

Employee Work Sheet

Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Telephone Number _____ Cell _____

Street Address _____ City _____ State _____ Zip _____

Date of Birth: Month _____ Day _____ Year _____ Male _____ Female _____

Marital Status: Married _____ Single _____ Date hired _____ Position _____
(First Working Day)

Number of Years Employed By the LCESC _____. Years Employed in Other Districts _____.

Total number of years taught _____. Years of military service _____. Years experience _____.

If You Are Anticipating Retirement In The Next Five Years, Please State Year _____

CERTIFICATION INFORMATION

Certification: Types (Provisional, Professional, Permanent) of certificates held and expiration dates of the same: _____

PLEASE ATTACH A COPY OF YOUR CERTIFICATE TO THIS FORM.

College Degree's AB/BS _____ 150 Hours _____ MA _____ Other _____

Semester Hrs acquired since last year.

Total Semester Hrs.
(Required)

Emergency Medical Information: In case of emergency, notify:

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Physician _____ Hospital Preference _____

Do Not Write Below This Line. For Office Use Only.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____		
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____		
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . 4(c) \$ _____		

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		_____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
3. Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional)\$

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature _____ Date _____

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____



MEMBER INFORMATION

EMPLOYERS: PLEASE DO NOT SEND THIS FORM TO STRS OHIO. Use this optional form to gather required information from new employees in order to complete new hire or reemployed retiree notifications. This information **must** be sent in a properly formatted electronic file via secure file upload or electronically in ESS. See the STRS Ohio Employer Website for record layouts.

Members: Please complete the information below and return to your employer within 10 days of your first workday.

Section 1 — Employee Information

Social Security no. _____

Name _____

Birth date _____ Male Female

Address _____

City, state, ZIP code _____

Primary email address _____

Cell phone or Home phone _____

First day worked with this employer _____ (Retired employees should indicate first day worked with this employer after retirement date.)

Are you currently receiving a monthly retirement benefit from an Ohio public employer or an alternative retirement plan (ARP)? Yes No If yes, please complete Section 2.

Section 2 — Retired Employee

Only complete if you are receiving a monthly retirement benefit from an Ohio public employer or an ARP.

Retirement date _____

Type of retirement benefit:

- Service retirement Disability ARP (Allowance)

Which retirement system pays your monthly retirement benefit?

- | | |
|--|--|
| <input type="checkbox"/> STRS — State Teachers Retirement System of Ohio | <input type="checkbox"/> OP&F — Ohio Police & Fire Pension Fund |
| <input type="checkbox"/> OPERS — Ohio Public Employees Retirement System | <input type="checkbox"/> SHP — Highway Patrol Retirement System |
| <input type="checkbox"/> SERS — School Employees Retirement System of Ohio | <input type="checkbox"/> CRS — City of Cincinnati Retirement System |
| | <input type="checkbox"/> ARP — Alternative Retirement Plan (option only for college and university retirees) |

School Use Only

College and university employers: Is this employee eligible for an ARP? Yes No



Lawrence County Educational Service Center

304 N 2nd Street
Ironton, OH 45638

Acknowledgement of receipt of Auditor of State fraud reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has 30 days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging Lawrence County ESC provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud reporting system.

I, _____, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. If you suspect fraud you can call the Public Integrity Assurance Team at 1-866-372-8364 or you may email them at fraudohio@ohioauditor.gov. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME AND TITLE

PLEASE SIGN NAME

DATE



Lawrence County Educational Service Center

304 N 2nd Street
Ironton, OH 45638

New Employees, the Lawrence County Educational Service Center will need the following to complete your employment. The driver abstract is needed every 3 years for our insurance purposes. If you are a bus driver this is a must. If you have one on file and it is less than 3 years old you may provide it with your payroll employment packet. The links are below.

The link for Ohio is

<https://services.dps.ohio.gov/BMVOnlineServices/DL/Abstract>

The link for West Virginia is:

<https://www.dmv.org/wv-west-virginia/driving-records.php#Ordering-a-WV-Driving-Record>

The link for Kentucky is:

<https://secure.kentucky.gov/dhronline>

The Lawrence County Educational Service Center will also need a copy of your **valid licensure**, if applicable. Along with your completed payroll packet, you will need to send a copy of your valid drivers license as well as your social security card.

A copy of your current BCI and FBI background checks will also be needed. If you don't have these or they are expired, the ESC does perform fingerprinting services but an appointment is needed. You may call Chelsea Harper at 740-532-4223 ext 221.

If you have any questions please call me at 740-534-3469.

Robin Waller
Treasurer
Lawrence County ESC