Pawtucket School Department
Park Place
Pawtucket, Rhode Island 02860
Tel: (401) 729-6300

APPLICATION FOR EMPLOYMENT

Personal information (Please print)		
Name (Last, first, middle):		Date:
Social Security number:		
Home street address:		
City:	State:	Zip:
Home phone:	Business phone:	

Check the position(s) you are applying for and give your reasons:
Lunch Monitor:
Clerical:
Custodian/Matron:
Teacher Assistant:

Education record (Please provide copy of Diploma or G.E.D.)	
High school (name, city, state):	
No. of yrs. attended:	Subjects Majored or special courses taken:
Business or technical school:	
No. of yrs. attended:	Degree earned:
College (name, city, state):	
No. of yrs. attended:	Degree, major:

Work history (give information about your last 3 jobs, starting with the most recent)		
Employer 1:	Dates employed:	
Address:		
City:	State:	Zip:
Telephone:		
Reason for Leaving:		
If current employer, may we contact?		

The Pawtucket School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or handicap in accordance with applicable laws and regulations.

Employer 2:	Dates employed:
Address:	
City:	State: Zip:
Telephone:	
Last manager's name and title:	Reason for leaving:
Employer 3:	Dates employed:
Address:	
City:	State: Zip:
Telephone:	
Last manager's name and title:	Reason for leaving:

Business references (other than relatives,

Name:	
Work phone:	Home phone:
Address/City/State/Zip:	
Name:	
Work phone:	Home phone:
Address/City/State/Zip:	
Name:	
Work phone:	Home phone:
Address/City/State/Zip:	

Please read and sign

I certify that all the statements and answers given herein are complete and correct, and further understand that any misrepresentation on this application is reason for immediate dismissal.

Signature of applicant: Date:

Completion of this portion of the application is STRICTLY VOLUNTARY and will not affect your opportunity for consideration for this position. The information is sought for record-keeping in compliance with federal law.

Sex: Date of Birth: Veteran: Branch:

Marital Status: Handicap:

Race: American Indian/Alaskan Native: Asian American/Pacific Islander:

African American/Black: Hispanic: White:

The Pawtucket School Department does not discriminate on the basis of age, sex, race, religion, national origin, color or handicap in accordance with applicable laws and regulations.

PAWTUCKET SCHOOL DEPARTMENT
PARK PLACE ● PAWTUCKET, RHODE ISLAND ● 02860

REFERENCE CHECK

Applicant Name (Last, first, middle):

To Previous Employer:

Supervisor's Name & Company:

The above named applicant has applied for a ______________________________ position in the Pawtucket School Department. We request your cooperation in completing the evaluation below. Your time and attention to this matter is greatly appreciated. We assure you that your answers will be held in strict confidence.

Thank you,

____

Superintendent Signature

AUTHORIZATION

The undersigned applicant does hereby authorize ______________________ to provide the Pawtucket School Department with the information requested below. I specifically consent to disclosure in accordance with the provisions of the Privacy Act of 1974 and similar federal and state laws.

Social Security Number:_________________Applicant Signature:_____________________________Date:____________

To be completed by Previous Employer:

Applicant's position when in your employ: Dates of employment From: To:

Reason for leaving Would you rehire?

Performance Evaluation. Please Check:	Excellent	Very Good	Average	Unacceptabl e
Attendance	☐	☐	☐	☐
Punctuality	☐	☐	☐	☐
Quality of Work	☐	☐	☐	☐
Productiveness	☐	☐	☐	☐
Job Knowledge	☐	☐	☐	☐
Accuracy	☐	☐	☐	☐
Adaptability	☐	☐	☐	☐
Initiative	☐	☐	☐	☐
Dependability	☐	☐	☐	☐
Attitude	☐	☐	☐	☐

Form W-4 (2005)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2005 expires February 16, 2006. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds $800 and includes more than $250 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

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 line **E** below.

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.

Two earners/two 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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2005. See Pub. 919, especially if your earnings exceed $125,000 (Single) or $175,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

Personal Allowances Worksheet (Keep for your records.)

A Enter “1” for **yourself** if no one else can claim you as a dependent . . . . **A** ______

B Enter “1” if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse’s wages (or the total of both) are $1,000 or less.

