TUBERCULOSIS

- Prior to employment, you must file with the Director of Human Resources a report from a licensed physician that you are free of tuberculosis based on a physical examination and negative (<10 mm in duration). Mantoux (PPD) tuberculin skin test performed not more than six (6) months before the report is filed.
- If the Mantoux test is positive (>10 mm in duration) or a previous Mantoux test is known to have been positive, the physicians certification that the tuberculosis is not communicable shall be based on documentation of a chest x-ray taken not more than six (6) months prior to the certification.

Cranston Public Schools
Employee Data Sheet
(*Please fill in all boxes with asterisks ONLY)

New Employee? *Y or N*

Title of Position

Employee # : <i>(Computer will assign)</i>	* Social Security # ;			
* Last Name : <i>(Please Print)</i>	* First Name : <i>(Please Print)</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%; text-align: right;">* M.I.</td> <td style="border: none; width: 50%; text-align: left;">* Suffix <i>(Jr., III, Etc)</i></td> </tr> </table>	* M.I.	* Suffix <i>(Jr., III, Etc)</i>
* M.I.	* Suffix <i>(Jr., III, Etc)</i>			

Job Class :		Pay Frequency :	B	* Are you retired?	Y or N
Primary Org :		Primary Group/BU:		* Are you a member of the RI Employees retirement system?	Y or N
Primary Obj :		Personnel Status:	FP/PT		
Primary Loc :		Check Location:			

* Date of Birth:	Date Hired: <i>(Date began work)</i>	Service Date: <i>(Application Date)</i>	Permanent Date: <i>(Date of Appointment)</i>
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Unemployment Tax:	Y	Payroll Run Type:	1
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* Gender:	M or F
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* Actual Marital Status:	
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*EEO Ethnic Code: <i>(Circle One)</i>	A – Asian B – Black H – Hispanic I – Am. Indian O – Other W – Caucasian
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EEO Part time/Full time:	FT/PT/Temp
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EEO Function:	20
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Comment:	
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* Home Address: <i>(Please Print)</i>	
--	--

*City:		*State:		*Zip Code:		Other Adresses?	Y or N
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*Home Phone:	() -
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*Prior Name:	
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Approved By Date

Entered By Date

Employee Job / Salary F/M

Grade/Rank:	
Step:	
FTE:	

Pay Types: _____ 700 BA & 30* _____ 709 N/C Longevity
 (Check all that apply) _____ 701 Masters _____ 710 20 yr Longevity
 _____ 702 MA & 30 _____ 711 25 yr Longevity
 _____ 703 CAGS _____ 712 30 yr Longevity
 _____ 704 Doctorate
 _____ 715 Area Coord
 _____ 717 SSC Stipend
 _____ 718 Dept Chair – Amount _____

Hourly Rate:	
Daily Rate:	

**Those hired after 9/1/89 must get BA + 36 in order to be eligible for the stipend.*

Employee Deductions: (check off)

- 1000 OASDI
- 1100 Medicare
- 2003 NC Pension
- 2004 Cert Pension
- 2315 TDI (NC/Others)
- 3000 Federal W/W Tax
(Attach W4 to Data Sheet)
- 4000 RI State Tax
- _____ Union Dues
- 8620 Survivor's Benefits (Cert)

Non Barg. Entitled To:

Vacation:	
Sick:	
Holidays:	
Personal:	
Berevment:	

HUMAN RESOURCES
SEXUAL HARASSMENT POLICY

4111.6

It is the policy of the Cranston Public Schools that all employees and students will be treated with respect. Neither sexual harassment nor harassment on the basis of race, religion, national origin, gender, ancestry, age, handicap, color or status as a veteran will be tolerated.

The Equal Employment Opportunity Commission (EEOC) has issued regulations under Title VII of the Civil Rights Act of 1964 entitled "Sexual Harassment" and Title IX of the Education Act of 1972, "Anti-discrimination Laws."

