

**CARTERVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 5**  
**APPLICATION FOR SUBSTITUTE TEACHER**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Can You Supply Proof of Age? \_\_\_\_\_

**POSITION(S)**

Grades you are certified to teach: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Degree \_\_\_\_\_ Year \_\_\_\_\_ Advanced Degree \_\_\_\_\_ Year \_\_\_\_\_

College/University \_\_\_\_\_ College/University \_\_\_\_\_

Major \_\_\_\_\_ Major \_\_\_\_\_

Minor \_\_\_\_\_ Minor \_\_\_\_\_

Type of Certificate(s) \_\_\_\_\_

**EMPLOYMENT HISTORY**

<i>Employer</i>	<i>From/To</i>	<i>Position</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Application – Substitute Teacher (Page Two)**

**ACTIVITIES**

*Please list those activities you are qualified to coach, direct, or supervise:*

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**REFERENCES**

**Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Please include a copy of your transcripts, certificate, negative T.B. test, and copies of your drivers license and social security card.**

Carterville Unit #5 is an equal opportunity employer. It is the policy of this Unit to provide employment, compensation, promotion, and other conditions of employment based on qualifications without regard to race, color, religion, national origin, sex, age, veteran status, or handicap. Applicants need not furnish any information which they believe to be a violation of their legal or constitutional rights.

# EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

**1** **EMPLOYEE INFORMATION AND VERIFICATION:** (To be completed and signed by employee.)

Name: (Print or Type) Last	First	Middle	Birth Name
Address: Street Name and Number		City	State
			ZIP Code
Date of Birth (Month/Day/Year)		Social Security Number	

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A \_\_\_\_\_).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A \_\_\_\_\_ or Admission Number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I attest, under penalty of perjury, the documents that I have presented as evidence of identity and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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**PREPARER/TRANSLATOR CERTIFICATION** (To be completed if prepared by person other than the employee). I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City
	State
	Zip Code

**2** **EMPLOYER REVIEW AND VERIFICATION:** (To be completed and signed by employer.)

Instructions:  
 Examine one document from List A and check the appropriate box, OR examine one document from List B and one from List C and check the appropriate boxes. Provide the *Document Identification Number* and *Expiration Date* for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	and List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S. Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) _____  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment) <input type="checkbox"/> 2. A birth certificate issued by State, county, or municipal authority bearing a seal or other certification <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specify form # _____  <i>Document Identification</i> # _____  <i>Expiration Date (if any)</i> _____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

**Everyone** must complete Part 1.

Complete Part 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or if your spouse works, you may claim all of your allowances on one job or you may claim some on each job, but you may **not** claim the same allowances more than once. Your withholding will usually be more accurate if you claim all of your allowances on the Form IL-W-4 for the job with the largest wages and claim zero on all other IL-W-4 forms. If you have a working spouse, you may choose not to claim your spouse as a dependent (this may help avoid having too little tax withheld).

## Part 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
- I can claim my spouse as a dependent.

- Write the total number of boxes you checked. 1 \_\_\_\_\_
- Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you must reduce the number of basic personal allowances you wrote on Line 3. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 \_\_\_\_\_

## Part 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.
- My spouse is 65 or older.  My spouse is legally blind.

- Write the total number of boxes you checked. 5 \_\_\_\_\_
- Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 \_\_\_\_\_
- Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 \_\_\_\_\_
- Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you must reduce the number of additional allowances you wrote on Line 8. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 \_\_\_\_\_

**Note:** If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----



Illinois Department of Revenue

### IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number \_\_\_\_\_

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0039

- Write the total number of basic allowances that you are claiming (from worksheet, Part 1, Line 4). 1 \_\_\_\_\_
- Write the total number of additional allowances that you are claiming (from worksheet, Part 2, Line 9). 2 \_\_\_\_\_
- Write the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_

Date \_\_\_\_\_

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the Internal Revenue Service (IRS) and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

CARTERVILLE UNIT #5 SCHOOL DISTRICT

AUTHORIZATION AGREEMENT  
DIRECT DEPOSITS (ACH CREDITS)

