

# PROCEDURE

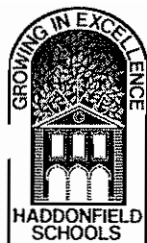
Haddonfield  
Board of Education

TEACHING STAFF MEMBERS

3125 / Page 1 of 32  
Employment of Teaching Staff

## 3125 EMPLOYMENT OF TEACHING STAFF

(SEE THE FOLLOWING PAGES)



# HADDONFIELD BOARD OF EDUCATION

ONE LINCOLN AVENUE ~ HADDONFIELD, NJ 08033-1892  
TELEPHONE: 856-429-7510 FAX: 856-354-2179

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

## NEW EMPLOYEE CHECKLIST

### ADMINISTRATION AND TEACHING STAFF

Below is a list of documents required by the district **prior to your employment**. Forms and guidelines are available at the Business Office (429-4130, ext. 202 or 211).

A checked box indicates that this item is needed to complete your file. **These items must be completed before your first day of employment.**

### HUMAN RESOURCE INFORMATION

- |  |  |
|--|--|
| <input type="checkbox"/> Completed Haddonfield Application         | <input type="checkbox"/> I-9 Employment Eligibility Verification Form  |
| <input type="checkbox"/> Teaching Certificate                      | <input type="checkbox"/> State of NJ New Hire Form   |
| <input type="checkbox"/> Official College Transcripts              | <input type="checkbox"/> Criminal History Background Check --<br>Contact the MorphoTrak Agency & follow<br>instructions listed on attached letter. |
| <input type="checkbox"/> Photo ID                                  |  |
| <input type="checkbox"/> Praxis Scores                             | <input type="checkbox"/> Notarized Oath of Allegiance  |
| <input type="checkbox"/> Employment Verification Form(s)<br>•<br>• | <input type="checkbox"/> Harassment Policy, Child Abuse/Neglect Report<br>Requirement, & Staff Acceptable Use Policy For<br>School Technology      |

### MEDICAL INFORMATION FORMS

- |   |   |
|---|---|
| <input type="checkbox"/> Completed Medical Examination Form in<br>accordance with New Jersey, Administrative<br>Code 6:29-7.4 | <input type="checkbox"/> Dental/Health Enrollment Form or Incentive Form                |
| <input type="checkbox"/> AmeriFlex Form   | <input type="checkbox"/> Declination Statement for Hepatitis B Vaccine<br>Sign-Off Form |

### PAYROLL FORMS

- |  |  |
|--|--|
| <input type="checkbox"/> Pension Enrollment Form | <input type="checkbox"/> Federal & State W-4 Forms |
| <input type="checkbox"/> Direct Deposit Form     |  |

\_\_\_\_\_  
EQUAL OPPORTUNITY EMPLOYER



# HADDONFIELD PUBLIC SCHOOLS

## TEACHER APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Number) (Street) (City/Town) (State) (Zip)

Home Telephone # \_\_\_\_\_ Work Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Telephone Number Where We Can Reach You to Schedule An Interview \_\_\_\_\_

Date of Availability \_\_\_\_\_ If Experienced, Expected Step \_\_\_\_\_

**LIST IN ORDER OF PREFERENCE THE SUBJECTS, GRADES, OR FIELDS IN WHICH YOU CAN TEACH:**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

List areas in which you hold New Jersey State Certification:

OTHER CERTIFICATIONS: State \_\_\_\_\_ Areas \_\_\_\_\_

If you are not certified: Provide "Statement of Eligibility", Date of NTE, Score on NTE Exam

### EDUCATION

(List High School and Colleges Attended – Most Recent First)

<i>Name &amp; Location</i>	<i>Dates Attended</i>	<i># of Credits</i>	<i>Date of Graduation</i>	<i>Degree Title</i>

### EXPERIENCE

(Include Student Teaching Unless You Have 5 or More Years Teaching Experience)

<i>Dates</i>	<i>Name &amp; Location of Employer</i>	<i>Grade Levels and/or Subjects Taught</i>

8/06

### RELATED EXPERIENCE

<i>Dates</i>	<i>Name &amp; Location of Employer</i>	<i>Title/Position</i>

**PROFESSIONAL REFERENCES**

(List persons able to give information concerning your qualifications for the position you seek)

<i>Name</i>	<i>Address</i>	<i>Position</i>	<i>Telephone</i>
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)
			(H) (W)

- Are you legally authorized to work in the United States YES ☐ NO ☐
- Have you ever been convicted of a criminal offense? YES ☐ NO ☐
- Have you ever been asked to resign from a teaching position? YES ☐ NO ☐

If yes to any of the above, please explain. You may also add any additional information which you feel will enhance your qualifications.

- Do you know of any reason why you cannot perform the functions of the job for which you are applying with or without reasonable accommodation? YES ☐ NO ☐

Please describe any accommodations required: \_\_\_\_\_

**ATTACH COPIES OF COLLEGE TRANSCRIPTS AND CERTIFICATES**

**MY CREDENTIALS ARE ON FILE AT:** \_\_\_\_\_

This application will be kept on file for six months. At that time, it will be discarded unless you contact us to keep it in our active file.

I certify that all of the information provided in this application, attached resumes, transcripts, and certificates is true to the best of my belief and knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

RETURN TO: Superintendent of Schools  
Haddonfield Public Schools  
One Lincoln Avenue  
Haddonfield, NJ 08033

**NOTE: APPLICATION MUST BE COMPLETED IN FULL TO BE CONSIDERED.**

*Equal Opportunity Employer*

WRITING SAMPLE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HADDONFIELD PUBLIC SCHOOLS  
EMPLOYMENT VERIFICATION FORM

TO \_\_\_\_\_

\_\_\_\_\_  
Date

I have been requested by the Haddonfield Public School District to have this form, which verifies my contract employment service in your school system, completed and mailed to:

SUPERINTENDENT OF SCHOOLS  
HADDONFIELD PUBLIC SCHOOLS  
1 LINCOLN AVE.  
HADDONFIELD, NEW JERSEY 08033

I was employed in your school system during:

