



# Sunman-Dearborn Community Schools

1 Trojan Place, Suite B

St. Leon, IN 47012

Dr. Andrew Jackson  
Superintendent

Mr. Brandon Burress  
Director of Support Services

Ms. Kelly Roth  
Director of Student Services

Ms. Mary Ann Baines  
Director of Financial Operations

---

Dear Non-Certified Substitute Applicant:

The Administration Office compiles a list of non-certified substitutes and distributes this list to each of our buildings for them to use in the event they need a sub for a non-certified position. In order to be placed on this list, you must complete the enclosed paperwork in addition to your electronic application.

1. Read, complete, and sign the W-4 and Indiana WH-4 (tax forms), Section 1 of the I-9, sexual harassment and drug policy forms, and direct deposit form. Upon return, you will need to furnish the required IDs for the I-9 form.

2. You will need to obtain an expanded criminal history report (employment level) through our school website at [www.sunmandearborn.k12.in.us](http://www.sunmandearborn.k12.in.us) by scrolling over the Human Resources tab on the Main Menu, then click on Criminal History Check. Follow the online application to complete the report. The base cost is \$24.90 per search. Additional charges may apply if additional county searches are required. The expanded criminal report will be sent electronically to our Administration Office.

You will remain on the sub list until you contact the Administration Office to let us know you would like to be removed.

If you have any questions, feel free to contact the Administration Office at 812-623-2291.

# Background Check Process

## by Safe Hiring

**Background Check:** Please start this right away. Results can take 5-7 business days.

**\*\* Please NOTE:** There are **TWO parts** to completing the background check, the Safe Hiring Criminal Background Check and the Department of Child Services Check (DCS).

**Part One (Criminal Background Check):** You will be receiving 2 emails about completing your Criminal background check from [orders@safehiringsolutions.com](mailto:orders@safehiringsolutions.com). You will need to have an electronic form of payment to complete this.

**\*\*Please NOTE:** On some devices, emails may be automatically grouped together by subject or sender, however you should have both emails.

- **1<sup>st</sup> Email:** Subject Line will read, Online Background Check - Please read the information carefully in the email, you will find a LINK and USERNAME to the Safe Hiring Background Check at the very bottom of the email under the signature block. Please click this link and enter the user name on the following page.
- **2<sup>nd</sup> Email:** You will receive a second email immediately, that will simply contain your password for the Safe Hiring Criminal Background check.

**Part Two (DCS Check):** **This invitation will expire after 20 business days.** Once you have completed and paid for the Safe Hiring Criminal Background check, you will receive 2 emails from [KidTraks@dcscs.in.gov](mailto:KidTraks@dcscs.in.gov). This email could take a day or two to receive, so please check your email frequently for this and start right away.

- **1<sup>st</sup> Email:** Subject Line will read, Time-Sensitive – Indiana DCS CPI/CPS Request Initiated – Please read the information carefully from this email and click on the link that will take you to the DCS Website to complete your background check. (Example: To enter the “CPI/CPS Portal” click [here](#))
- **2<sup>nd</sup> Email:** Subject Line will read, Time-Sensitive – Indiana DCS CPI/CPS Portal Password – as stated in the subject line, this is the email that will contain your password for the DCS government website. Once you have completed the DCS check, your entire background check will be considered submitted.

## Employee's Withholding Certificate

OMB No. 1545-0074

**2021**

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

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		<b>4(a)</b> \$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .		<b>4(b)</b> \$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period .		<b>4(c)</b> \$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ <b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



Form WH-4  
SF 48845  
Revised 7-99

## State of Indiana Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.  
The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

### How to Claim Your Withholding Exemptions

1. Each taxpayer is entitled to one exemption. If you wish to claim the exemption, enter "1".....
  2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1".....
  3. You are allowed one (1) exemption for each dependent. Enter number claimed ☐. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or (b) if you and/or your spouse are legally blind. Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐ Number of boxes checked ☐. (See instructions) Enter the total number of exemptions.....
  4. Add lines 1, 2, and 3. Enter the total here.....▶
  5. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....▶
  6. Enter the amount of additional state withholding (if any) you want withheld each pay period.....\$ \_\_\_\_\_
- I hereby declare that to the best of my knowledge the above statements are true.

