

School Administrative Unit 18

119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 - FAX (603) 934-3462
www.saul8.org

Daniel LeGallo, Jr.
Superintendent

Amanda Bergquist
Business Administrator

Thank you for responding to our need for substitute teachers. Please follow the instructions below for each of the following forms:

Application – Circle substitute (any other area of interest), indicate the grade levels desired, and fill out the form as completely as possible.

Form W-4 – Complete the form according to instructions and your need.

Form I-9 – Complete page one (1) only (through your signature and date). PLEASE NOTE: Look at the document lists on the reverse side and select one document from Column A – or one document from Column B and one document from Column C. We must see the original of each document. The only exception to this rule is a birth certificate – a certified copy with stamp or seal is acceptable but not a copy. (In the event you need a replacement document, we can temporarily accept proof that you have applied for it.)

Criminal Record Release Authorization Form – Effective August 2, 1997 any person hired by a school district in New Hampshire must undergo a background investigation including a criminal history records check. Inked fingerprints are not accepted only a livescan will be accepted for the background investigation. **The cost of this background investigation is \$49.75 and is the responsibility of the employee. Please do not sign this document as this document needs to be notarized.**

Direct Deposit Form – If you are interested in direct deposit, please fill out the attached form and include a voided check for verification.

Substitute contract and school information – Please fill this form out completely. I have also attached school information you will need once your fingerprints results have been received.

Bring the completed forms and documents to our office so that we can copy the necessary documents for our files and return your originals. Once we receive your fingerprint results we will notify you. At that time you may visit the principals of the schools at which you are interested in subbing.

If you have any questions, please call my secretary, Robyn Keane (603) 934-3108 extension 4414. We look forward to meeting you soon.

Sincerely,

Daniel LeGallo, Jr.
Superintendent of Schools

Enclosures

Serving the Franklin and Hill School Districts

SCHOOL ADMINISTRATIVE UNIT 18

Franklin & Hill School Districts

119 Central Street

Franklin, New Hampshire 03235

APPLICATION FOR EMPLOYMENT

_____ Date

To Applicant:

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. An understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Please circle the position for which this application applies:

Secretary
Bookkeeper
Maintenance

Teacher Asst.
Spec. Ed. Tutor
Custodian

Food Service
Substitute Teacher (K-2 3-4 5-8 9-12)
Co-Curricular (Athletic - Non Athletic)

PERSONAL

Name: _____ Social Security # ____ / ____ / ____
Last First

Present Address: _____
Street City State Zip

Telephone Number: _____

Would you work full time? Yes No Part time Yes No

Pay rate expected per week: \$ _____

If part-time, please specify days and hours available: _____

If your application is considered favorably, when could you start work? _____

Have you ever been arrested for or convicted of a crime which has not been annulled by a court?

Yes No If yes, please list date of conviction, charge and court result _____

List experiences, skills and qualifications which you feel might be useful in the position(s) for which you have applied:

RECORD OF EDUCATION

Schools Attended (Name & Address)	Course of Study	Last Year Completed (Circle One)	Year of Graduation	Degree or Diploma (Specify)
High:		1 2 3 4		
College(s):		1 2 3 4		
Other (Specify):				

MILITARY SERVICE

Branch of Service	From	To	Type of Discharge

PERSONAL REFERENCES

NAME	ADDRESS (Please provide complete address)	Phone Number

List present and all past employment, beginning with most recent:

1. _____
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: _____

Reason for leaving: _____

2. _____
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: _____

Reason for leaving: _____

3. _____
Company Name Address

Supervisor Dates of Employment (From /To) Salary Weekly

Describe your work: _____

Reason for leaving: _____

NOTE: We will contact the employers listed above to assess your previous work record.

My signature below indicates that the information given on this application is accurate and complete to the best of my knowledge. (Any inaccurate information will be grounds for dismissal)

Signature of Applicant

**EQUAL OPPORTUNITY EMPLOYER
SCHOOL ADMINISTRATIVE UNIT 18**

SCHOOL ADMINISTRATIVE UNIT 18
Franklin/Hill School Districts
119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 – FAX (603) 934-3462

FALSIFICATION IN OFFICIAL MATTERS

New Hampshire RSA 641:3 Unsworn Falsification. A person is guilty of a misdemeanor if:

- I. they make a written false statement which they do not believe to be true, on or pursuant to a form bearing notification authorized by law to the effect that false statements made therein are punishable; or
- II. with a purpose to deceive public servants in the performance of their official function, the applicant
 - (a) makes any written false statement which they do not believe to be true; or
 - (b) knowingly creates a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading; or
 - (c) submits or invites reliance on any writing which they know to be lacking in authenticity; or
 - (d) submits or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.

