

North Harrison Substitute Handbook

2020-21

**12023 Fir Street
Eagleville MO 64458**

**www.nhr3.net
www.dese.mo.gov**

**(660) 867-5221 Office
Gayla Pottorff, Substitute Coordinator Extension #118
(660) 868-1306 Cell**

It is the policy of North Harrison R-III School District to provide equal employment, promotion, and education without regard to sex, age, race, color, marital status, religion, national origin, or disabling condition. Concerns or complaints should be directed to the Superintendent of Schools, Title IX Coordinator, Section 504 and ADA Compliance Coordinator at 12023 Fir Street, Eagleville, MO 64442.

TABLE OF CONTENTS

WELCOME!.....	2
APPLYING FOR SUBSTITUTE TEACHING	3
EMPLOYMENT PAPERWORK TO BE COMPLETED.....	4
REPORTING TIME.....	4
SCHOOL START AND ENDING TIMES.....	5
EATING SCHOOL LUNCH	5
WHAT IS EXPECTED FROM A SUBSTITUTE.....	5
SPECIAL EDUCATION SERVICES.....	6
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).....	7
WHAT A SUBSTITUTE TEACHER CAN EXPECT TO RECEIVE.....	8
SMOKE FREE ENVIRONMENT.....	8
BEFORE CHECKING OUT.....	8
INFORMATION FROM THE MISSOURI DESE.....	9
PAY INFORMATION.....	9
STUDENT DISCIPLINE.....	10
FINAL REMINDERS.....	11
ACKNOWLEDGEMENT FORM.....	12

WELCOME!

Substitutes play a vital role in North Harrison School District's mission of building successful futures for each student, every day. Each substitute is responsible for making sure that learning continues in the absence of a regular staff member. It is vitally important that we make use of every day of learning. Toward that end, we hope you will enjoy your substitute experience. We have a wide array of resources presented in this handbook to support you. Thank you for your interest in our district and students.

APPLYING FOR SUBSTITUTE TEACHING

Applicants should apply for a Substitute Certificate through the Missouri Department of Elementary and Secondary Education (DESE) at www.dese.mo.gov.

The following steps are required as part of the Substitute Certificate application process:

1. Create a profile in the DESE certification system. Instructions are outlined in the [Help Guide for the Certification System](#). After you have created a profile, click on "New Applications" in the menu on the left hand side of the screen to bring up a list of application types. Choose "Substitute" from the list to create an online application. Complete and submit the application.
2. ORIGINAL transcripts from ALL institutions you have attended must be mailed to:
DESE
ATTN: Educator Certification
PO Box 480
Jefferson City, MO 65102-0480

Be certain to include your Social Security number or Educator ID number on ALL transcripts. Faxed, scanned, emailed, or photocopied transcripts will NOT be accepted. Transcripts become the property of the department and cannot be returned.

3. A criminal fingerprint/background clearance must be obtained before a certificate can be issued.
 - a. Go to www.machs.mo.gov.
The Missouri Automated Criminal History Site (1-877-862-2425)
 - b. Click on "Click here to register with the Fingerprint Portal."
 - c. Select the option requiring the 4 digit registration number to begin your registration process.
North Harrison Substitutes 0789
 - d. Enter your demographic information.
 - e. Click "Register". At the top of the verification page an 8-digit Transaction Control Number (TCN) will be highlighted. This number is used to track your fingerprints through the check process.
Take this number and your photo id to your chosen fingerprint site. The base cost is payable at your site or on-line by debit or credit card. A listing of locations also has their hours and contact number if you have a question.

When DESE has your fingerprint results, original transcripts, and completed application, your qualifications will be reviewed. Processing will require a period of time, and you can check the status of your application on the DESE website.

If you have questions about substitute certificates, there is a list of responses to "Frequently Asked Questions" on the DESE website at <http://www.dese.mo.gov/divteachqual/teachcert/>.

4. Submit to North Harrison a completed local application.

5. Submit completed W-4 forms.
6. Submit a completed I-9 form AND a copy of your driver's license and social security card.
7. Submit a signed 2020-21 Acknowledgment Form.

CURRENT CERTIFIED TEACHERS

If you have a valid, current teaching certificate in Missouri, please submit a copy of your certificate along with your completed North Harrison School District substitute application packet. You do not need to obtain a Substitute Certificate.

DAY CARE SUBSTITUTES

1. A criminal fingerprint/background clearance must be obtained through the Department of Health.

- Substitutes should notify the Substitute Coordinator of a change in address or phone number.
- Substitute teachers must ensure they comply with all national, state and district employment requirements on a yearly basis.
- If a substitute wishes to be removed permanently from the substitute list, notification should be made to Gayla Pottorff, Substitute Coordinator at (660) 867-5221.

