

Camden County Schools

Personnel Office

174 North 343, Camden, NC 27921

(252) 335-0831

TO: New Employee
FROM: Amy Burnham, Benefits Specialist/Assistant
RE: NEW EMPLOYEE PAPERWORK

WELCOME TO CAMDEN COUNTY SCHOOLS!

Enclosed is your New Employee Paperwork. Instructions for each form are listed below. Please feel free to call me at 252-335-0831, ext. 221 if you have any questions.

ALL EMPLOYEES

TAX FORMS for state and federal tax. Please fill in the information at the bottom of the form. Be sure to include your number of allowances on line 5 on the federal form. Please follow the table on the NC-4EZ Tax Form to correctly list your number of allowances on line 1, taking notice of the CAUTION statement found over the signature line regarding the number of allowances you are authorized to list.

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9) is a federal form to verify citizenship and/or eligibility for employment in the United States. Please fill out Section 1. When you return your forms, we will copy your **Driver's License** and **Social Security Card**. **BE SURE TO BRING YOUR IDENTIFICATION WITH YOU. A COPY OF YOUR SOCIAL SECURITY CARD IS REQUIRED FOR PAYROLL PURPOSES.**

HEALTH EXAMINATION CERTIFICATE is required by state law. Please have your physician fill it out. You must return it prior to your first pay date.

FULL TIME EMPLOYEES

TEACHERS AND STATE EMPLOYEES RETIREMENT SYSTEM You will be enrolled in the retirement system through payroll. Please note that, required by law, 6% will be deducted from your gross monthly salary. The attached form is for you to designate beneficiaries. Please fill in all information for your beneficiaries including dates of birth, social security numbers and addresses. **This form must be notarized and should be signed in the presence of a notary in our office.**

NC STATE HEALTH PLAN. You may choose from three plans provided by the NC State Health Plan. The Board of Education pays for your insurance if you enroll in the Traditional 70/30 Plan; the Enhanced 80/20 Plan and the Consumer-Directed Health Plan (CDHP) both have premiums that you will be responsible in paying for by a deduction taken out of your paycheck. All three tiers have dependent and spouse coverage that you can elect. Keep in mind that spouse and dependent coverage is payable by the employee and deductions will be taken out of your paycheck for these premiums. Please review coverage comparisons and pricing that are included in this packet. Also, if you or your dependents have other health insurance, you will need to bring your insurance card with you and fill out an Other Coverage Form. If you choose to not obtain coverage, we will ask that you decline in writing.

FLEXIBLE BENEFIT PLAN Optional insurance plans: vision, dental, life, etc., are available for full-time employees and some part-time employees. The plan year for these benefits is January through December. These insurances are offered through pre-tax salary reduction plans in most cases. If you do not choose to purchase these insurances, you are required to sign a waiver form.

CAMDEN COUNTY SCHOOLS PERSONNEL INFORMATION SHEET

NAME: _____
 LAST FIRST MIDDLE

SSN: _____ DATE OF BIRTH: _____ SEX: F M

HISPANIC OR LATINO ETHNICITY: YES OR NO

RACE: (PLEASE CHECK)

_____ BLACK OR AFRICAN AMERICAN

_____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

_____ ASIAN

_____ AMERICAN INDIAN OR ALASKA NATIVE

_____ WHITE

HOME ADDRESS: _____

TELEPHONE NUMBER: _____ PRIVATE: YES OR NO

CELL PHONE (OPTIONAL): _____

HIGH SCHOOL DIPLOMA: YES OR NO GED: YES OR NO

HIGH SCHOOL ATTENDED: _____

COLLEGE ATTENDED: _____

DEGREE OBTAINED: _____

IF YOU HAVE HELD A TEACHING LICENSE, PLEASE INDICATE THE STATE
AND AREA:

SIGNATURE

DATE

Form W-4 (2018)

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

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

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

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

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

General Instructions

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

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

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

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

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

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

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

Specific Instructions

Personal Allowances Worksheet

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

Line C. Head of household *please note:*

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

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

Line F. Credit for other dependents.

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2018
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	10 Employer identification number (EIN)	

NC-4EZ Employee's Withholding Allowance Certificate

Filing Status (Mark one box only) Single or Married Filing Separately Head of Household Married Filing Jointly or Surviving Spouse

Social Security Number

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First Name M.I. Last Name

Address County (Enter full five letters)

City State Zip Code Country (If not U.S.)

Instructions. Use Form NC-4EZ if you:

- Plan to claim the N.C. Standard Deduction
- Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits
- Prefer not to complete the extended Form NC-4
- Qualify to claim exempt status (See Lines 3 or 4 below)

Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.