I hereby authorize \_\_\_\_\_, hereinafter called Company, to credit my account indicated below and the Financial Institution name below; hereinafter call FINANCIAL INSTITUTION, to credit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S.law.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Routing/Transit Number)  
(Numbers at Bottom of Check on Left Hand Site)

\_\_\_\_\_  
(Account Number)  
(Center Number at Bottom of Check)

*(Please Check for accuracy, these numbers are very important to insure a correct deposit)*

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
(Print individual name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM  
(make copy for customer's retention)



**Teachers' Retirement System**  
of the State of Illinois  
P.O. Box 19253, 2815 West Washington  
Springfield, Illinois 62794-9253  
(217) 753-0311 or (800) 877-7896  
TDD (217) 753-0329

## Membership Information Record

*Please print or type.*

*The information obtained from this form will become part of your permanent record at the Teachers' Retirement System.*

*Please complete this form if:*

- you are a new member of TRS;
- you are a new member of TRS with previous TRS membership that was cancelled when you received a refund;
- you are an active or inactive member of TRS and are changing your name, address, or TRS-covered employers; or
- you are a retired member (annuitant) of TRS and are changing your name or address.

**Status** *(Please check one.)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> New member   | <input type="checkbox"/> Active or inactive member changing name or address       | <input type="checkbox"/> Retired member changing name or address  |
| <input type="checkbox"/> New member with previous TRS membership <i>(List any other names you may have used during your previous membership.)</i> | <input type="checkbox"/> Active or inactive member changing TRS-covered employers | <input type="checkbox"/> Member of another Illinois public employee retirement system <i>(Write the system's name.)</i> |

Last name	First name	Middle initial	Maiden	Social Security number	
Home telephone number ( )		Date of birth (MM-DD-YYYY)		Sex	Marital status
Work telephone number ( )					

### Employer information

*List only your TRS-covered employers for the current school year. If you do not know your employer's name or number, please contact your employer's payroll department.*

District name	County	District #	<i>Check only if you are or were a substitute teacher.</i> <input type="checkbox"/> Substitute
District name	County	District #	<i>Check only if you are or were a substitute teacher.</i> <input type="checkbox"/> Substitute
District name	County	District #	<i>Check only if you are or were a substitute teacher.</i> <input type="checkbox"/> Substitute

### Current address

Street address		
Apartment, post office box, or route number		
City	State	ZIP code (9 digits)
County		

### Previous address

Street address		
Apartment, post office box, or route number		
City	State	ZIP code (9 digits)

Signature	Date
Power of attorney signature, if applicable <i>(Attach power of attorney document.)</i>	Date



# Teachers' Retirement System

of the State of Illinois

P.O. Box 19253, 2815 West Washington

Springfield, Illinois 62794-9253

217/753-0311 or (800) 877-7896 TDD 217/753-0329

## NOMINATION OF BENEFICIARY FOR REFUND OF ACCUMULATED CONTRIBUTIONS (PART A) AND SURVIVOR BENEFITS (PART B)

### Member Information *(Print or use a typewriter)*

Last Name		First	Middle Initial	Maiden	Social Security Number
Date of Birth		Sex	Home Telephone Number (      )		
			Day Telephone Number (      )		
Street Address		City and State		Zip Code	
County	Marital Status		Check Status:		
			<input type="checkbox"/> Member <input type="checkbox"/> New Member <input type="checkbox"/> Retired Member		

**AUTOMATIC DESIGNATION.** In lieu of designating primary and/or alternate beneficiaries in Parts A and B, I ELECT that my dependent beneficiaries, as determined at my death, receive a refund of any accumulated contributions and survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate. **IF THE AUTOMATIC DESIGNATION IS SELECTED, DO NOT COMPLETE PARTS A AND B.**

### PART A BENEFICIARIES FOR REFUND OF ACCUMULATED CONTRIBUTIONS

PART A - PRIMARY BENEFICIARIES			
Last Name	First	Date of Birth	Relationship

  