III. I _____ acknowledge that I have read the
(applicant's signature)
above information on falsification of official matters and hereby represent and warrant that all information submitted in the application for employment, and accompanying documents, is complete and correct to the best of my knowledge.

Date

Approved: August 6, 1992

Equal Opportunity Employer – Equal Education Opportunities

**SCHOOL ADMINISTRATIVE UNIT 18
Franklin/Hill School Districts
119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 – FAX (603) 934-3462**

AUTHORIZATION TO RELEASE INFORMATION

I authorize School Administrative Unit 18, its administrators or designees, to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency or government agency to give School Administrative Unit 18, its administrators or designees, any information they may have regarding me. In consideration of the review of this application, I release providers of information from any liability as a result of furnishing and receiving this information.

A copy of this release shall in all respects serve as an original.

Social Security Number

Applicant's Signature

Date

Equal Opportunity Employer – Equal Education Opportunities



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator A preparer(s) and/or translator(s) assisted the employee in completing Section 1
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code	

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		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
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status 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.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		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. 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		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____

For accuracy, complete all worksheets that apply.

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

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 5px 0 0 20px;">▶ 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 <div style="font-size: 2em; font-weight: bold; margin: 10px 0;">2017</div>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		_____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____



New Hampshire Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD RELEASE FORM

SCHOOL EMPLOYEE/VOLUNTEER CRIMINAL HISTORY RECORD CHECK – RSA 189:13-A

I hereby authorize the New Hampshire Department of Safety, Division of State Police to notify the Superintendent/Chief Executive Office of an employing school administrative unit, school district, chartered public school, public academy, or non-public school of the presence of any Felony and/or Misdemeanor Criminal History Record Conviction pursuant to RSA 189:13-a.

CHRI RELEASED TO:

SAU #18, Franklin and Hill School District
Mr. Daniel LeGallo
119 Central Street
Franklin, NH 03235

SAU #: 18

Employee
 Volunteer
 Prepaid Account Number: _____

CHRI TO BE REQUESTED ON:

Name: _____
 LAST (MAIDEN) FIRST MI

Address: _____
 STREET CITY STATE ZIP

Date of Birth ___/___/___ Social Security # (Optional) ___/___/___

By signing below you are certifying that you are the individual listed above and that the information provided is true under penalty of forgery and/or unsworn falsification.

Releasee's Signature: _____ Date: ___/___/___

Notary's Signature: _____ Date: ___/___/___

(Affix seal)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he/she passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Fees: LIVESCAN - \$37.00 –or– INKED = \$47.00 for Employees and \$20.75 for Volunteers
****NHSP LIVESCAN FEES: \$47.00 for Employees and \$30.75 for Volunteers****

- Applicant fingerprint card must be submitted at the same time as payment and this form.
- Make checks payable to: State of NH – Criminal Records

Date:

FRANKLIN & HILL SCHOOL DISTRICT

SAU #18
119 Central Street
Franklin, NH 03235

For Educational Employment Livescan Background Check

Name: _____ Telephone: _____

Your appointment has been scheduled for (Date) _____ at (Time) _____

The Fee is: **\$47.00** (Employee) **\$30.75** (Volunteer)

Please be sure to bring:

1. Photo Identification
2. Completed Criminal Record Release Authorization Form from the **SAU 18** Office (notarized)
3. Payment (Check, Money Order or Credit Card) * (Credit Card only at Concord location)

Directions

State Department of Safety Building
33 Hazen Drive
Concord, NH 03301
(603) 223-3867

1st Floor, Room 106

From the South: Take I-93 to Concord NH.

Take exit 14 and at the bottom of the ramp turn right on Loudon Road.

Go up the hill and at the second set of lights take a left on Hazen Drive.