REPORTING TIME

- A. A classroom substitute should report for duty at 7:45 AM or the time the coordinator indicated when you were hired. Please be prompt.
- B. A substitute should be able to report as soon as possible to the school when called the day of a job. **If you receive a call for a job currently in progress, or soon to start, please decline the job if you cannot be at the school within one hour.** Punctuality is especially important.
- C. A substitute teacher may be called to serve one full day or more, as well as a minimum of 1/2 day.
- D. Substitute teachers should report to the school's office upon arriving at the school. Sign in indicating arrival time. You may pick up a key to the classroom door, if applicable.
- E. A substitute is expected to remain on duty until the responsibilities outlined by the principal or coordinator have been completed. Substitutes are not to leave the building during the day.

SCHOOL STARTING AND ENDING TIMES

North Harrison K-12

8:05am-3:20pm

EATING SCHOOL LUNCHES

Adult Breakfast \$1.60 Adult Lunches \$3.10

Extra Snack/Milk \$0.45 Selected Ala-Carte Items are available.

Please pay the cashier at the computer in the cafeteria or make arrangements to pay your bill at the end of the month or “term of service”. Your paycheck may be held in lieu of payment.

Some positions may require the substitute to provide supervision during student meal times.

Lunch should be eaten on the school campus, whether in the cafeteria, staff workroom, or classroom, depending on the position being filled. In the event of an emergency, all adults could be needed to assist with students.

WHAT IS EXPECTED FROM A SUBSTITUTE

- A. Substitutes have the same responsibilities as a regular employee. Check the “duty” list to see if the person for whom you are substituting is assigned to the cafeteria, hall or any other duty. These should be included in your instructions.
- B. Take the attendance and carry out the policy of the school in reporting it.
- C. **Keep students in your room under supervision.** Be attentive to your students and be in the same area as the students. Never leave students unattended.
- D. Strive to carry out the lesson plans as written. The substitute should provide an educational experience, not just maintain discipline.
- E. Direct any outsider to the office including those seeking information about a student or requesting permission to take a child from the room. Under **NO** circumstances should a student be released without permission from the appropriate school personnel.
- F. Fire exits, fire drills, severe storm and tornado-warning procedures should be posted in each room. Familiarize yourself with them.

- G. Accept discipline as an important component of the educational experience which requires patience, understanding, and review of all the facts. Good working conditions result from good classroom discipline. Be consistent and emphasize the positive. Maintain a clear, pleasant voice. Remember the three F's – Friendly, Fair, and Firm. Leave detailed records of student behavior, both good and bad.
- H. Dress professionally. Business casual attire is appropriate. Blue jeans, tee shirts, shorts, hats and flip flops should not be worn. (Gayla will inform you if it is a "casual" or dress-up day because of an event or celebration.)
- I. Use only appropriate language.
- J. Be aware of your adult/student relationship and avoid physical contact, comments, gestures and conversations which violate this relationship.
- K. Refrain from cell phone usage, including texting, while students are under your supervision.
- L. Facebook is blocked at North Harrison and not allowed during the school day.

Special Education Services

Special Education services in North Harrison School District are designed to facilitate instruction to children with developmental delays who have met criteria for assistance based on assessments of cognitive, communication, or physical skills and behavior. If you serve as a substitute in a Special Education classroom, you will be facing multi-faceted responsibilities in both the special education setting and regular education setting.

The role of the Special Education instructor varies, depending upon the level of the student's disability, the student's age, and the type of classroom assigned. Learning for Special Education students may be facilitated in a number of ways:

- a. Regular classroom: The most independent students with disabilities spend the majority of the day in the regular education environment receiving instruction from the classroom teacher with support from either a special education teacher and/or special education teacher assistant;
- b. Functional classrooms: Some students with disabilities spend a portion of their day in the special education environment moving back and forth between a regular and special education classroom. Students in this type of special education placement may receive some of their individualized instruction in the special education classroom from a teacher or teacher assistant. Some students may have limited language skills, significant behaviors, or require assistance with daily living skills;
- c. Individual Aide: Services are provided for students in need of a more individualized environment. Ratios of students to staff are low to allow for individualized attention. Substitutes in this environment will work with students that display a wide array of developmental or psychosocial disorders, supported by a highly qualified team of teachers, social workers and therapists.

The responsibilities listed below are not all inclusive; however, they help to identify the roles of the Substitute for the Special Education Teacher.