PART A - ALTERNATE BENEFICIARIES			
Last Name	First	Date of Birth	Relationship

### PART B - BENEFICIARIES FOR SURVIVOR BENEFITS

PART B - PRIMARY BENEFICIARIES			
Last Name	First	Date of Birth	Relationship

  

PART B - ALTERNATE BENEFICIARIES			
Last Name	First	Date of Birth	Relationship

If additional space is required, attach a separate sheet which indicates the following: Either Part A or B, type of beneficiary (primary or alternate), beneficiary's last and first name, date of birth and relationship of beneficiary. Include your Social Security number, signature and date on the attached sheet.

Member's Signature	Date

**SIGNATURE IS MANDATORY** (Signature pursuant to a General Power of Attorney is not accepted by the System).

**ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS**

I, \_\_\_\_\_, understand that when I am  
(Employee's Name)

employed as a \_\_\_\_\_, I will become a  
(Type of Employment)

mandated reporter under the Abused and Neglected Child Reporting Act (Ill. Rev. Stat., ch. 23, pars. 2051 et seq.). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-24A-Buse) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge, when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days a year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act, the Medical Practice Act, the Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, the School Code, or "AN ACT to regulate the practice of Podiatry," I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

**AUTHORIZATION FOR ACCESS TO DISTRICT COMPUTER SYSTEM BY EMPLOYEES**

This form must be read and signed by each user as a condition of using the District Computer system.

By signing this Authorization, I acknowledge that I have received a copy of the "Guidelines for Acceptable Use of District computer System by Employees" and that I read, understand, and agree to follow the Guidelines.

I acknowledge that access to the District computer System is provided as a privilege by the District, and that inappropriate use may result in discipline.

I acknowledge that I have no expectation of privacy in my use of the District Computer System, and that the District has the right to and does monitor use of the System.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Instruction

### Administrative Procedure - Acceptable Use of Electronic Networks

All use of electronic networks shall be consistent with the District's goal of promoting educational excellence by facilitating resource sharing, innovation, and communication. These procedures do not attempt to state all required or proscribed behavior by users. However, some specific examples are provided. **The failure of any user to follow these procedures will result in the loss of privileges, disciplinary action, and/or appropriate legal action.**

#### Terms and Conditions

1. **Acceptable Use** - Access to the District's electronic networks must be (a) for the purpose of education or research, and be consistent with the educational objectives of the District, or (b) for legitimate business use.
2. **Privileges** - The use of the District's electronic networks is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrator will make all decisions regarding whether or not a user has violated these procedures and may deny, revoke, or suspend access at any time; his or her decision is final.
3. **Unacceptable Use** - The user is responsible for his or her actions and activities involving the network. Some examples of unacceptable uses are:
  - a. Using the network for any illegal activity, including violation of copyright or other contracts, or transmitting any material in violation of any U.S. or State law;
  - b. Unauthorized downloading of software, regardless of whether it is copyrighted or de-compiled;
  - c. Downloading copyrighted material for other than personal use;
  - d. Using the network for private financial or commercial gain;
  - e. Wastefully using resources, such as file space;
  - f. Gaining unauthorized access to resources or entities;
  - g. Invading the privacy of individuals;
  - h. Using another user's account or password;
  - i. Posting material authorized or created by another without his/her consent;
  - j. Posting anonymous messages;
  - k. Using the network for commercial or private advertising;
  - l. Accessing, submitting, posting, publishing, or displaying any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, harassing, or illegal material; and