. . **B** ______

C Enter “1” for your **spouse.** But, you may choose to enter “-0-” if you are married and have either a working spouse or more than one job. (Entering “-0-” may help you avoid having too little tax withheld.) . . . . **C** ______

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . **D** ______

E Enter “1” if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . **E** ______

F Enter “1” if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . **F** ______
(**Note.** Do **not** include child support payments. See **Pub. 503,** Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit):
- If your total income will be less than $54,000 ($79,000 if married), enter “2” for each eligible child.
- If your total income will be between $54,000 and $84,000 ($79,000 and $119,000 if married), enter “1” for each eligible child plus “1” **additional** if you have four or more eligible children. **G** ______

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** ______

For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $35,000 ($25,000 if married) see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee’s Withholding Allowance Certificate

► **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.**

OMB No. 1545-0010
2005

1 Type or print your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ 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	4 **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.** ► ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) **5**

6 Additional amount, if any, you want withheld from each paycheck . . . . **6** $

7 I claim exemption from withholding for 2005, and I certify that I meet **both** of the following conditions for exemption.
- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write “Exempt” here . . . . ► **7**

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s signature
(Form is not valid unless you sign it.) ► **Date** ►

8 Employer’s name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2005 tax return.

1 Enter an estimate of your 2005 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2005, you may have to reduce your itemized deductions if your income is over $145,950 ($72,975 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . **1** $______

2 Enter: { $10,000 if married filing jointly or qualifying widow(er); $ 7,300 if head of household; $ 5,000 if single or married filing separately } . . . **2** $______

3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** $______

4 Enter an estimate of your 2005 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** $______

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . **5** $______

6 Enter an estimate of your 2005 nonwage income (such as dividends or interest) . . . **6** $______

7 **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . **7** $______

8 **Divide** the amount on line 7 by $3,200 and enter the result here. Drop any fraction . . . **8** ______

9 Enter the number from the **Personal Allowances Worksheet,** line H, page 1 . . . **9** ______

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . **10** ______

Two-Earner/Two-Job Worksheet (See *Two earners/two jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** ______

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here . . . **2** ______

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . **3** ______

Note. If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet . . . **4** ______

5 Enter the number from line 1 of this worksheet . . . **5** ______

6 **Subtract** line 5 from line 4 . . . **6** ______

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . **7** $______

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . **8** $______

9 Divide line 8 by the number of pay periods remaining in 2005. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2004. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . **9** $______

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly						All Others	
If wages from **HIGHEST** paying job are—	AND, wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **HIGHEST** paying job are—	AND, wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $40,000	$0 - $4,000	0	$40,001 and over	30,001 - 36,000	6	$0 - $6,000	0
	4,001 - 8,000	1		36,001 - 45,000	7	6,001 - 12,000	1
	8,001 - 18,000	2		45,001 - 50,000	8	12,001 - 18,000	2
	18,001 and over	3		50,001 - 60,000	9	18,001 - 24,000	3
				60,001 - 65,000	10	24,001 - 31,000	4
$40,001 and over	$0 - $4,000	0		65,001 - 75,000	11	31,001 - 45,000	5
	4,001 - 8,000	1		75,001 - 90,000	12	45,001 - 60,000	6
	8,001 - 18,000	2		90,001 - 100,000	13	60,001 - 75,000	7
	18,001 - 22,000	3		100,001 - 115,000	14	75,001 - 80,000	8
	22,001 - 25,000	4		115,001 and over	15	80,001 - 100,000	9
	25,001 - 30,000	5				100,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $60,000	$480	$0 - $30,000	$480
60,001 - 110,000	800	30,001 - 70,000	800
110,001 - 160,000	900	70,001 - 140,000	900
160,001 - 280,000	1,060	140,001 - 320,000	1,060
280,001 and over	1,120	320,001 and over	1,120

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia for use in administering their tax laws, and using it 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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 45 min.; Learning about the law or the form, 12 min.; Preparing the form, 58 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to: Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. **Do not** send Form W-4 to this address. Instead, give it to your employer.

Printed on recycled paper

OMB No. 1115-0136

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1)** document title; **2)** issuing authority; **3)** document number, **4)** expiration date, if any; and **5)** the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
  - record the document title, document number and expiration date (if any) in Block C, and
  - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, 5 minutes; **2)** completing the form, 5 minutes; and **3)** assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.
To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

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):
- ☐ A citizen or national of the United States
- ☐ A Lawful Permanent Resident (Alien # A____________
- ☐ An alien authorized to work until ___/___/___
  (Alien # or Admission #) ____________________

Employee's Signature	Date *(month/day/year)*

Preparer and/or Translator Certification.
(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification.
To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

	List A	OR	List B	AND	List C
Document title:	____________		____________		____________
Issuing authority:	____________		____________		____________
Document #:	____________		____________		____________
Expiration Date *(if any)*:	___/___/___		___/___/___		___/___/___
Document #:	____________				
Expiration Date *(if any)*:	___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* **___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 3. Updating and Reverification.
To be completed and signed by employer.