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



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A	OR	LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization		Documents that Establish Identity		Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		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		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



## **SEXUAL HARASSMENT POLICY**

### **I. THE POLICY**

- A. It is the policy of the Sunman-Dearborn Community School Corporation to maintain a learning and working environment that is free from sexual harassment.
- B. It shall be a violation of this policy for an employee of the Sunman-Dearborn Community School Corporation to harass another employee or student through conduct or communications of a sexual nature as defined in Section II. It shall also be a violation of this policy for students to harass other students through conduct or communication of a sexual nature as defined in Section II. The use of the term “employee” also includes non-employees and volunteers who work subject to the control of school authorities.

### **II. DEFINITIONS OF HARASSMENT**

#### **A. Types of Sexual Harassment**

Sexual harassment shall consist of unwelcome sexual advances, requests for sexual favors, and other inappropriate verbal or physical conduct of a sexual nature when made by an employee to a student, when made by an employee to another employee, or when made by any student to another student when:

- 1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or education;
- 2. Submission to or rejection of such conduct by an individual is used as a basis for academic or employment decisions affecting that individual;
- 3. Such conduct has the purpose or effect of substantially interfering with an individual's academic or professional performance or creating an intimidating, hostile, or offensive employment or educational environment;
- 4. Denial of an employment or educational opportunity occurs directly because an employee or a student submits to unwelcome requests for sexual favors made by a supervisor or teacher which results favorably for that particular employee or student;
- 5. Such conduct is engaged in by volunteers and/or nonemployees over which the school corporation has some degree of control of their behavior while on school property.

#### **B. Unwelcome conduct of a sexual nature**

- 1. Conduct of a sexual nature may include verbal or physical sexual advances and /or comments regarding physical or personality characteristics of a sexual nature.
- 2. Verbal or physical conduct of a sexual nature constitutes sexual harassment when the allegedly harassed employee has indicated, by his or her conduct or verbal objection, that it is unwelcome.
- 3. An employee who has initially welcomed such conduct by active participation must give specific notice to the alleged harasser that such conduct is no longer welcome in order for any such subsequent conduct to be deemed unwelcome.

#### **C. Examples of Sexual Harassment**

Sexual harassment, as set forth in Section II. A. may include but is not limited to the following:

1. Verbal harassment or abuse;
  2. Repeated remarks to a person with sexual or demeaning implications;
  3. Unwelcome touching;
  4. Pressure for sexual activity;
  5. Suggestion or demanding sexual involvement accompanied by implied or explicit threats concerning one's grades, job, promotion, and/or salary increase.
- D. Specific Prohibitions
1. Administrators and Supervisors
    - (a) It is sexual harassment for an administrator or supervisor to use his or her authority to solicit sexual favors or attention from subordinates when the subordinate's failure to submit will result in adverse treatment, or when the subordinate's acquiescence will result in preferential treatment.
    - (b) Administrators and supervisors who either engage in sexual harassment or tolerate such conduct by any other employees shall be subject to disciplinary actions, as described below.
  2. Non-administrative and Non-supervisory Employees
    - (a) It is sexual harassment for a non-administrative and non-supervisory employee to subject another such employee to any unwelcome conduct of a sexual nature. Employees who engage in such conduct shall be subject to disciplinary actions as described below.

### III. COMPLAINT PROCEDURES

- A. Any person who alleges sexual harassment by any employee or student in the school corporation may use the complaint procedure explained below in Section III. C. or may complain directly to his or her immediate supervisor, building principal, or the Title IX complaint designee of the school corporation. Filing a complaint or otherwise reporting sexual harassment will not reflect upon the individual's status nor will it affect future employment, grades, or work assignments.
- B. The right of confidentiality, both of the complainant and of the accused, will be respected consistent with the school corporation's legal obligations and the necessity to investigate allegations of misconduct and to take corrective action when this conduct has occurred.
- C. Reporting Sexual Harassment

All reports of sexual harassment shall be handled in the following manner:

1. Reports must be in writing on forms supplied by the Corporation (if a verbal complaint is made, the school official should file a written report);
2. Reports must name the person(s) charged with sexual harassment and state the facts;
3. Reports must be presented to the building principal where the alleged conduct took place. The building principal shall inform the superintendent, or his/her designee, of all filed reports;



4. The building principal who receives a report shall thoroughly investigate the alleged sexual harassment;
5. The report and the results of the investigation will be presented to the superintendent, and then to the Board of School Trustees in executive session by the superintendent; and
6. The Board of School Trustees will take whatever action it deems appropriate. The alleged victim's name will not be released to the public unless required by law.
7. If the employee's direct administrator or supervisor is the offending person, the report shall be made to the next higher level of administration or supervision.