Substitute Staff

- ♦ Support the premise that all children belong and are an essential component of the school community.
- ♦ Follow the daily lessons, activities, tests, assignments, etc. with appropriate levels of differentiation to meet the needs of all students within the classroom environment.
- ♦ Most students have an IEP with special needs. Follow all modification requirements.
- ♦ Follow classroom policies developed by the classroom teachers.
- ♦ Facilitate learning opportunities for individuals and groups of students. Provide assistance to all students.
- ♦ Communicate with classroom and special education teachers about the student. Ask questions if you are unsure. Provide appropriate input to support the learning environment of the student.
- ♦ Encourage the independence of the student throughout the school environment and during the school day.
- ♦ Remember you are a contributing member of the school community. Maintain a professional attitude with students, staff, and parents at all times.

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

The Family Education Rights & Privacy Act (FERPA) provides for the privacy of Educational records and ensures access to educational records by parents and students. All employees of the North Harrison School District are expected to maintain confidentiality of student education records as prescribed by law and as prescribed by Policy JO and Regulation JO-R.

Do not use social media websites to share information on a student.

Private and identifiable information covered by FERPA may be shared among/with teachers, administrators, and substitute teachers for specific educational reasons. Unless a statutory exception applies, this information may not be shared for other purposes.

Hold as confidential any material or knowledge concerning the school (teachers, pupils, parents, principal, etc.) you gain while in a particular building. Student records that are available to school personnel are personal in nature and their contents must be treated as privileged communication. Student "records" are not to be discussed outside the confines of the school.

Release of Student Information

The District has determined that the following student information is not harmful or an invasion of privacy, and therefore will release this information without first obtaining parental consent. If a parent/guardian or the student (if 18 or older), does not want the District to release the information listed below, they must notify the District in writing within ten (10) days of receiving a written statement from the District regarding the release of directory information.

Student's name, parent's name, address, telephone number, grade level, participation in officially recognized activities and sports including audiovisual or photographic records of the openly visible activities thereof (e.g., artistic performances, sporting contests, assemblies, service projects, award ceremonies, etc.), weight and height of members of athletic teams, dates of attendance, honors and awards received and photograph including photographs of regular school activities that do not disclose specific academic information about the child and/or would not be considered harmful or an invasion of privacy.

WHAT A SUBSTITUTE CAN EXPECT TO RECEIVE

FROM THE TEACHER

- A. Class attendance roster
- B. Textbooks
- C. Up-to-date program schedule for the day and week
- D. Plan book with up-to-date and complete lesson plans
- E. Accurate seating chart
- F. Answer books easily accessible
- G. List of pupils taking buses and the manner in which they get to their buses
- H. Special notation on pupils who have individual health, emotional or learning problems
- I. Name of student to assist you in locating any materials that might be needed

FROM THE OFFICE

- A. Help in locating the nurse or the person/aide in charge to take care of illness or emergencies
- B. Help in solving any problem, which you do not feel able to handle. If you have any questions or need advice, please seek help from the building administrator. Your employment is valued.
- C. Help in locating materials which you are unable to locate

SMOKE-FREE ENVIRONMENT

North Harrison School is a smoke free facility. This includes the restrooms and grounds.

BEFORE CHECKING OUT

- A. Be sure the room is in order, windows are closed, lights are out, and educational materials are put away.
- B. Leave a written report for the teacher on the teacher's desk.
- C. Check papers done during the day and leave for the regular teacher, unless otherwise instructed.
- D. Lock and close the classroom door.
- E. Return classroom key to the office area.
- F. Sign out indicating the time.

INFORMATION FROM THE MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

- A. State law provides that no teacher shall enter a public school classroom to teach, govern, and discipline, unless the person is certified as a Missouri teacher. Designating a person as a substitute teacher, and/or paying them out of the incidental fund, does not relieve the legal necessity for their being properly certified.
- B. A policy governing the issuance of a substitute teacher's certificate was approved by the Missouri State Board of Education. The policy states that an applicant who has successfully completed 60 semesters hours or more from an academic degree granting institution which is contained within the United States Department of Education's *Directory of Post-Secondary Institutions*, or approved by the Commissioner of Education and possesses good moral character and passes the necessary background checks, shall be issued a Missouri substitute teachers certificate for the period August 1st to July 31st of that school year.
- C. Substitute certificates must be obtained through the Missouri Department of Elementary and Secondary Education and presented to the Substitute Office.
- D. Each certificate is issued to the substitute teacher and should be readily available when substituting. A copy is also kept at our district office.
- E. A teacher retired from the Missouri Public School Retirement System (PSRS) is limited to a total of 550 clock hours of substitute teaching each year, and classification standards require the person filling a teaching position on a continuing basis to be appropriately certificated for the area of service.