1. The EEOC will consider any behavior constituting harassment on the basis of gender, either physical or verbal in nature, a serious violation of the Act.
2. The term, "Sexual Harassment" includes any unwelcome sexual advances, requests for sexual favors, or any other verbal or physical behavior of a sexual nature including, but not limited to the following listed conditions:
 - A. Submission to such conduct is made either explicitly or implicitly a term or condition of a person's employment.
 - B. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting that person.
 - C. The conduct has the purpose or effect of interfering with an individual's work performance, or creating an intimidating, hostile, or offensive work environment.
 - D. Students should be aware that any promise of a reward, such as a higher grade, or threat, such as failure in a course, in return for sexual favors is harassment. Sexual harassment also occurs when a student rejects a sexual advance and is threatened, for example, with a lower grade, or someone's conduct creates an intimidating or offensive environment.

**Policy adopted: 1/11/93
(Resolution 93-1-19)**

**Cranston Public Schools
Cranston, Rhode Island**

HUMAN RESOURCES
SEXUAL HARASSMENT POLICY
PROCEDURE

41116(a)

1. Any employee or student who believes he/she is experiencing sexual harassment should report such circumstances to School or Central Administration immediately. If the employee or student is uncomfortable in discussing the issue with an immediate supervisor or teacher the employee or student may contact the Director of Human Resources or the Superintendent.
2. Any employee or student who has information or knowledge of sexual harassment occurring should report the information to the appropriate administrator, teacher, Director of Human Resources, or the Superintendent.
3. The Superintendent shall be immediately and fully informed by any Administrator or staff employee of any harassment allegations, suspected harassment, or behavior that could be construed as sexual harassment. Any Administrator or Supervisor who is informed of alleged sexual harassment activities occurring within the School Department must, in conjunction with the Superintendent take immediate and appropriate action, beginning with a thorough and confidential investigation of the circumstances.
4. Employees alleged to have committed sexual harassment would be given all due process rights. If sexual harassment activity is found to have occurred, such activity will not be tolerated and disciplinary action, up to and including dismissal of employees who violated this policy will occur.

Regulation
Adopted: 1/11/93

CRANSTON PUBLIC SCHOOLS
Cranston, Rhode Island

COMMUNITY RELATIONS

SMOKE FREE ENVIRONMENT

1331

It is the policy of Cranston Public Schools to eliminate the exposure of students and school employees to the school-site health hazard of tobacco smoke and other tobacco usage. Therefore, Cranston Public Schools will be a tobacco-free school environment effective September 1, 1994. There will be no tobacco product usage by a person in the Cranston Public Schools.

1. DEFINITIONS:

1. "School or schools" shall mean any non-residential school building, public or private, of any city or town community educational system regulated, directly or secondarily, by the Rhode Island Board of Regents for Elementary and Secondary Education or the Rhode Island Department of Elementary and Secondary Education or any other state education board or local city or town school board or school committee or other legal educational sub-division acting thereunder. As used herein, the term "school or schools" shall also include but not be limited to school playgrounds, school administration buildings, indoor school athletic facilities, school gymnasiums, school locker rooms, school buses, other school vehicles, other school buildings whose use is not primarily residential and outside areas within twenty-five (25) feet of any school building.
2. "Person" shall mean any person or persons including but not limited to contract or other workers on school property, school students, school administrators, school employees, school faculty and school visitors.
3. "Tobacco product usage" shall mean the smoking or use of any substance or item which contains tobacco, including but not limited to cigarettes, cigars, pipes, or other smoking tobacco, or the use of snuff or smokeless tobacco, or having in one's possession a lighted cigarette, cigar, pipe, or other substance or item containing tobacco.

II ENFORCEMENT PROCEDURES

a. **Students:**
As specified in the Elementary Pupils Conduct Code or Disciplinary Procedure for Secondary Schools, whichever is appropriate.

b. **Staff:**

First Offense – The principal/administrator/supervisor shall inform the staff person of the “Smoking Restrictions in Schools Act.” The school principal/administrator will encourage staff member to participate in a smoking cessation program.

Second Offense – Verbal warning by principal/ administrator/ supervisor followed up with a letter within three days of the violation: principal will encourage staff member to participate in a smoking cessation program.

Third Offense – One day suspension without pay. The principal/administrator will encourage staff member to participate in a smoking cessation program.