Single & Married Filing Separately		Married Filing Jointly & Surviving Spouse		Head of Household	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10	
# of Allowances		# of Allowances		# of Allowances	
0 - 20,000	1 2 3 4 5 6 7 8 9 10	0 - 40,000	1 2 3 4 5 6 7 8 9 10	0 - 30,000	1 2 3 4 5 6 7 8 9 10
20,001 - 30,000	0 1 2 3 4 4 5 6 7 8	40,001 - 60,000	0 1 2 3 4 4 5 6 7 8	30,001 - 45,000	0 1 2 3 4 4 5 6 7 8
30,001 - 40,000	0 1 1 2 3 3 4 4 5 6	60,001 - 80,000	0 1 1 2 3 3 4 4 5 6	45,001 - 60,000	0 1 1 2 3 3 4 4 5 6
40,001 - 50,000	0 0 1 1 2 2 2 3 3 4	80,001 - 100,000	0 0 1 1 2 2 2 3 3 4	60,001 - 75,000	0 0 1 1 2 2 2 3 3 4
50,001 - 60,000	0 0 0 0 1 1 1 1 1 2	100,001 - 120,000	0 0 0 0 1 1 1 1 1 2	75,001 - 90,000	0 0 0 0 1 1 1 1 1 2
60,001 and over	0 0 0 0 0 0 0 0 0 0	120,001 and over	0 0 0 0 0 0 0 0 0 0	90,001 and over	0 0 0 0 0 0 0 0 0 0

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above) _____

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars) _____ .00

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions:
 • Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and Check Here
 • This year, I expect a refund of all State income tax withheld because I expect to have no tax liability.

4. I certify that I am exempt from North Carolina withholding because I meet the requirements of the Military Spouses Residency Relief Act and I am legally domiciled in a state other than North Carolina. (Enter state of domicile) _____ Check Here

If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective _____ YYYY

5. I certify that I no longer meet the requirements for an exemption on Line 3 or Line 4 (Check applicable box)

Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on Line 1 and any additional amount entered on Line 2. Check Here

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature _____ Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or 4, whichever applies.



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 preparer(s) and/or translator(s) 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: Employee or Authorized Representative Review and Verification
 (Employer or the authorized representative must complete this Section within the business days of the employee's first day of employment. You must physically examine the document from List A OR a combination of one document from List B and one document from List C 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
List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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 - Section 2 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)		
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 Benefits Specialist-Assistant		
Last Name of Employer or Authorized Representative Burnham	First Name of Employer or Authorized Representative Amy	Employer's Business or Organization Name Camden County Schools		
Employer's Business or Organization Address (Street Number and Name) 174 NC Highway 343 North	City or Town Camden	State NC	ZIP Code 27921	

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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 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 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

CAMDEN COUNTY SCHOOLS

AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY

Instructions: Complete all items and return to the Personnel Office. The deposit will be confirmed through the banking system before the first automatic deposit is made; payroll checks should be expected until you receive the initial notice of deposit. **NOTE:** Be sure your attached, canceled check contains the bank transit-routing number and your account number.

Social Security Number	First Name	MI	Last Name
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_____ I authorize Camden County Schools to deposit my net pay to the account and bank indicated and to initiate any necessary adjustment entries to my account for any transactions credited to it in error. (Sign and date below and complete the information following.)

_____ **Employee Signature** _____ **Date**

Bank Name	Bank Location
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For Deposit to: (Indicate one by checking)	
Checking Account ()	Savings Account ()

Indicate Change When Applicable	
If change banks, writer former bank name.	If changing names, writer former name.

**PLEASE ATTACH A VOIDED CHECK FOR THE DEPOSIT ACCOUNT
IN THIS SPACE
USING TRANSPARENT TAPE.**



Certifying Employee Status Under Retirement Reemployment Laws



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

Section B. Please understand that retirees are subject to earnings restrictions.

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers' and State Employees' Retirement System

(TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees' Retirement System and the Teachers' and State Employees' Retirement System is located in Guides B, C, and D.

Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.

- YES, I am currently receiving a monthly benefit from the following: (check all that apply)
- Teachers' and State Employees' Retirement System (TSERS)
 - Local Governmental Employees' Retirement System (LGERES)
 - Consolidated Judicial Retirement System (CJRS)
 - Legislative Retirement System (LRS)
 - Disability Income Plan of North Carolina (DIPNC)

NO, I am not currently receiving a monthly benefit from any of the above listed systems.

Section D. Please sign below.

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

Member's Signature _____ Date _____

Section E. Please submit this form to your employer.

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

Thank you.

**STATE BOARD OF EDUCATION
 LONGEVITY PAY PROGRAM
EMPLOYEE'S RECORD OF AGGREGATE STATE OF NORTH CAROLINA SERVICE**

CAMDEN COUNTY

NAME (LAST, FIRST, MIDDLE INITIAL _____)

SOCIAL SECURITY NUMBER _____

DATES OF PERMANENT FULL-TIME OR PERMANENT PART-TIME STATE OF N.C. SERVICE			YRS.	MTHS.	PLACE OF EMPLOYEMENT	POSITION HELD	PART-TIME* OR FULL-TIME
FROM:		TO:					
MO.	DAY	YR.	MO.	DAY	YR.		

* If Permanent Part-Time, Percent (%) of Full-Time.

** School Administraive Unit, State Agency, Institution, or other.

I certify that to the best of my knowledge, the above information is correct.

_____ Date

_____ Signature of Employee

HEALTH EXAMINATION CERTIFICATE North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: _____ Social Security Number: _____
 Address: _____

The above named individual is to be recommended for employment by _____ (local school board) in a position of _____. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus), Hep B, MMR, etc.			

Date: _____

 Physician, Physician's Assistant, or Nurse Practitioner (Type or Print)

SIGNATURE: _____

License/Registration #: _____ State* Granting License/Registration: _____

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.