PAY INFORMATION

- A. All substitutes must complete a Missouri and Federal W-4 and I-9 form and have them on file with the payroll department before payment for substitute services can be made.
- B. We suggest that a substitute keep records of the dates worked, teacher's name and if it was a FULL or HALF day.
- C. The rate of pay currently set by the Board of Education is as follows:

Food Service, Day Care Providers, and Pre-K para-professional \$8.60 per hour

Certified and Special Education para-professional positions

\$75.00 Full day,

\$85.00 Daily rate for long-term assignments after 10 consecutive days,

\$85.00 After 15 non-consecutive days,

- D. Substitutes are paid once a month. They are paid at the same time regular employees are paid, generally on the 21st of the month. Substitute paychecks will be placed in the mail on the 20th or may be picked up in the Central Office if requested in advance.
- E. All buildings will use the same SUBSTITUTE SIGN-IN FORM. It is the substitute's responsibility to "check-in" on this form. If a substitute is working long term, it is necessary to sign in each day. A substitute should print her/his name, the date, the teacher/staff for whom the substituting is being done and the time checking in and out indicated to the nearest quarter-hour.

STUDENT DISCIPLINE

RESPONSIBILITY ASSOCIATED WITH DISCIPLINE

The safety and welfare of our students and staff are paramount to the effectiveness of our schools. The North Harrison Board of Education supports programs which promote the socialization and well-being of all students that result in a positive atmosphere within its schools for the purpose of providing optimum learning opportunities, maintaining good order and discipline, and promoting good conduct of students.

Leave detailed notes to the teacher about student's behavior.

Ask building administrators for help if needed.

AVOIDING POWER STRUGGLES WITH STUDENTS

THINGS TO DO WHEN TALKING WITH STUDENTS ABOUT BEHAVIOR:

- Stay relaxed
- Place yourself at or below the student's eye level
- Speak privately with the student
- Keep your voice calm, low, and unemotional
- Stay out of student's personal space

THINGS TO AVOID WHEN TALKING WITH STUDENTS ABOUT BEHAVIOR:

- Eye rolling
- Sarcasm
- Giving answers – ask questions instead
- Lecturing
- Escalating your behavior – stay in control and be respectful

FINAL REMINDERS

- **Stay entire assignment.** Jobs are for a whole or half day. Check in at the office if you need additional work. If the job is for a whole day you are required to stay for lunch and planning time, if applicable.
- **Please be prompt.** When you are hired you will be informed of the time to be at North Harrison.
- Electronic devices (i.e., cell phones/text messaging, games and headphones) should never be used during your student contact time.
- Keep close track of substitute jobs.
- Remember you are the “teacher of record” for your assigned time and you should keep that in mind in regards to: **constant supervision of students, confidentiality, your language and actions.**
- If you need to cancel an assignment, please contact Gayla Pottorff as soon as possible.
- Announcements for school cancellation, late start, or early dismissal are given on KAAN Radio, facebook, and by Community Connection text messaging. Details for registering for Community Connection are available with Gayla Pottorff.

ACKNOWLEDGMENT FORM

2020-21 SUBSTITUTE HANDBOOK

NORTH HARRISON SCHOOL DISTRICT

I, _____ on _____
Name Date

received a copy of the current NORTH HARRISON SUBSTITUTE HANDBOOK. I have read and fully understand the contents of these instructions. I am aware I must follow these procedures and guidelines while substituting for NORTH HARRISON SCHOOL DISTRICT. I further understand that the District may change, add to or delete any policies or provisions in this Handbook from time to time, in its sole discretion, with or without prior notice.

I understand that this Handbook is not intended as either an express or implied contract of any kind and does not constitute a contract of employment between the District and me or any of the District's employees for any specific or fixed duration of employment.

I understand that every SUBSTITUTE employee has an at-will as needed relationship with the District. I understand that I am free to accept or refuse any substitute assignment at any time, for any reason, just as the School District is free to discontinue offering me substitute assignments at any time, with or without cause and with or without prior notice.

Substitute Signature



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **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>	
<p>QR Code - Section 1 Do Not Write In This Space</p>	

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	QR Code - Sections 2 & 3 Do Not Write In This Space	
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
<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 		<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 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 	<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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form
MO W-4

Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

[illegible]

Notice To Employer:

Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079.

Please visit <http://dss.mo.gov/child-support/employers/new-hire-reporting.htm> for additional information regarding new hire reporting.

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes.

Visit our online withholding calculator <https://mytax.mo.gov/rptp/portal/home/withholding-calculator>.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an “Exempt” status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department’s website <https://dor.mo.gov/military/>.
- Additional information can be found at <https://dor.mo.gov/business/withhold/>.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 522-0967
Fax: (573) 526-8079

Form MO W-4 (Revised 12-2019)

Employee's Withholding Certificate

OMB No. 1545-0074

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

2020

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 online estimator, 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 2020 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 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)

General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240