A. New Name *(if applicable)*	B. Date of rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:____________ Document #: ____________ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date *(month/day/year)*

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship *(INS Form N-560 or N-561)*
3. Certificate of Naturalization *(INS Form N-550 or N-570)*
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph *(INS Form I-151 or I-551)*
6. Unexpired Temporary Card *(INS Form I-688)*
7. Unexpired Employment Authorization Card *(INS Form I-688A)*
8. Unexpired Reentry Permit *(INS Form I-327)*
9. Unexpired Refugee Travel Document *(INS Form I-571)*
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph *(INS Form I-688B)*

OR

LIST B

Documents that Establish Identity

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, sex, 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, sex, 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

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card *(INS Form I-197)*
6. ID Card for use of Resident Citizen in the United States *(INS Form I-179)*
7. Unexpired employment authorization document issued by the INS *(other then those listed under List A)*

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

The Internal Revenue Service (IRS) requires that all new employees be notified that the Pawtucket School Department offers a 403(b) Tax Deferred Annuity program. You make the choice of whether to participate or not, it is not a mandatory program. We do require that you complete the lower portion of this page and return it to Steven Janelle in the Business Office. You may retain the 403(b) Summary Plan documents for your own information.

403(b) Salary Reduction Contribution Eligibility Notification

I have been notified that I am eligible to participate in the Pawtucket School Departments' 403(b) Salary Reduction Program. I have received a copy of the Summary Plan description (attached). Should I choose to participate, I may obtain a Salary Reduction Agreement and the list of Approved Service Providers from one of the following three sources:

1) Go to "http://www.psdri.net/admin/business/forms.htm" and print the forms
2) Go to "http://www.psdri.net/", click on Web Publisher, then "Admin-Business" Library. Enter "403" in the search box, then click on the "Search" button and print the forms.
3) Contact Steven Janelle in the Business Office, 729-6345.

I understand that in order to participate in the 403(b) Annuity program, I must complete the Salary Reduction Agreement form, forward it to my Service Provider for their signature, then return it to Steven Janelle in the Business Office.

Name: ____ Date: ____________________
(Please Print)

Signature: ____

Pawtucket School Department
403(b) Annuity Summary Plan

What is a 403(b) Annuity Plan?

A 403(b) plan, also known as a tax-sheltered annuity (TSA) plan, is a retirement plan for certain employees of public schools and certain tax-exempt organizations. This plan is separate from your contributions to the Municipal Retirement System (MERS) or the Employees Retirement System (ERS), if applicable. You are allowed to contribute to both a 403(b) plan, and MERS/ERS, if applicable.

403(b) Individual accounts must include contractual language specifying that the account is non-transferable by the employee, and can be any of the following two types:

1) An annuity contract, provided through an insurance company - 403(b)(1).
2) A Mutual Fund, where there is a custodial arrangement with a bank, savings and loan, or other approved financial institution – 403(b)(7).

What are the Benefits of Contributing to a 403(b) Plan?

There are two benefits to contributing to a 403(b) plan.

1) Contributions to a 403(b) plan are excluded from your income (Tax Deferred). You do not pay taxes on the contributions in the year they are made. You do not pay taxes on the contributions until you begin making withdrawals from the plan, usually after you retire.
2) Earnings and gains on amounts in your 403(b) account are not taxed until you withdraw them.

Who can set up a 403(b) Account?

You cannot set up a 403(b) account on your own. You can only set up a 403(b) account through a service provider and your employer. Contributions can only be made through your employer as a tax deferred payroll deduction.

How can contributions be made to a 403(b) Account?

Only the Pawtucket School Department can deposit your contributions into your 403(b) account, these contributions are called Elective Deferrals. These are contributions made under a Salary Reduction Agreement (SRA). The SRA allows the Pawtucket School Department to make tax deferred payroll deductions, from your paycheck, to be contributed directly into a 403(b) account for your benefit. The Pawtucket School Department does not make employer contributions (Non-Elective) to 403(b) accounts, nor does it allow after tax employee contributions to its 403(b) plan.

Includible compensation is generally all salary from the Pawtucket School Department includible in gross income, except for Material Stipend reimbursements, for the employee's most recent one-year period of service ending with or within the taxable year.

Who can contribute to a 403(b) Account?

The Plan is available to all employees, including Part Time employees, Substitute Teachers, Substitute Clerks, and Substitute Teacher Assistants.

How much can I contribute to a 403(b) Plan?

