

Pat Quinn  
Governor



Erwin McEwen  
Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_, understand that when I am employed as a  
(Employee Name)

\_\_\_\_\_ I will become a mandated reporter under the  
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-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 per 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 of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, 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

CANTS 22  
Rev. 1/2009

Office of the Director  
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment  
Eligibility Verification**

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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have 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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

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: _____		_____	AND	_____
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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Nancy Lasselle</i>	Print Name Nancy Lasselle	Title Admin. Assist.
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Elmwood Park, CAUSD 401, 8201 W. Fullerton Ave., Elmwood Park, IL 60707		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 authorization.		
Document Title	Document #	Expiration Date (if any):
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		Date (month/day/year)

ELMWOOD PARK COMMUNITY SCHOOL DISTRICT 401  
8201 WEST FULLERTON AVENUE, ELMWOOD PARK, ILLINOIS 60707

HEALTH EXAMINATION RECORD. APPLICANT APPLYING FOR \_\_\_\_\_  
(Position)

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

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

REPORT OF PHYSICAL EXAMINATION

1. General Physical Condition: \_\_\_\_\_

2. Vision: Right: \_\_\_\_\_ Left: \_\_\_\_\_ Correctable to: Right: \_\_\_\_\_ Left: \_\_\_\_\_

3. Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_ Nose and Throat: \_\_\_\_\_

Case History: \_\_\_\_\_

4. Vaccination: \_\_\_\_\_ Immunization: Diphtheria: \_\_\_\_\_ Teeth: \_\_\_\_\_ Heart: \_\_\_\_\_

Blood Pressure: Systolic: \_\_\_\_\_ Diastolic: \_\_\_\_\_ Pulse: \_\_\_\_\_

Temperature: \_\_\_\_\_ Scalp: \_\_\_\_\_ Skin: \_\_\_\_\_ Thyroid: \_\_\_\_\_ Feet: \_\_\_\_\_

Superficial Gland: \_\_\_\_\_ Varicose Veins: \_\_\_\_\_

5. Respiratory System: \_\_\_\_\_ Any known or suspected tuberculosis in home \_\_\_\_\_

Tuberculin Test: \_\_\_\_\_ When given: \_\_\_\_\_ Negative: \_\_\_\_\_ Positive: \_\_\_\_\_

If positive, was x-ray taken? \_\_\_\_\_ Result: \_\_\_\_\_

6. Urinalysis: \_\_\_\_\_ Reaction: \_\_\_\_\_ Specific Gravity: \_\_\_\_\_

Albumin: \_\_\_\_\_ Sugar: \_\_\_\_\_ Pus: \_\_\_\_\_ Blood: \_\_\_\_\_ Casts: \_\_\_\_\_

7. Summary of Defects: \_\_\_\_\_

.....

I hereby certify that I have examined the above applicant, that the above is a complete and accurate record of such examination, that the applicant is in good health, free from communicable disease and physically fit to perform the duties of \_\_\_\_\_

(Position)

THIS HEALTH EXAMINATION MUST BE SIGNED MANUALLY BY PHYSICIAN  
LICENSED TO PRACTICE IN THE STATE OF ILLINOIS

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_ M.D.

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NOTE TO THE EXAMINING PHYSICIAN: IF TUBERCULIN TEST IS POSITIVE, X-RAY MUST BE REQUESTED BEFORE YOUR FINAL RECOMMENDATION IS MADE. PLEASE GIVE FULL DESCRIPTION OF ANY PHYSICAL DISABILITY NOT HEREFIN INCLUDED ON FORM.



**Retirement Security for Illinois Educators**  
 Teachers' Retirement System of the State of Illinois  
 2815 West Washington Street, P.O. Box 19253  
 Springfield, Illinois 62794-9253  
 members@trs.illinois.gov  
 trs.illinois.gov  
 (800) 877-7896

## Member Information and Beneficiary Designation Form

Social Security number	First Name	Middle Initial	Last Name	Maiden Name
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Home telephone number (      )	
Street Address			Work telephone number (      )	Extension
City			Cell phone number (      )	
State	Zip		E-mail address	
<input type="checkbox"/> Member of other Illinois public employee retirement system (specify system's name) <hr/>				

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.\*

If the automatic designation is selected, do not complete the Beneficiary Refund or Survivor Benefit sections.