- m. Using the network while access privileges are suspended or revoked.
4. Network Etiquette - The user is expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:
    - a. Be polite. Do not become abusive in messages to others.
    - b. Use appropriate language. Do not swear, or use vulgarities or any other inappropriate language.
    - c. Do not reveal the personal addresses or telephone numbers of students or colleagues.
    - d. Recognize that electronic mail (E-mail) is not private. People who operate the system have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
    - e. Do not use the network in any way that would disrupt its use by other users.
    - f. Consider all communications and information accessible via the network to be private property.
  5. No Warranties - The District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The District will not be responsible for any damages the user suffers. This includes loss of data resulting from delays, non-deliveries, missed-deliveries, or service interruptions caused by its negligence or the users' errors or omissions. Use of any information obtained via the Internet is at the user's own risk. The District specifically denies any responsibility for the accuracy or quality of information obtained through its services.
  6. Indemnification - The user agrees to indemnify the School District for any losses, costs, or damages, including reasonable attorney fees, incurred by the District relating to, or arising out of, any violation of these procedures.
  7. Security - Network security is a high priority. If the user can identify a security problem on the Internet, the user must notify the system administrator or Building Principal. Do not demonstrate the problem to other users. Keep your account and password confidential. Do not use another individual's account without written permission from that individual. Attempts to log-on to the Internet as a system administrator will result in cancellation of user privileges. Any user identified as a security risk may be denied access to network.
  8. Vandalism - Vandalism will result in cancellation of privileges and other disciplinary action. Vandalism is defined as any malicious attempt to harm or destroy data of another user, the Internet, or any other network. This includes, but is not limited to, the uploading or creation of computer viruses.
  9. Telephone Charges - The District assumes no responsibility for any unauthorized charges or fees, including telephone charges, long-distance charges, per-minute surcharges, and/or equipment or line costs.



10. Copyright Web Publishing Rules - Copyright law and District policy prohibit the re-publishing of text or graphics found on the Web or on District Web sites or file servers without explicit written permission.
  - a. For each re-publication (on a Web site or file server) of a graphic or a text file that was produced externally, there must be a notice at the bottom of the page crediting the original producer and noting how and when permission was granted. If possible, the notice should also include the Web address of the original source.
  - b. Students and staff engaged in producing Web pages must provide library media specialists with e-mail or hard copy permissions before the Web pages are published. Printed evidence of the status of "public domain" documents must be provided.
  - c. The absence of a copyright notice may not be interpreted as permission to copy the materials. Only the copyright owner may provide the permission. The manager of the Web site displaying the material may not be considered a source of permission.
  - d. The "fair use" rules governing student reports in classrooms are less stringent and permit limited use of graphics and text.
  - e. Student work may only be published if there is written permission from both the parent/guardian and student.
11. Use of Electronic Mail
  - a. The District's electronic mail system, and its constituent software, hardware, and data files, are owned and controlled by the School District. The School District provides e-mail to aid students and staff members in fulfilling their duties and responsibilities, and as an education tool.
  - b. The District reserves the right to access and disclose the contents of any account on its system, without prior notice or permission from the account's user. Unauthorized access by any student or staff member to an electronic mail account is strictly prohibited.
  - c. Each person should use the same degree of care in drafting an electronic mail message as would be put into a written memorandum or document. Nothing should be transmitted in an e-mail message that would be inappropriate in a letter or memorandum.
  - d. Electronic messages transmitted via the School District's Internet gateway carry with them an identification of the user's Internet "domain." This domain name is a registered domain name and identifies the author as being with the School District. Great care should be taken, therefore, in the composition of such messages and how such messages might reflect on the name and reputation of this School District. Users will be held personally responsible for the content of any and all electronic mail messages transmitted to external recipients.
  - e. Any message received from an unknown sender via the Internet should either be immediately deleted or forwarded to the system administrator. Downloading any file

attached to any Internet-based message is prohibited unless the user is certain of that message's authenticity and the nature of the file so transmitted.

- f. Use of the School District's electronic mail system constitutes consent to these regulations.

DATED:

DRAFT

## Employee/Substitute Agreement Form

I understand that Carterville Unit #5 has accrued various expenses so that I may become an employee/substitute in the District, including the cost for fingerprints. Currently the cost for fingerprinting is \$55.00.

I agree to have the above-mentioned expense deducted from my final pay if I discontinue my position as a Unit #5 employee/substitute in less than six months from my date of employment.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*Employee*

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*Superintendent*