Fourth Offense – Employee subject to further disciplinary action up to and including discharge. The school principal/ administrator will encourage staff members to participate in a smoking cessation program.

c. **Citizen/School Visitor:**

1. **A verbal request to stop smoking or to stop the use of other tobacco products on the school district site.**

2. **Upon refusal to comply, a report will be made to the person in charge who will issue a second verbal warning.**

3. **If the second verbal warning is not adhered to, the person in charge will direct the citizen to leave the site. Should non-compliance result, local law enforcement personnel will be called.**

Legal Reference: R.I.G.L. 20.9

**Cranston Public Schools
845 Park Avenue
Cranston, RI 02910-2790**

I acknowledge that I have received and reviewed the Cranston Public Schools Sexual Harassment Policy, #4111.6 and #5141.31, and Smoke Free Environment Policy #1331.

Name: _____

Date: _____

Position: _____

**Cranston Public Schools
845 Park Avenue
Cranston, RI 02910-2790**

Discrimination Form

The 1972 amendment to Title VII of the 1964 Civil Rights Act, prohibits inquiries that may be justified for record keeping purposes from appearing on employment applications. Such information that may be omitted in completing this application that may be obtained if a candidate is hired includes the following:

- a. Miss, Mr., Mrs., Ms.
- b. Birthplace
- c. Marital Status
- d. Dependents
- e. Physical Defects
- f. Military Status

No discrimination due to race, color, gender, national origin, creed or disability will be practiced in employment, assignment or transfer of employees.

By the requirements of Section 504 of the Rehabilitation Act of 1973, the Cranston Public Schools will schedule interviews or other recruitment activities in facilities that are accessible to disabled applicants when necessary.

Completion of this portion of the application is STRICLTY VOLUNTARY and will no affect your opportunity for consideration for this position.

Sex: M____ F____	Physically/Mentally Challenged: _____	Veteran: _____
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Race:

Native American: _____	Alaskan Native: _____	African American: _____
White: _____	Asian American: _____	Pacific Islander: _____
Hispanic: _____	National Origin: _____	

403(b) Salary Reduction Contribution Eligibility Notification

If you are an employee working for the Cranston Public Schools even on a substitute basis, you are eligible to participate in the 403(b) Tax Sheltered Annuity Program. A list of the current providers is printed on the back of this notification.

Should you choose to participate, you will contact the company of your choice, fill out the appropriate forms and return the Salary Reduction Agreement to the Benefit Office in Human Resources. Deductions will be entered within two weeks of receipt of your form.

If you have any further questions, they may be directed to Benefits at (401) 270-8182.

Please sign below to indicate that you have been informed of your right to participate in the TSA program with Cranston Public Schools.

PRINTED NAME

DATE OF HIRE

SIGNATURE

TODAY'S DATE

Cranston Public Schools & Gatekeeper Administration & Consulting, LLC (the compliance administrator in terms of meeting Internal Revenue Service (IRS) regulations DO NOT endorse, evaluate or sell any investment product or endorse any investment provider. The ultimate decision of where funds are invested rests with each individual participant using the approved investment providers listed below. The phone numbers and web addresses listed will provide you with information on contacting a local representative and/or how to open your account. You may choose any investment advisor or agent that is licensed to sell any investment sponsored by the following investment companies.

AIG Retirement

(Formerly AIG VALIC)

Phone 800-853-6399

Website: www.aigvalic.com

Products: Annuity/Mutual Fund

Life Insurance Company of Southwest

Phone: 800-579-2878

Website: www.lifeofsouthwest.com

Products: Annuity

AXA Equitable

Phone: 800-628-6673

Website: www.axa-equitable.com

Products: Annuity/Mutual Fund

MassMutual Financial Group

(formerly Massachusetts Mutual Life Ins. Co)

Phone: 800-272-2216

Website: www.massmutual.com

Products: Annuity

Fidelity Investments**

Phone: 800-343-0860

Website: www.fidelity.com

Products: Annuity/Mutual Fund

MetLife

(MetLife acquired General American Life Ins. Co)

Phone: 800-METLIFE

Website: www.metlife.com

Products: Annuity/Mutual Fund

Horace Mann

Phone: 800-999-1030

Website: www.horacemann.com

Products: Annuity

MetLife Investors Group

Phone: 800-METLIFE

Website: www.metlifeinvestors.com

Products: Annuity

Great American Life Ins. Co.