<input type="checkbox"/> <b>Automatic Designation</b> <i>(commonly selected by members with a spouse and/or minor children)</i> In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.
--

If automatic designation is **not** selected, you must complete the Beneficiary Refund *and* Survivor Benefits sections.

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

Member's signature (mandatory)	Date
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Signature pursuant to a General Power of Attorney is not accepted by TRS.

\*See reverse for more information.

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

Employee Name \_\_\_\_\_

Employee ID# \_\_\_\_\_

Employer Name Elmwood Park  
C.H.S. D. # 401

Employer ID# 016-4210

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

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

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

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

**For More Information**

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

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

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

**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 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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: **B** \_\_\_\_\_

- 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 \$1,500 or less.

**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 \$1,800 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). See Pub. 972, Child Tax Credit, for more information. **G** \_\_\_\_\_

- 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.
- 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.

**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 \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs 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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; 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;">2010</div>
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 <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		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 replacement card. <input type="checkbox"/>
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 2010, 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		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)

# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 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 your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 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 may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 \_\_\_\_\_

## Step 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 may reduce the number of additional allowances or have an additional amount withheld. 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 \_\_\_\_\_

Check the box if you are exempt from federal and Illinois Income Tax withholding.

- Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 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 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 still may 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.

## Duties and Responsibilities of the Substitutes in School District 401

Substitutes employed by EPCUSD 401 are expected to:

1. Sign the "Report of Employee Absences" in each building office and ask for the classroom keys and for the location of the teacher substitute folder containing the schedule, emergency procedures, alternate lesson plans and other useful information.
2. Observe the hours for the building assigned.  
High School: 7:35 – 3:05, all other buildings: 7:45 – 3:15. Substitute teachers must be in the building for the full 7 hours, but may spend the 30-minute lunch break out of the building (sign out in the office first).
3. Check attendance at the beginning of each period for the middle school and high school buildings, and at the beginning of the day for the elementary buildings. At the Early Childhood Center attendance is taken for the morning session and again for the afternoon session.
4. Follow through with the regular teacher's plans for the day. If plans have not been left, use the alternate plans in the sub folder.
5. Assume the responsibilities of the regular teacher such as recess duty, hall duty, etc. The daily sub pay is inclusive of these assignments.
6. Send all parent communication promptly to the office.
7. Follow the rules for confidentiality. Please see an administrator if you are not aware of the laws pertaining to confidentiality issues.
8. Complete appropriate tasks during the teacher's plan time. An administrator might assign you to another classroom at this time. The daily sub pay is inclusive of these assignments. If not assigned to another classroom, papers should be corrected and set aside for the teacher's return.
9. Lock the classroom door when leaving the room and never leave a student(s) in a classroom unattended.
10. Pick up the classroom phone and dial "O" for the office if problems arise and you need support. Do not send a student into the hall. Do not use corporal punishment. Remain calm.
11. Use the Walkie-Talkie/cell phone to call the office for help for playground injuries.
12. Leave a note for the classroom teacher about the lessons covered, problems encountered, etc.
13. Keep personal electronic devices turned off and reading material stowed away during instructional periods. Substitutes are expected to be teaching and engaged with students during instructional time.
14. A substitute ID must be worn at all times in the building.
15. Please dress professionally. Business casual is acceptable; jeans are discouraged.
16. Complete the *Substitute's Report* and turn it into the office as you leave the building.

**Please sign below indicating that you have read & understood the above procedures and will follow them.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Substitute Call Information

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

Best Phone number to call you: \_\_\_\_\_

(Please keep in mind, the sub coordinator will block the Caller ID and will call the next person on the substitute teacher list if you do not answer. She will **not** leave a voice mail message.)

Can you be called anytime or specific times to call? \_\_\_\_\_  
(ex. Anytime or 6 a.m. – 11 p.m.)

**As a reminder, the daily substitute pay rate is \$110.**

Are you interested in substituting as an instructional/special education aide? The daily substitute rate for an aide is \$95. Y/N \_\_\_\_\_

Grade Levels you wish to teach: \_\_\_\_\_

(You can teach any grade level K-12, if you have a small grade level range, you are limited to the number times you will be called.)