\_\_\_\_\_  
Year      Months      AS \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City      State      Zip

-----  
This is to verify that \_\_\_\_\_ was employed in  
this school system as follows:

School Year	School District	Began Service (date)	Terminated (date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

## 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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> 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. Permanent Resident Card or Alien Registration Receipt Card with photograph (*INS Form I-151 or I-551*)
6. Unexpired Temporary Resident 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*)

### 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, gender, height, eye color and address
  2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
  3. School ID card with a photograph
  4. Voter's registration card
  5. U.S. Military card or draft record
  6. Military dependent's ID card
  7. U.S. Coast Guard Merchant Mariner Card
  8. Native American tribal document
  9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
  11. Clinic, doctor or hospital record
  12. Day-care or nursery school record

### 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 than those listed under List A*)

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



Gender (Opt.)  
M Or F



## HADDONFIELD PUBLIC SCHOOLS

ONE LINCOLN AVENUE ~ HADDONFIELD, NJ 08033-1866  
TELEPHONE: 856-429-4130 EXT. 201 FAX: 856-354-2179

### INSTRUCTION FOR CRIMINAL HISTORY BACKGROUND CHECK Effective October 30, 2009

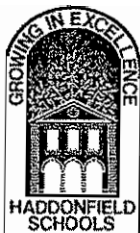
Attached please find forms to be completed which are necessary for a criminal history background check by the State of New Jersey for employment in the Haddonfield School District. **You may also submit your request through the on-line process available through the Department of Education's website, <http://www.nj.gov/education/educators/crimhist/>. Instructions are attached.**

Below are the instructions outlined for you to follow:

- Call the scanning company, MorphoTrak (formerly Sagem Morpho, Inc.), at **1-877-503-5981** (see attached hours of operation) to schedule an appointment. The location nearest to Haddonfield is in Cherry Hill, NJ, at 1873 Route 70 East, Suite 204. They are in the Heritage Executive Complex, which is located next to Syms Clothing Warehouse.
- Bring with you a valid photo ID, such as a driver's license or passport or any other government ID with your picture on it. (See attached letter)
- Also, you will need to bring a copy of the attached letter and forms (**these forms must be brought with you at the time of fingerprinting**) and a certified check or money order in the amount of **\$70.25** made payable to "**MorphoTrak.**" They will also accept credit card payment.
- After having your fingerprints taken at Morpho Trak, please bring their form with receipt, the Applicant Authorization and Certification form, and a processing fee of **\$10.00** in the form of a certified check or money order made payable to the "State of New Jersey" to Sue Weber in the Business Office.
- In the case of an archive submission (applicant's who were processed after February 21, 2003) there is no need to be refingerprinted. We need the "Applicant Authorization and Certification" form signed and notarized and a certified check or money order for **\$35.30** made payable to "State of New Jersey."
- **Unpaid Volunteers and Student Teachers** will be processed at a reduced cost of **\$26.25** payable to "Morpho Trak."

If you have any questions regarding this process, please feel free to call our office at (856) 429-4130, ext. 201.

**NOTE:** The "**Applicant Authorization and Certification**" form must be signed and notarized. (We have a Notary Public here in the Administration Building—please call before coming in to get the form notarized).



## HADDONFIELD PUBLIC SCHOOLS

ONE LINCOLN AVENUE ~ HADDONFIELD, NJ 08033-1866  
TELEPHONE: 856-429-4130 EXT. 201 FAX: 856-354-2179

### **INSTRUCTIONS FOR ELECTRONIC FILING FOR CRIMINAL HISTORY RECORD CHECKS AND DUPLICATE APPROVAL LETTERS**

- The Department of Education has initiated electronic filing for the criminal history Applicant Authorization & Certification form (AA & C), administrative fee payment and duplicate approval letter requests. New applicants, current employees transferring districts and school bus drivers applying for initial school bus endorsement or renewing their driver's license may submit their request through the on-line process available through the department Website, <http://www.nj.gov/education/educators/crimhist/>.
- Methods of payment are Visa, MasterCard, American Express, or Discover credit cards.
- The Department's home page displays three (3) options: New Application Requests, Archive Application Requests and Duplicate Approval Letter Requests. Detailed instructions for completing the forms are available for each process. Individuals will select the type of criminal record request or duplicate approval letter they are seeking from these three options on the home page and will then view four (4) options as to the employer and job position you are seeking. All fields with a red asterisk must be completed before proceeding to the next page. Individuals should click the "submit" button only one time to complete the transaction. After completing the transaction, you may print a copy by clicking the print button in the upper right corner of the page. There will be a \$1.00 convenience fee charged by the private vendor for processing the credit card information.
- Processing requests for the criminal history record check via U.S. mail will continue to be available.
- District Code – Haddonfield – 1900  
County Code – Camden – 07

NEW JERSEY STATE DEPARTMENT OF EDUCATION  
CRIMINAL HISTORY REVIEW UNIT  
APPLICANT AUTHORIZATION AND CERTIFICATION

Substitute Position Transfer:

PCN

(Previous County/District/School

(Type or print in ink)

(1) Last Name	(2) First Name	(3) Middle Initial	(4) Social Security Number
(5) Date of Birth Month Day Year	(6) Sex (Select One): <input type="radio"/> M <input type="radio"/> F	(7) Race (Select One): <input type="radio"/> W <input type="radio"/> B <input type="radio"/> I <input type="radio"/> A <input type="radio"/> H	
(8) Street Address	(9) City	(10) State	(11) Zip
(12) Job Category (Check One): 01 Administrator/Supervisor 02 Classroom Teacher 03 Educational Support Services (Certificated) 04 Substitute Teacher 05 Teacher Aide 06 Custodial/Maintenance 07 08 Clerical/Secretarial 09 Food Service 10 Security 11 Other (Specify below)			

DISTRICT USE ONLY			
(13) NAME OF COUNTY LOCATION CAMDEN	(14) COUNTY CODE 07	(15) NAME OF EMPLOYING DISTRICT HADDONFIELD	(16) DISTRICT CODE 1900
PRIVATE HANDICAPPED/NONPUBLIC EDUCATION AGENCY USE ONLY			
(17) NAME OF COUNTY LOCATION	(18) COUNTY CODE	(19) NAME OF PRIVATE SCHOOL	(20) AGENCY CODE
			(21) SCHOOL CODE

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.1 et seq. or N.J.S.A. 18A:6-4, 13.