Alternates:

8. The report and the results of the investigation will be presented to the superintendent. The superintendent shall review the report and make a recommendation to the Board of School Trustees of any action she/he deems appropriate.
9. The Board of School Trustees may consider the report and the superintendent's recommendation in executive session. The Board may take any action it deems appropriate. The alleged victim's name will not be released to the public unless required by law.

#### IV. SANCTIONS FOR MISCONDUCT

- A. A substantiated charge against an employee in the school corporation shall subject such employee to disciplinary action including but not limited to reassignment, suspension, or a discharge.
- B. A substantiated charge against a student in the school corporation shall subject that student to disciplinary action including suspension, and/or expulsion consistent with the Student Conduct Code.

#### V. FALSE REPORTING

Any person who knowingly files false charges against an employee or a student in an attempt to demean, harass, abuse, or embarrass that individual shall be subject to disciplinary action consistent with school policy and the Student Conduct Code.

#### VI. NOTIFICATION OF THIS POLICY

Notice of the policy will be circulated to all schools and departments of the Sunman-Dearborn School Corporation and incorporated in each employee and student handbook.

---

Employee Signature of receipt of policy

---

Date

---

Printed Name

## **Illicit Drug and Alcohol Policy**

### 4.0-28 Treatment of employees involved with illicit drugs and alcohol.

It is against Board policy for any employee to possess, use, or distribute illicit drugs and alcohol on school premises or as a part of any of the school's activities.

The following sanctions shall apply.

1. Any employee found violating Board Policy on use or possession of illicit drugs or alcohol while working as an employee of Sunman-Dearborn Community School Corporation shall be suspended for five days without pay. Such employee shall show proof that they have made contact with a drug intervention agency within those five days and demonstrate such contact to the Superintendent before they will be permitted to return to work.
2. Any employee found violating Board policy on use or possession of illicit drugs or alcohol while working as an employee of Sunman-Dearborn Community School Corporation for a second time shall be terminated from employment immediately.
3. Any employee found violating Board Policy on selling or transferring illicit drugs or alcohol while working as an employee of Sunman-Dearborn Community School Corporation shall be terminated from employment immediately.

All employees of Sunman-Dearborn Community School Corporation are hereby notified that compliance with the standards of conduct concerning illicit Drugs and Alcohol are mandatory.

All employees of the Sunman-Dearborn Community School Corporation shall be given a copy of the standards of conduct and the statement of disciplinary sanctions concerning illicit Drugs and Alcohol.

---

Employee signature of receipt of policy

---

Date

---

Printed Name

# SUNMAN-DEARBORN COMMUNITY SCHOOL CORPORATION

## AUTOMATIC DEPOSIT AUTHORIZATION

\_\_\_\_\_ New Authorization

\_\_\_\_\_ Change Prior Authorization as Noted Below

I hereby authorize Sunman-Dearborn Community School Corporation hereinafter called EMPLOYER to initiate credit entries (and if necessary debit entries to adjust the credit entries) to my bank account(s) listed below. I authorize the DEPOSITORY bank to credit (or debit) the same entries to such account(s).

BANK ROUTING NUMBER	BANK NAME	CITY, STATE	TYPE OF ACCOUNT: CHECKING/ SAVINGS	ACCT. NO. *	FLAT AMT. FROM EACH NET PAY (or) Balance of Net Pay **	% OF NET PAY
1.						
2.						

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

Employee Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

\* Please attach a copy of a voided check for each bank that you wish to use.

\*\* If more than one account is used, line 1 must be the primary account and any balance of net pay remaining after deducting the amount on line 2 will be deposited in the account shown on line 1.