If you work at the HS level, are you interested in subbing for a PE class? \_\_\_ Yes or No

### Any Special Skills

Bilingual? Can you teach a Foreign Language? \_\_\_\_\_

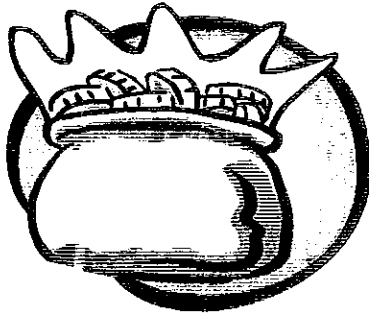
Can you work any day or do you have any days that you can not work on a regular schedule?  
\_\_\_\_\_

**PLEASE BE SURE TO LOOK AT YOUR CERTIFICATE TO CONFIRM YOU ARE COMPLETING THE FOLLOWING INFORMATION CORRECTLY:**

Certificate Type (ex. Sub Cert, Type 10) \_\_\_\_\_

Expiration date: \_\_\_\_\_

**Please be sure that your certificate is registered under Region 14 COOK ROE – SUBURBAN and after July 1 Region 06: Region 06 West Cook ISC 2.**



# Hear Ye Hear Ye

Elmwood Park CUSD #401 is proud to announce the availability of **Direct Deposit**.

This program utilizes electronic funds transfer to provide you with a timely, accurate, and convenient method of depositing your paycheck.

With Automated Payment, you can eliminate the hassle of mail delays and late deposits. Direct Deposit Payroll offers you:

Assurance of Timely Payments

Convenient Payment Method

Simple and Easy Sign-up

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Employees choosing the Direct Deposit Payroll plan ensure the necessary funds are available for use.

Your deposits are made directly to your account, eliminating time-consuming mail delays, waiting in line at the bank, and waiting for funds availability.

Direct Deposit Payroll plan gives you the reliability and safety advantages of knowing your funds are deposited, even if you are out of town.

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### Instructions: Complete the form below and attach an unsigned and voided check from your account to assist in verifying data.

I (we) authorize Elmwood Park C.U.S.D. #401, hereafter called "Company", to initiate credit entries to my (our) checking account indicated below and the institution named below, hereinafter called "Institution", to deposit to the same such account.

I (we) further authorize "Company" to initiate debits to my (our) account to correct any errors, and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until "Company" and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford "Company" and "Institution" a reasonable opportunity to act on it prior to depositing to the account.

**\*\*\*Please Note\*\*\* Any check run outside of the regular payroll run may not be a direct deposit check. Also, your first check is a PRENOTE to the bank which will produce a regular paper check.\*\*\***

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#### Client Data

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

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

#### Institution Data

Account #: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Transit ABA: \_\_\_\_\_

# Emergency Information 2010-2011

Please complete this form and return no later than \_\_\_\_\_.

NAME (Last, First)	
Address	City, ZIP Code
Home Phone ( )	Home Email Address:
Cell Phone ( )	<b>Permission to print in directory:</b> Circle one:    Print                    Do Not Print
Emergency Contact #1	Emergency Contact #2
Phone Contact #1 ( )	Phone Contact #2 ( )
Relation Contact #1	Relation Contact 2
Physician Name	Physician Phone ( )
Allergies/Health Concerns	

Your building location:      EPHS \_\_\_\_\_      Elm \_\_\_\_\_      Mills \_\_\_\_\_  
    Elmwood \_\_\_\_\_      ECC \_\_\_\_\_      District \_\_\_\_\_

**This information is strictly confidential and would be used only in the event of an emergency.**

**Also, remember to notify the District Office AND your building principal of any changes during the school year.**

# ELMWOOD PARK SCHOOL DISTRICT CALENDAR JULY 2010 – JUNE 2011 OFFICIAL DISTRICT CALENDAR

July '10						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August '10						
Su	M	Tu	W	Th	F	Sa
1	2	3	4⓪	5⓪	6	7
8	9	10	11	12	13	14
15	X16	★17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September '10						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October '10						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	▲8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November '10						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December '10						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January '11						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February '11						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March '11						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	▲25	26
27	28	29	30	31		