FORM "A" -- (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)

I, \_\_\_\_\_ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder; any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

FORM "B" -- (CURRENT EMPLOYEES CHANGING DISTRICTS - BREAK IN SERVICE UNDER 180 DAYS)

I, \_\_\_\_\_ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder; or a simple assault involving the use of force which results in bodily injury.

Signature of Applicant

Telephone No.

Date

Notary

**Formerly Sagem Morpho Inc**

(1) Originating Agency Number (ORI #) NJ930100Z		(2) Category EDK		(3) Statute Number 18A:6-7.2	
(4) Reason for Fingerprinting Public School Employment				(5) Document Type RB1	(6) Payment Information \$70.25
(7) Contributor's Case # (Unique Identifier) 071900				(8) Miscellaneous	
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)		(18) Place of Birth (U.S. State -for US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City		State	Zip
(21) Gender (Select one) Male ( ) Female ( ) Both ( )	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander ( includes Asian Indian) B Black W White ( Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native		
(25) Occupation	(26) Employer (Name) Haddonfield Public Schools Employer Address One Lincoln Avenue City Haddonfield State NJ Zip 08033				

**APPLICANT INFORMATION - READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.**

**IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS -ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.**

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj), 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.






Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You **MUST** retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

Applicant ID No.	Scheduled Site/ Date/ Time	PYMT Authorization	PCN
Agency Information #1		Agency Information #2	

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

**Directions to Fingerprinting Sites**

Address	Hours
 <b>Ancora Psychiatric Hospital</b> 301 Spring Garden Road 1st Floor Conference Room, Sycamore building Hammonton, NJ 08037	Two Fridays per month  Additional appointments may be available, please see the schedule.
▶ <a href="#">Get driving directions</a>	
 <b>Cherry Hill</b> Heritage Executive Complex 1873 Route 70 East Suite 204 (new 3/24/2009) Cherry Hill, NJ 08003	Monday, Tuesday, Thursday, Friday: 9:00 AM - 5:00 PM  Wednesday: Noon - 8:00 PM  2nd Saturday & 4th Saturday of each month: 9:00 AM - 5:00PM
▶ <a href="#">Get driving directions</a>	
 <b>Ewing</b> Parkway Corp. Center 1230 Parkway Avenue Ste. 102 Ewing, NJ 08628	Monday through Friday: 9:00 AM - 5:00 PM  2nd Saturday & 4th Saturday of month: 9:00 AM - 12:00 PM
▶ <a href="#">Get driving directions</a>	
<b>Hagedorn Psychiatric Hospital</b> 200 Sanatorium Road Glen Gardner, NJ 08826	Monday, Tuesday: 9:00 AM - 5:00 PM  2nd Saturday & 4th Saturday of each month: 9:00 AM - 5:00 PM  Additional appointments may be available, please see the schedule.
▶ <a href="#">Get driving directions</a>	
 <b>Irvington</b> 50 Union Avenue Suite 502 Irvington, NJ 07111	Monday through Friday: 9:00 AM - 5:00 PM
▶ <a href="#">Get driving directions</a>	
 <b>Linwood</b> Central Square Shopping Centre	Monday, Wednesday and Friday: 9:00 AM to 5:00 PM

199 New Road, Route 9  
Suite #67  
Linwood, NJ 08221

Additional appointments may be available, please see the schedule.



[Get driving directions](#)

**Manahawkin**  
775 East Bay Avenue  
Manahawkin, NJ 08050

Thursday : 9:00 AM - 5:00 PM

Additional appointments may be available, Please see the schedule.



[Get driving directions](#)



**Newark**  
124 Halsey Street  
7th Floor  
Newark, NJ 07102

Monday through Friday: 9:00 AM - 5:00 PM



[Get driving directions](#)

**Ocean Twp Monmouth County**  
39 Cindy Lane  
Ocean, NJ 07712

Monday, Wednesday, Thursday,  
Friday: 9:00 AM - 5:00 PM

Tuesday: Noon - 8:00 PM



[Get driving directions](#)

2nd Saturday & 4th Saturday of  
month: 9:00 AM - 5:00 PM



**Paramus**  
299 Forest Ave.  
1st Floor, Suite B  
Paramus, NJ 07652

Monday, Wednesday, Thursday,  
Friday: 9:00 AM to 5:00 PM

Tuesday 12:00 PM to 8:00 PM



[Get driving directions](#)

2nd & 4th Saturdays of the month  
9:00 AM to 5:00 PM

This location is **Handicap accessible** from the front entrance of the building.



**Parsippany**  
601 Jefferson Road  
Parsippany, NJ 07054

Monday, Tuesday, Wednesday,  
Friday: 9:00 AM - 5:00 PM

Thursday: Noon - 8:00 PM



[Get driving directions](#)

2nd Saturday & 4th Saturday of  
month: 9:00 AM - 5:00 PM



**South Plainfield**  
5001 Hadley Road  
2nd Floor  
South Plainfield, NJ 07080

Monday, Tuesday, Thursday,  
Friday: 9:00 AM - 5:00 PM

Wednesday: Noon - 8:00 PM

►  
[Get driving directions](#)



**Sparta**  
17 Woodport Road  
Sparta, NJ 07871

►  
[Get driving directions](#)

**Toms River**  
954 Rt. 166  
First Floor, Front Entrance  
Toms River, NJ 08753

►  
[Get driving directions](#)



**Vineland**  
629 Wood Street  
Suite 205  
Vineland, NJ 08360

►  
[Get driving directions](#)



**Woodbine Developmental Center**  
1175 DeHirsh Avenue  
(Route 550)  
Woodbine, NJ 08270

►  
[Get driving directions](#)

**Woodstown**  
4 West Avenue  
Woodstown, NJ 08098

►  
[Get driving directions](#)

2nd Saturday & 4th Saturday of  
each month: 9:00 AM - 5:00 PM

Thursday and Friday: 9:00 AM -  
5:00 PM

Additional appointments may be  
available, please see the schedule.