Follow the signs to the Department of Safety building.

This is the last large building on the left. State Police headquarters is in this building.

From the North: Take I-93 to Concord NH.

Take exit 15E on Rt. 393. Take exit 2.

Turn left at the end of the ramp onto Eastside Drive, then turn right onto Hazen Drive.

Follow the signs to the Department of Safety Building.

From the East: Take Rt. 393 E to Exit 2.

Turn left at the end of the ramp onto Eastside Drive, then turn right onto Hazen Drive.

Follow the signs to the Department of Safety Building.

ORIGINAL

CHANGE

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employer Name: SAU 18 [] FRANKLIN SCHOOL DIST [] HILL SCHOOL DIST []
(Please check one)

I authorize my Employer to automatically deposit any funds owed to me to my account(s) at the Depository Financial Institution(s) named below.

I understand that this agreement may be terminated by me or by my Employer at any time by written notification. Any such termination or change requires a reasonable time to act upon it.

I authorize my Employer to debit my account only for the purpose of correcting an erroneous credit previously deposited to my account provided that, prior to the debit, my Employer has notified me in writing of the reason for the debit.

REQUEST FOR DIRECT DEPOSIT

(to be completed in ink)

(1) Account at: _____ Net Pay or Balance of Check
Financial Institution

Routing Number: _____ Account Number: _____ Type _____
Savings/Checking

(2) Account at: _____ Amount \$ _____
Financial Institution

Routing Number _____ Account Number _____ Type _____
Savings/Checking

If you are choosing two financial institutions, you may designate a set dollar amount to only one. The balance will automatically go to the primary account.

Employee Name: _____
Please print

I have read and understand this form: _____
Signature Date

Your Direct Deposit advice slip can be distributed in paper form or by e-mail to your district e-mail address or your personal e-mail address. Please select the method you wish:

Paper Copy _____ E-Mail _____ at _____
E-mail address

Voided check(s) must be attached before your first transmission can be made. FAILURE to attach voided check(s) will delay the start of your first transmission.

For Office Use Only

Processed by: _____ Date _____

Direct Deposit will begin on _____

It is recommended that you contact your financial institution regarding the time of availability of your deposit

School Administrative Unit 18

119 Central Street
Franklin, New Hampshire 03235
(603) 934-3108 - FAX (603) 934-3462
www.sau18.org

Daniel LeGallo , Superintendent

Amanda Bergquist, Business Administrator

Date: _____

Dear _____:

We would like to thank you for your application and for the completion of the necessary paperwork. School Administrative Unit Eighteen (SAU 18) appreciates your service as Substitute Teacher.

Once the necessary background clearance is returned, it is our expectation that you will be employed for the 2016-2017 School Year in the Substitute Teacher position. Please sign one copy of this letter and return it to the SAU Office.

We look forward to your continued association with School Administrative Unit Eighteen.

Sincerely,

Daniel LeGallo
Superintendent

Substitute Signature

Date

Please indicate which school(s) you wish to substitute teach for: (circle all that apply)

- PSS • FMS • FHS • JDBS (Hill School District)

Please check here if you wish to be removed from our Substitute Teacher listing:

Please indicate day(s) available: _____

If you are a college student, please indicate dates of vacations you are available: _____

Please Note:

- ✚ We are now offering Direct Deposit for substitute teachers. A form has been enclosed, if you are interested.
- ✚ If you have not completed a W-4, please complete the enclosed W-4 and return with this signed letter.

Serving the Franklin and Hill School Districts

SCHOOL ADMINISTRATIVE UNIT 18
School Information

Michael Hoyt, Principal
Hours: 8:30 – 3:15

Paul Smith School (Gr. K-3)
14 Daniel Webster Drive
934-4144

Kevin Barbour, Principal
Jack Finley, Asst. Prin.
Hours: 7:40 – 2:35

Franklin Middle School (Gr. 4-8)
200 Sanborn Street
934-5828

Carrie Charette, Principal
Michael Zmuda, Asst. Prin.
Hours: 7:40 – 2:35

Franklin High School (Gr. 9-12)
119 Central Street
934-5441

Dr. Brian Connelly
Hours: 7:30 – 2:45

Jennie D. Blake School (Gr. K-6)
32 Crescent Street
934-2245