Phone: 888-497-8556

Website: www.galic.com

Products: Annuity

Security Benefit Corporation

(formerly Security Benefit Life Ins. Co.)

Phone: 800-888-2461

Website: www.securitybenefit.com

Products: Annuity/Mutual Fund

** Gatekeeper's Service Provider Agreement is currently pending with this Provider.

Form W-4 (2016)

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

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

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

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

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

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

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

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 40%; padding: 2px;">Last name</td> <td style="width: 30%; padding: 2px;">2 Your social security number</td> </tr> </table>		1 Your first name and middle initial	Last name	2 Your social security number
1 Your first name and middle initial	Last name	2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)		

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You 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.

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

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

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
----------------------	------------------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
------------------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
--	------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR		AND
1. U.S. Passport or U.S. Passport Card		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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		6. Military dependent's ID card	
		7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)	
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		10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
			8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

CRANSTON PUBLIC SCHOOLS

845 Park Avenue
Cranston, RI 02910-2790

Substitute Teacher Application

Name			
Address			
City, State Zip			
Home Phone			
Cell Phone			
e-mail			

Certifications			

Would you occasionally sub in the following areas (Please Checkmark)	Sp Ed	<input type="checkbox"/>	Art	<input type="checkbox"/>	
	Phys Ed	<input type="checkbox"/>	ESL	<input type="checkbox"/>	
	Music	<input type="checkbox"/>			
When could you begin substituting?					
You will not be called to substitute unless you return a completed application with this form. Ex. Transcripts, Certificate, Medical Documents					
Signature				Date	

CHECKLIST FOR CERTIFIED APPLICATIONS

Applicant's Name	Date
Resume	_____
Completed Cover Application	_____
Copy of Teaching Certificate (RI Certified)	_____
Official Transcripts	_____
Copy of PTL Scores – Qualifying Scores	_____
Sexual Harassment and Smoke Free Environment Policy	_____
Discrimination Form	_____
References (3 letters of)	_____

TO BE FILLED OUT PRIOR TO EMPLOYMENT

TB Test Results (no older than 6 months)	_____
Proof of Immunization (MMR) (if applicable)* *Persons born after 1956	_____
Data Sheet (fill out * areas)	_____
W-4	_____
I-9 Form (Need copies of <u>2</u> identification documents as listed on reverse side)	_____
Criminal Background Check	_____
Salary Reduction Form	_____

For office use only

Signature _____ Date _____

W-4 and Data Sheet sent to Payroll _____

Cranston Public Schools

Direct Deposit Authorization

Employee # _____ Social Security # _____

Name _____

PLEASE PRINT: First Middle Last

****A Void Check Or Bank Documentation Is Necessary For Verification****

Only One Bank Per Sheet

_____ 025 Sovereign
_____ 120 Bank RI
_____ 065 Washington Trust
_____ 060 Citizens RI
_____ 280 CMECU
_____ 070 Centerville Sav. **Checking**
_____ 052 Bank of America **MA**

_____ 024 Sovereign **Global**
_____ 050 Bank of America **RI**
_____ 225 Coastway Credit Unnion
_____ 300 Pawtucket Credit Union
_____ 235 Coventry Credit Union
_____ 072 Centerville **Savings**

Other Banks Listed On Back Of Form

1. I hereby authorize and request you to: START, STOP, CHANGE AMOUNT

SAVINGS or CHECKING Full Net Deposit or Fixed Amount \$ _____

Routing # _____ Account # _____

2. I hereby authorize and request you to: START, STOP, CHANGE AMOUNT

SAVINGS or CHECKING Full Net Deposit or Fixed Amount \$ _____

Routing # _____ Account # _____

3. I hereby authorize and request you to: START, STOP, CHANGE AMOUNT

SAVINGS or CHECKING Full Net Deposit or Fixed Amount \$ _____

Routing # _____ Account # _____

This authorization may be cancelled at any time by notification, in writing, to The Cranston Public Schools Payroll Office. Any such notification shall be effective only after Cranston Public Schools has had reasonable time to act upon it.

Signature of Employee _____ Date _____

Entered By _____ Date _____