Monday, Tuesday, Thursday,  
Friday: 9:00 AM - 5:00 PM

Wednesday: Noon - 8:00 PM

2nd Saturday & 4th Saturday of  
month: 9:00 AM - 5:00 PM

Monday, Wednesday, and Friday:  
9:00 AM - 5:00 PM

Tuesday: 9:00 AM - 5:00 PM

Additional appointments may be  
available, please see the schedule.

Tuesdays and the 2nd and 4th  
Thursday of the month:  
9:00 AM to 5:00 PM



New Jersey State Department of Education  
Office of Licensure and Credentials

**OATH OF ALLEGIANCE / VERIFICATION OF ACCURACY**

**IMPORANT:** This form is to be completed by only those individuals who are U.S. citizens. See Section B below.

**A. Basic Information** Please print your name as it appears on any documentation that you are required to submit

Last Name First Name Middle Name or Initial

Street Address

City

State

Zip

Social Security Number

Date of Birth: Month

Day

Year

Email Address

Phone Number Including Area Code

*Endorsement Information. Please enter the code and print the name of the endorsement for which you are applying on the line below*

Code

Name of Endorsement

**B. Oath of Allegiance** This form is to be completed only by those individuals who are U.S. citizens.

I, \_\_\_\_\_ do solemnly swear, (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, and that I will bear true faith and allegiance to the same and to the governments established in the United States and in this State, under the authority of the people, so help me God.

**C. Certification** Failure to complete these items will result in rejection of the candidate's application for certification.

Have you ever had a certificate revoked or suspended in this or any state?

Circle whichever applies

If yes, enclose a statement indicating the action taken and provide the pertinent details.

Yes No

Have you ever been convicted of a criminal offense in this or any other state or any jurisdiction outside of the United States? If yes, enclose a statement indicating the municipality where this occurred and provide the pertinent details.

Circle whichever applies

Yes No

**D. Verification of Accuracy**

I certify that all statements and information provided herein are true and accurate.

Applicant's Signature (in ink)

Date

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Seal

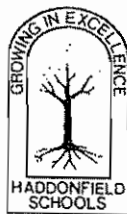
Notary Signature

Once completed, mail the form to:

New Jersey State Department of Education  
Office of Licensure and Credentials  
P.O. Box 500  
Trenton, New Jersey 08625-0500

Attention: Oath of Allegiance/Verification of Accuracy

Filename and Path and Revision Date



**Haddonfield Board of Education**  
**Personnel Department**  
1 Lincoln Avenue  
Haddonfield, New Jersey 08033

## **CHILD ABUSE AND NEGLECT REPORTING REQUIREMENTS**

The Board of Education is deeply concerned with the physical, emotional and psychological health and well-being of the children in this district. Children may be abused, molested and/or neglected by their parents, guardians and other persons, including school employees. In an effort to prevent and intervene in instances of child abuse or neglect, including institutional abuse, all personnel will cooperate fully with the Division of Youth and Family Services (DYFS), Department of Human Services in the early identification and reporting of suspected child abuse cases.

### **EXAMPLES OF MISCONDUCT**

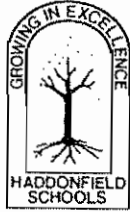
Child abuse and neglect can take many forms. In general, abuse refers to acts of commission such as beating, excessive corporal punishment or inappropriate sexual activity; while neglect refers to acts of omission such as failure to provide adequate physical or emotional care. These acts may be committed by guardians or family members, other district employees or other persons. If any district personnel abuses or neglects a child, it is referred to as institutional abuse. The suspicion of child abuse/neglect, including institutional child abuse, should be based on complaints from a child or observation of the child or both. An employee should be suspicious if:

1. The child exhibits a physical injury not likely to have been caused by an accident regardless of the explanation.
2. The child complains of the infliction of pain, sexual molestation, threats or emotional abuse.
3. The child appears to exhibit malnourishment, a persistent want of care such as clothing, hygiene, sleep, teeth, etc.
4. The child exhibits exceptional aggressive behavior, apprehension, fear or withdrawal.
5. An adult admits having abused the child.
6. A staff member inappropriately restrains or otherwise inflicts injury upon a pupil

### **REPORTING REQUIREMENTS**

Any doubt about reporting suspected situations is to be resolved in the child's favor and a report made immediately. The purpose is to protect the child and help the family. Early identification is critical. The law requires that anyone suspecting child abuse **must report the suspicion by calling DYFS and the Police immediately**. They must then notify the building principal or a designee, unless the person believes such notice would likely endanger the referrer or child involved or would result in retaliation against the child or in discrimination against the referrer with respect to his/her employment. Phone 1-877-652-2873 to report the abuse to DYFS, or 1-973-648-4100 to report institutional abuse. The Child Abuse/Neglect Report Form must be completed and forwarded to DYFS with a copy to the building principal and superintendent immediately following the call to DYFS. The following information will be needed:

1. Name, address, age and grade of the child;
2. Name and address of parent/guardian;



**Haddonfield Board of Education**  
**Personnel Department**  
1 Lincoln Avenue  
Haddonfield, New Jersey 0803.

3. Nature and extent of injuries and/or description of the child's condition;
4. Other pertinent information that may be relevant.

Should immediate medical attention be required, the child shall go directly to the school nurse. The principal shall be informed.