It is the responsibility of your Service Provider to complete the Maximum Amount Contributable (MAC) calculation in your Salary Reduction Agreement and, if applicable, the Catch-Up Provision calculations, to arrive at the maximum amount you may contribute to the plan. The maximum amount contributable may change each calendar year and is subject to IRS adjustments.

Transfer of Interest in a 403(b) Contract

You may transfer all or part of your interest from a 403(b) account to another 403(b) account, and the transfer is tax-free. However, this treatment applies only if the transferred interest is subject to the same or stricter distribution restrictions. This rule applies regardless of whether you are a current employee, former employee, or a beneficiary of a former employee.

Transfers that do not satisfy this rule are plan distributions and are generally taxable as ordinary income.

Tax-Free Rollovers

You can generally roll over tax-free all or any part of a distribution from a 403(b) plan to a traditional IRA or an eligible retirement plan. The most you can roll over is the amount that, except for the rollover, would be taxable. The rollover must be completed by the 60th day following the day on which you receive the distribution.

Rollovers to and from 403(b) plans: Effective for distributions made after 2001, you can roll over, tax free all or any part of a distribution from an eligible retirement plan to a 403(b) plan. Additionally, you can roll over, tax free, all or any part of a distribution from a 403(b) plan to an eligible retirement plan

Eligible Retirement Plans: The following are considered eligible retirement plans.

1) Individual retirement arrangements.
2) Qualified Plans.
3) 403(b) Plans.
4) 457 Plans.

For more information on this subject refer to IRS Publication 575.

When can distributions / withdrawls be made from the 403(b) account?

You must receive all, or at least a certain minimum, of your interest accruing after 1986 in the 403(b) plan by April 1 of the calendar year following the later of:

1) The calendar year in which you become age 70 ½, or
2) The calendar year in which you retire.

Generally, a distribution cannot be made from a 403(b) account until the employee:

1) Reaches age 59 ½,
2) Has a severance from employment,
3) Dies,
4) Becomes disabled, or
5) In the case of salary reduction contributions, encounters financial hardship.

In most cases, the payments you receive or that are made available to you under your 403(b) account are taxable in full as ordinary income.

Check with your Service Provider to find out whether this rule also applies to pre-1987 accruals. If not, a minimum amount of these accruals must begin to be distributed by the later of the end of the calendar year in which you reach age 75 or April 1 of the calendar year following retirement, whichever is later. For each year thereafter, the minimum distribution must be made by the last day of the year. If you do not receive the required minimum distribution, you are subject to a nondeductible 50% excise tax on the difference between the required minimum distribution and the amount actually distributed. For more information, also refer to IRS Publication 575.

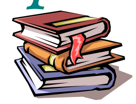
Note: More information may be obtained on 403(b) annuity tax implications from IRS Publication 571 and 575. These may be obtained from your local IRS office or by going to the IRS web site at: http://www.irs.gov/forms_pubs/index.html

Disclaimer: The Pawtucket School Department does not represent the above statements to always be correct and factual; they are subject to modification by the IRS. In order to verify the accuracy of these statements, the Pawtucket School Department recommends that they be verified with your Service Provider, tax accountant, IRS Publications, or an IRS agent.

Adopted by the Pawtucket School Committee on 4/9/02

Pawtucket School Department

Memo



To: All new employees
From: Dr. Hans W. Dellith
Date: Friday, June 15, 2001
Subject: Tuberculosis Screening & MMR Immunization

Measles, Mumps and Rubella:

The Rhode Island Department of Health has issued new mandates regarding immunizations against infectious diseases. The mandate affecting school personnel will be in effect as of September, 1995. It is as follows:

All school employees born on or after January 1, 1957 must be revaccinated against measles, mumps and rubella. The only exception to this regulation is an employee who received the MMR vaccination after 1968 and can provide evidence of such from a licensed physician.

Tuberculosis Screening:

Prior to employment, each employee must file with the administrative head of the school district, a report from a licensed physician that he/she is free from infectious disease, based on a physical examination including the result of a Mantoux PPD (Tuberculosis screening) text recorded in millimeters, performed not more than six (6) months before the report is filed.

Also, if the current or any previous Mantoux test is positive, then the physician's certification that the disease is not communicable, shall be based on a chest x-ray taken not more than six (6) months prior to the certification and/or evidence of completed prophylactic treatment.The following medical center performs the Mantoux test to state employees free:

Roger Williams Medical Center
Clinical Tuberculosis Services
877 Chalkstone Avenue
Providence, RI 02908
Telephone: (401)456-2447

OR

Miriam Hospital
Clinical Tuberculosis Services
14 Third Street
Providence, RI 02906
Phone: (401)793-2427

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