April '11						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	X29	30

May '11						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	★27	28
29	30	31				

June '11						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

LEGEND				Staff Development	
(/) No classes for Students		(□) Parent Conference Days		Late start schedule applies every Wednesday when school is in session.	
(▲) No Students/Institute Day		(=) Emergency Days			
(★) First/Last Days of School		(⓪) Registration August 4 & 5			
(X) Teacher Work Day (no classes for students)					
Quarter/Grading Periods		Achievement Test Dates*		Graduation Dates	
Quarter 1 (44) October 20	Quarter 3 (42) March 11	3-8th ISAT Feb. 28-March 11	9-12th PSAE April 27 & 28	HIGH SCHOOL Wed. May 25 7:00 p.m.	MIDDLE SCHOOL Thurs. May 26 7:00 p.m.
Quarter 2 (43) December 23	Quarter 4 (47) May 27	AP TESTING May 2-13			
Parent/Teacher Conferences PreK- 6 (3:30-7:00 p.m.)		Parent/Teacher Conferences 7-8 (3:30-7:00 p.m.)		Parent/Teacher Conferences 9-12 (3:30-7:00 p.m.)	
FALL	SPRING	FALL	SPRING	FALL	SPRING
Nov. 3, 2010	Feb. 9, 2011	Sept. 30, 2010	Feb. 9, 2011	Sept. 22, 2010	Feb. 16, 2011
Nov. 4, 2010	Feb. 10, 2011	Nov. 18, 2010	Feb. 10, 2011	Nov. 17, 2010	April 6, 2011
Our official school calendar has five (5) emergency days built in at the end of the year. There may be a need to dismiss school due to inclement weather and will require the use of the makeup days indicated in May/June. Please do not make any travel/vacation plans during those dates. Please keep in mind that only 5% of the staff may be absent before or after published holidays per the contract. Emergency dates are May 31, June 1, 2, 3 and 6.					
Board of Education Approval: February 16, 2010, Revision Approval: April 21, 2010				*Testing dates are tentative.	
REVISED: 8/27/10					

**Elmwood Park High School** (Grades 9-12)

*First day of School - Tuesday, August 17:* Attendance from 7:50 a.m. to 3:00 p.m.  
Bus Service for Tuesday: 7:00 a.m. (to school) and 3:05 p.m. (from school)

- **Every Wednesday:** 9:00 a.m. – 3:05 p.m.
- **Beginning Thursday, August 19 and every Mon/Tues/Thurs/ Fri:**  
7:50 a.m. – 3:00 p.m.

**Elm Middle School** (Grades 7-8)

*First day of School - Tuesday, August 17:* Attendance from 7:55 to 11:30 a.m.  
Bus Service for Tuesday: 7:20 a.m. (to school) and 11:40 a.m. (from school)

- **Every Wednesday:** 9:00 a.m. – 3:05 p.m.
- **Beginning Thursday, August 19 and every Mon/Tues/Thurs/ Fri:**  
7:55 a.m. – 3:05 p.m.

**Elmwood and John Mills Schools** (Grades 1-6)

*First day of School - Tuesday, August 17:* Attendance from 8:40 to 11:30 a.m.

- **Every Wednesday:** 9:17 a.m. – 3:00 p.m.
- **Beginning Thursday, August 19 and every Mon/Tues/Thurs/Fri:**  
8:40 a.m. – 3:00 p.m.

**Early Childhood Center** (Kindergarten classes)

*First day of School - Tuesday, August 17:*

**Letters confirming classes will be mailed to each parent.**

Morning classes from 8:20 to 10:20 a.m.

Afternoon classes from 12:05 a.m. to 2:05 p.m.

- **Every Wednesday:**  
Morning Classes 9:20 a.m. – 11:25 a.m.  
Afternoon Classes 12:35 p.m. – 2:40 p.m.
- **Beginning Thursday, August 19 and every Mon/Tues/Thurs/Fri:**  
Morning Classes 8:20 a.m. – 10:55 a.m.  
Afternoon Classes 12:05 p.m. – 2:40 p.m.