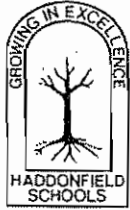
**NON-RETALIATION**

The law requires that anyone suspecting child abuse, including institutional abuse, must report. School personnel filing such a report are immune from prosecution under the law. No school personnel will be discharged or discriminated against as a result of making a good faith report of an allegation of child abuse. Anyone knowingly failing to report an act of child abuse/neglect, having reasonable cause to believe that an act has been committed, is a disorderly person and may be fined up to \$1,000, imprisoned for six months, or both

If you have questions about this policy, please contact your building principal, the district affirmative action officer or the district Personnel Administrator. The success of our policy depends, in significant part, upon the understanding and cooperation of all our employees. Therefore, we ask you to sign the following acknowledgment:

I, \_\_\_\_\_, have carefully read the above policy and understand and acknowledge it applies to me both in my present capacity and in any future position I may hold with the district.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Haddonfield Board of Education**  
**Personnel Department**  
1 Lincoln Avenue  
Haddonfield, New Jersey 08033

## **HARASSMENT POLICY**

Our district is committed to a workplace free of discrimination and harassment based on race, color, religion, age, sex, national origin, disability or any other basis protected by federal, state or local laws. In an effort to prevent such illegal harassment or discrimination from occurring, we will communicate and enforce this policy consistently. No employee of this district is exempt from this policy. Employees violating this policy may be individually liable for the effects of the harassment.

## **EXAMPLES OF MISCONDUCT**

Discrimination or harassment based on race, religion, age, sex, national origin, disability or any other legally protected status is considered a form of employee misconduct. Examples of such misconduct may include, but are not necessarily limited to:

- A request or demand for sexual favors accompanied by a threat concerning an individual's employment status or a promise of preferential treatment
- Unnecessary and unwelcome touching of an individual, for example: patting, pinching, hugging or repeatedly brushing against another individual's body; or
- Offensive jokes, comments, slurs, e-mail, memos, faxes, posters, cartoons, or gestures.

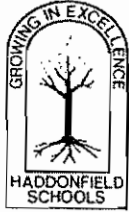
Disciplinary action, up to and including termination, may be taken against any employee engaging in this type of behavior. Disciplinary action may also be taken against any employee who in bad faith makes a false or dishonest claim of harassment or discrimination. Any supervisor or manager who has knowledge of such behavior yet fails to take appropriate action is also subject to discipline.

## **REPORTING COMPLAINTS**

Any employee who believes he or she is being discriminated against or harassed based on any of the grounds stated above should report it immediately to his or her direct supervisor, to the affirmative action officer or to the human resources department. The district will investigate the complaint; make a written determination of its conclusion and, when appropriate, prepare a plan of action to correct the problem and prevent its reoccurrence. The district shall inform the complaining employee of its determination.

## **NON-RETALIATION**

Under no circumstances will an employee be penalized for reporting what the employee believes in good faith to be harassment under this policy. If you believe that you are being retaliated against for bringing a complaint of harassment or discrimination, you should report such conduct immediately to your direct supervisor, the affirmative action officer or the human resources department. Any supervisor or manager who retaliates against an employee for making the complaint shall be subject to disciplinary action up to and including termination.



**Haddonfield Board of Education**  
**Personnel Department**  
1 Lincoln Avenue  
Haddonfield, New Jersey 08031

If you have questions about this policy, please contact the district affirmative action officer. The success of our policy depends, in significant part; upon the understanding and cooperation of all our employees. Therefore, we ask you to sign the following acknowledgement:

I, \_\_\_\_\_, have carefully read the above policy and understand and acknowledge it applies to me both in my present capacity and in any future position I may hold with the district.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Haddonfield Board of Education**

### **Personnel Department**

1 Lincoln Avenue

Haddonfield, New Jersey 08033

#### **STAFF ACCEPTABLE USE POLICY FOR SCHOOL TECHNOLOGY**

It is expected, as a condition of employment, that staff will read, understand and adhere to the Haddonfield School District's Acceptable Use Policy, (Policy No. 2361 or 4321 of the Haddonfield Board of Education). In addition, there are elements of technology which are part of staff use at a professional level and must be addressed separately from those areas which are addressed with students.

The Haddonfield Board of Education recognizes that as telecommunications and other new technologies shift the manner in which information is accessed, communicated and transferred, such changes will require a set of standards to which all users must adhere. The Board adopts the following standards of conduct for the use of computer/network(s) and declares unethical, unacceptable, inappropriate or illegal behavior as just cause for taking disciplinary action, limiting or revoking network access privileges, instituting legal action or taking any other appropriate action as deemed necessary.

The Board provides access to technology including but not limited to computer networks/computers, the Internet, and electronic mail. The system is not intended to create an "open forum" of "limited open forum" regarding the expression of ideas/opinions by staff members. The system is not to be used for the expression of opinions or religious, social or political issues, or the solicitation, fundraising or advertisement for non school related organizations.

The Board retains the right to restrict or terminate staff members' access to the computer networks/computers at any time, for any reason. The Board retains the right to have the Superintendent or designee monitor network activity, in any form necessary, to maintain the integrity of the network(s) and ensure its proper use.

#### **STANDARDS FOR USE OF COMPUTER NETWORK(S)**

Any individual engaging in the following actions when using computer networks/computers shall be subject to discipline or legal action:

- A. Using the networks/computers for illegal, inappropriate or obscene purposes, or in support of such activities. Illegal activities are defined as activities which violate federal, state, local laws and regulations. Inappropriate activities are defined as those that violate the intended use of the network(s). Obscene activities shall be defined as a violation of generally accepted social standards for use of publicly owned and operated communication vehicles.
- B. Using the computer networks/computers to violate copyrights, institutional or third party copyrights, license agreements or other contracts. (17 U.S.C. §106)
- C. Using the computer network(s) in a manner that:
  1. Disrupts network traffic or crashes network;
  2. Degrades or disrupts equipment or system performance;



**Haddonfield Board of Education**  
**Personnel Department**  
1 Lincoln Avenue  
Haddonfield, New Jersey 08033

3. Uses the computing resources of the school district for commercial purposes, financial gain (stock transactions included), fraud, or fund raising, solicitation and/or advertising of non-school related organizations;
4. Steals data or other intellectual property;
5. Gains or seeks unauthorized access to the files of others or vandalizes the data of another user;
6. Gains or seeks unauthorized access to resources or entities;
7. Forges electronic mail messages or uses an account owned by others;
8. Invades the privacy of others;
9. Posts anonymous messages;
10. Possesses any data which is a violation of this policy; and/or
11. Through use of the network/computers, engages in other activities that violate other policies of the Board of Education.

#### **INTERNET SAFETY/PROTECTION**

The Haddonfield Board of Education is in compliance with the Children's Internet Protection Act and has installed technology protection measures for all computers in the school district, including computers in media centers/libraries, that blocks and/or filters visual depictions that are obscene as defined in section 1460 of Title 18, United States Code; child pornography, as defined in section 2256 of Title 18, United States Code; are harmful to minors including any pictures, images, graphic image file other visual depiction that taken as a whole and with respect to minors, appeals to the prurient interest in nudity, sex, or excretion; or depicts, describes or represents in a patently offensive way, with respect to what is suitable for minors, sexual acts or conduct; or taken as a whole lacks serious literary, artistic, political, or scientific value as to minors.

The school district will certify on an annual basis, that the schools, including media centers/libraries, in the district are in compliance with the Children's Internet Protection Act and the school enforces the requirements of this Policy.

Notwithstanding blocking and/or filtering the visual depictions prohibited in the Children's Internet Protection Act, the Board shall determine other Internet material that is inappropriate for minors. The Board will provide reasonable public notice and will hold one annual public hearing during a regular monthly board meeting or during a designated special board meeting to address and receive public community input on the Internet safety policy – Policy 2361 or 4321.

#### **E-MAIL/INTERNET USE**

##### **Confidentiality:**

- ☐ It must be clearly understood that e-mail is not a private method of communication. A sender of an E-mail message should expect that the E-mail messages may be reviewed by the system administrators or school administration.
- ☐ Any e-mail which is of a confidential nature regarding student or personnel matters should be marked "confidential" in the subject line, as well as at the top of the message area. This should alert the recipient of the message that as a confidential message, it should not be left open when away from the desk, and that it should be handled in a discreet manner.



## **Haddonfield Board of Education**

### **Personnel Department**

1 Lincoln Avenue  
Haddonfield, New Jersey 08033

- Users should be particularly careful in forwarding or copying confidential messages.
- Sensitive issues should be handled as in any other form of communication, but with a special emphasis to the potential lack of confidentiality that any electronic communication affords.

#### **USAGE RESTRICTIONS:**

- District e-mail and equipment may not be used to promote candidates, political policies or political points of view. It is against the law to do so, as the accounts, equipment and access are paid for by taxpayers.
- School e-mail may not be used for financial gain (stocks transactions included), or to conduct a private business. It is against the law to do so, as the accounts, equipment and access are paid by taxpayers.
- Students will not be given, assigned or required to have e-mail accounts.
- Any inappropriate e-mail that is received should be deleted immediately and the trash emptied. Under no circumstances should it be forwarded to another (except for identification of source if necessary, when requested by the Director of Technology). Under no circumstances should it be stored in your account.

#### **WEB PAGE DEVELOPMENT**

- No student faces will be published on the Web. Only pictures that do not show faces may be published.
- In accordance with FERPA (Family Education Right to Privacy Act):
- No phone numbers or addresses for students should be published on the Web.
- Written permission from parents and students must be acquired for each instance, before publishing any student work on the web.
- When student work is published, it should not be published with their name.
- Any link that is included in a school web page should be checked for value and appropriateness for inclusion in the educational environment.
- Adult faces and/or personal information may be published only after the appropriate form is completed and signed by the adult granting permission. This needs to be done for each instance.

#### **SOFTWARE ACQUISITION**

Purchase of a software title gives the purchaser the license to install on one (1) machine only. Any installation beyond that, in most instances, is not legal. Therefore, any installation of software should follow the Administrative Procedure: "Purchase and Implementation of Hardware and Software" which may be obtained in each school's main office or from the Instructional Technology Coordinator. Any installation or downloading of software should be done only after the approval of the Instructional Technology Coordinator of the Director of Technology.

#### **ACCEPTABLE USE AGREEMENT REQUIREMENTS**

No staff member shall be permitted to use the district's computer network or access the Internet using the district's computer equipment unless he/she shall have filed a signed Acceptable Use Agreement with the building principal.





## Haddonfield Board of Education

### Personnel Department

1 Lincoln Avenue  
Haddonfield, New Jersey 08033

#### VIOLATIONS

Individuals violating this policy shall be subject to appropriate disciplinary actions, which includes but are not limited to:

1. Use of the networks/computers only under direct supervision;
2. Suspension of network privileges;
3. Revocation of network privileges;
4. Suspension of computer privileges;
5. Revocation of computer privileges;
6. Suspension;
7. Dismissal;
8. Legal action and prosecution by the authorities; and/or
9. Any appropriate action that may be deemed necessary as determined by the Superintendent and approved by the Haddonfield Board of Education.

#### ACCEPTABLE USE AGREEMENT FOR STAFF

The Haddonfield School District cannot be responsible for any damages to an individual's files or work. This includes loss of data resulting from delays, non-deliveries, or service interruptions caused by the network or the user. Use of any information via the Internet is at one's own risk. The district is not responsible for the accuracy or the quality of information obtained through this service.

I have read, understand and will abide by the Haddonfield Board of Education's Acceptable Use Policy No. 2361 or 4321 governing acceptable use of computer network(s)/computers and resources by all staff.

Name of Staff Member: \_\_\_\_\_

Building: \_\_\_\_\_ Dept. or Grade: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

N.J.S.A. 2A:38A-3

Federal Communications Commission: Children's Protection Act

Adopted: February 2002

**HADDONFIELD PUBLIC SCHOOLS**  
**Haddonfield, NJ 08033**

**School Health Office**

*Declination Statement for Hepatitis B Vaccine*

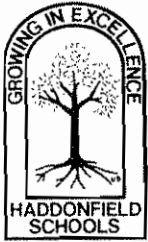
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

---

Employee Signature

---

Date



# HADDONFIELD PUBLIC SCHOOLS

ONE LINCOLN AVENUE • HADDONFIELD, NJ 08033-1892  
TELEPHONE: (856) 429-4130 FAX: (856) 354-2179

Revised 3-21-07

## MEDICAL EXAMINATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Newly employed staff shall be required to undergo a physical examination, which shall include, but not limited to:

A. A health history completed by the employee's physician:

1. Past serious illnesses and injuries: \_\_\_\_\_  
\_\_\_\_\_
2. Current health problems: \_\_\_\_\_  
\_\_\_\_\_
3. Allergies: \_\_\_\_\_
4. Record of immunizations: \_\_\_\_\_  
\_\_\_\_\_

B. Health screenings to be completed by physician to include:

1. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
2. Blood Pressure: \_\_\_\_\_
3. Pulse and respiratory rate: \_\_\_\_\_
4. Vision screening: \_\_\_\_\_  
Hearing screening: \_\_\_\_\_
5. Mantoux test for tuberculosis: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

MedExamForm

EQUAL OPPORTUNITY EMPLOYER

## DENTAL ENROLLMENT FORM

### Eight Digit Group Number

- ☐ Premier \_\_\_\_\_ - \_\_\_\_  
☐ Advantage Plus Premier \_\_\_\_\_ - \_\_\_\_  
☐ Preferred \_\_\_\_\_ - 6 \_\_\_\_  
☐ Advantage \_\_\_\_\_ - 8 \_\_\_\_  
☐ DeltaCare \_\_\_\_\_ - 9 \_\_\_\_

Name of Employer

Effective Date of Coverage

### GENERAL INFORMATION - THIS SECTION MUST BE COMPLETED - PLEASE PRINT CLEARLY

Name (Last)	(First)	(Middle)	Date of Birth	Social Security Number
			____/____/____	____-____-____

Street Address

City, State, Zip

County

Date of Employment	Type of Coverage	Marital Status	Home Telephone
____/____/____	<input type="checkbox"/> Single <input type="checkbox"/> Parent/Child <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Parent/Children <input type="checkbox"/> Family	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated	(      )

Enrollment	First Name - Last Name	Social Security Number	Date of Birth	Full-Time Student
Subscriber		____-____-____	____/____/____	
Spouse*		____-____-____	____/____/____	
Dependent		____-____-____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent		____-____-____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent		____-____-____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent		____-____-____	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* If spouse has other dental coverage, please list name and address of employer and other carrier:

### If choosing DeltaCare, you must complete this section:

	Choice of Dentist	Office Number	For Delta Use Only
1			
2			
3			

Optional choices will be selected if a provider terminates his/her participation agreement with Flagship. I authorize the release to Flagship Health Systems of all my treatment information as a DeltaCare subscriber and the treatment information of my dependent(s).

I hereby represent that all information furnished is true and complete to the best of my knowledge and authorize my employer to make any required deduction from my wages.

Delta Use Only

Entered

Operator #

Subscriber Signature

Date



**HADDONFIELD BOARD OF EDUCATION**  
**ONE LINCOLN AVENUE, HADDONFIELD, NJ 08033-1892**  
**TELEPHONE: (856) 429-7510 FAX: (856) 429-6015**

**HEALTH BENEFIT / INCENTIVES**

For 2006-2007 School year, any employee interested in participating in the Health Benefit/Incentive Program, must complete the form below, sign it, and return it to the Board Office along with Proof of insurance coverage, on or before June 9, 2006.

<u>CURRENT</u>		<u>CHANGE</u>	<u>INCENTIVE</u>
Husband / Wife	To	Single	\$ 1,000.00
Family	To	Parent / Child	1,200.00
Family	To	Husband / Wife	1,000.00
Family	To	Single	2,000.00
Parent / Child	To	Single	1,000.00
Husband / Wife	To	None	2,000.00
Parent / Child	To	None	1,800.00
Family	To	None	2,500.00
Single	To	None	1,000.00

**PLEASE COMPLETE (MANDATORY)**

Indicate brief description of all changes and family information below. This form must be complete even if there is no change.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

**PLEASE NOTE CHANGE:**

Due to many discrepancies relating to the Incentive Program, it is now necessary that any employee participating in the Incentive Program **MUST COMPLETE AND RETURN THIS FORM PROMPTLY TO THE BOARD OFFICE**. A representative of the Board Office will confirm receipt of this form by placing their signature on the required line along with the date. Please **RETAIN A SIGNED COPY** for your file indicating official proof that you have returned the form to participate in the program. In the event that you later claim to have elected participation in the Incentive Program, this document will be your only source of proof of participation and the related cash pay out. Thank you.

\_\_\_\_\_  
**Signature – Board Office**

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



## Taxable Compensation Redirection Agreement Haddonfield Board of Education

Employee Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Employee Full Address: \_\_\_\_\_

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

Employee Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Plan Year: \_\_\_\_\_ through \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Company and I hereby agree that my cash compensation will be redirected by the amounts set forth below for each pay period during the plan year (or during such portion of the year as remains after the date of this agreement). I understand that if I **do not** return this form to my employer by my **effective date**, it shall constitute my election to waive participation in all flexible spending programs under my employer's Flexible Benefits Plan and therefore cause me to pay un-reimbursed medical, dependent care and/or Commuter expenses (if any) with after-tax dollars.

Plan Year	2009-2010	Haddonfield School Board Allocation	600.00
Medical Spending Account		_____ \$	
Child Care Spending Account		_____ \$	

### Employee's Flexible Benefit Per Pay Deduction/Allocation

#### Employee's Flexible Benefit Per Pay Deduction/Allocation

<b>Medical Flexible Spending Account</b>	<b>per pay contribution \$</b> _____	<b>date of 1<sup>st</sup> payroll</b> _____
\$ 5,000.00 Maximum Annual Contribution	<b>annual contribution \$</b> _____	

<b>Dependent Care Spending Account</b>	<b>per pay contribution \$</b> _____	<b>date of 1<sup>st</sup> payroll</b> _____
\$ 5,000.00 Maximum Annual Contribution	<b>annual contribution \$</b> _____	

(1) If my required contributions for the elected benefits are increased or decreased while this agreement remains in effect, my compensation redirected will automatically be adjusted to reflect that increase or decrease.

(2) Prior to the first day of each plan year I will be offered the opportunity to change my benefit elections for the following plan year. If I do not complete and return a new election form at that time, I will be treated as having elected to continue my pre-tax premium benefit coverage then in effect for the new plan year. I understand that my FSA, DCA and/or Commuter accounts will not be automatically renewed. In addition, this compensation redirection agreement will continue by its terms in the amount of the required contribution for the benefit option for premiums only.

(3) I cannot change or revoke this taxable compensation redirection agreement at any time during the plan year unless I have a change in family status (including marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment of a spouse, or such other events as the Plan Administrator determines will permit a change or revocation of an election).

(4) The Plan Administrator may reduce or cancel my taxable compensation redirection or otherwise modify this agreement in the event he/she believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

This agreement is subject to the terms of the Company's Flexible Benefits Plan, as amended from time to time, which shall be governed under applicable laws, and revokes any prior election and Taxable Compensation Redirection Agreement relating to such plan(s). By signing this form I agree to the terms and procedures listed herein.

☐ I was given an opportunity to participate in this Flex Program and I have decided not to participate at this time

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

\_\_\_\_\_  
Date



# ENROLLMENT APPLICATION INSTRUCTIONS

(This application to be completed by enrolling employer)

## APPLICANT INFORMATION

1. **Name** — Enter applicant's full name (last, first, and middle initial; no nicknames). If applicant has a previous membership under a maiden or other name, enter that name in the space provided.
2. **Address** — Enter applicant's current mailing address.
3. **Social Security Number** — Enter applicant's Social Security number.
4. **Gender** — Indicate applicant's gender.
5. **Date of Birth** — Enter applicant's date of birth. Proof of age is required at the time of retirement - if available, attach a photocopy of the applicant's proof of age to this application. **Do not delay submitting the Enrollment Application if proof of age is not available.** (Acceptable proof of age documents include: birth certificate; passport; naturalization or immigration papers; or certain other records, including baptismal records, military records, census records, school or business records, age recorded on marriage licenses, and insurance or children's birth records.)
6. **Daytime Phone Number** — Enter applicant's daytime phone number and extension (be sure to include the area code).
7. **Elected Official's Veteran Status** — For an elected official who is a veteran with active military service, enter dates of induction and discharge to determine date of enrollment in the system.
8. **Is the applicant receiving retirement benefits** — Indicate if the applicant is receiving a benefit from a New Jersey State-administered retirement system or local New Jersey retirement system, and give the system's name.

## EMPLOYER INFORMATION

9. **Employer Name** — Enter the full employer name.
10. **County** — Enter county in which the employer resides.
11. **Location, Bureau, and Payroll Numbers** — Enter the appropriate location, bureau or payroll number, as applicable. This information should be as reported on your quarterly Report of Contributions (ROC).
12. **Title/Position of Applicant** — Enter title/position of applicant.
13. **Multiple Public Employers** — Indicate whether this applicant is employed by more than one public employer. If you answer "Yes", please indicate the full name of each employer.

### 14. (TPAF applicants only)

- (a.) **Date Employment Began** — Enter the date on which applicant started employment. Do not include temporary or substitute service.
- (b.) **New Jersey Certificate Required** — Indicate whether the title/position requires a New Jersey State Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (c.) **Applicant has New Jersey Certificate** — Indicate whether the applicant holds a New Jersey Certificate issued by the State Board of Examiners within the NJ Department of Education.
- (d.) **Unclassified Professional** — For positions with the NJ Department of Education, indicate if the position is "Unclassified Professional".

### 15. (PERS applicants only)

- (a.) **Date Employment Began** — Enter the date on which applicant started employment.
- (b.) **Permanent Appointment Date** — Enter the date of the applicant's regular or permanent appointment.
- (c.) **Temporary or Provisional** — Indicate if the applicant is still considered a temporary or provisional employee.

16. **Base Salary** — Enter the annual base salary for the year, that is, the annual salary paid to the employee on the date the *Enrollment Application* is certified by the employer. Base salary is the contractual salary of the employee. Base salary should not include bonuses, overtime pay, stipends or longevity pay, or sick or vacation time paid in lump sum. Hourly or per diem rates should not be entered.

17. **10-12 Month Position** — Please indicate whether the position is a 10-month or 12-month position.

## EMPLOYER CERTIFICATION

18. **Name of Person Completing Application** — Print the name of the human resources representative who completes this *Enrollment Application* for the applicant.
19. **Phone Number** — Enter employer telephone number for the person who completed this application (be sure to include the area code and extension).
20. **Certifying Officer** — The Certifying Officer should print his/her name, then **sign and date this application**. Unsigned applications will be returned.

**Please Note:** The newly enrolled member's estate will automatically be designated as the beneficiary for any death benefit payable. New members should register with the Member Benefits Online System (MBOS) to update their beneficiary information online — or submit a paper *Designation of Beneficiary* form.



# Form W-4 (2009)

**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 2009 expires February 16, 2010. 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 their 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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

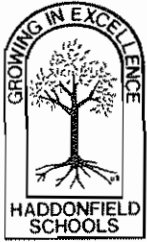
**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b> Enter "1" for <b>yourself</b> 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 <b>spouse</b> . 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 <b>dependents</b> (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 <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b> Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>(Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	
<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" <b>additional</b> 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. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b> _____
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"><li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you have <b>more than one job</b> or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul>	

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2009</b>
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 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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)



## HADDONFIELD BOARD OF EDUCATION

ONE LINCOLN AVENUE • HADDONFIELD, NJ 08033-1892  
TELEPHONE: (856) 429-7510 FAX: (856) 354-2179

I \_\_\_\_\_, hereby authorize the  
Haddonfield Board of Education to deposit my net pay into my bank accounts as follows:

Please attach a voided check for each checking account to the application.

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount to be deposited \_\_\_\_\_

Account Type ("C" or "S") \_\_\_\_\_ (Checking or Savings)

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount to be deposited: \_\_\_\_\_

Account Type ("C" or "S") \_\_\_\_\_ (Checking or Savings)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date