Substitute Guidelines

The following framework will be utilized for hiring substitute teachers for positions within Lee County Schools. Our goal is to employ highly qualified substitutes, thus consideration is given to the level of professional training and experience in the field of education and the PreK-12 classroom. In addition, all substitutes approved by the Board of Education will be required to attend a Substitute Orientation Class each year.

First consideration is given to Licensed Substitute Teachers:

- Certified teachers who hold a current North Carolina license, then to
- Certified teachers who have an expired teaching license.

Further consideration is given to Non-licensed Substitute Teachers:

- Noncertified personnel who have a four year degree and have attended Effective Teacher Training offered through the community college system, then to
- Noncertified personnel who have a two year degree and have attended Effective Teacher Training offered through the community college system, then to
- Noncertified personnel who have not attended Effective Teacher Training. Noncertified substitutes are responsible for completing Effective Teacher Training within the current school year to remain on the Substitute Teacher List.

Salary for substitutes:

- Certified teacher with a current North Carolina license: Daily rate $103
- Expired teaching license, Effective Teacher Trained, Non-certified: Daily rate $80

When persons are employed to substitute as elementary or secondary teachers, they are making a commitment to our students, staff, parents, and community. Our elementary and secondary schools throughout the county depend on the availability of substitute teachers. While circumstances occasionally prevent individuals from being available to substitute, our schools value the service they provide. With this in mind, substitute names will remain on the contact list unless schools have contacted an individual more than three times without success. Furthermore, individuals who violate any Lee County Board Policy may have their names removed from the approved substitute list.
HEALTH EXAMINATION CERTIFICATE  North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: ___________________________________ Social Security Number: ______________________
Address: ________________________________________________________________

The above named individual is to be recommended for employment by (local school board) in a position of _______________________________. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

I. Communicable Disease

By my signature I certify that the above named person does not have any communicable disease, including tuberculosis, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

II. Other Health Areas

<table>
<thead>
<tr>
<th>AREAS</th>
<th>LIMITATIONS</th>
<th>NATURE OF LIMITATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
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<tr>
<td>Hearing</td>
<td></td>
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<td>Heart</td>
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<tr>
<td>Lunge</td>
<td></td>
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<tr>
<td>Lifting/Carrying</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriate Immunizations</th>
<th>Current?</th>
<th>N/A</th>
<th>Any Immunization Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Td (tetanus), Hep B, MMR, etc.</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

Date: ____________________________

Physician, Physician’s Assistant, or Nurse Practitioner (Type or Print)

SIGNATURE: __________________________

License/Registration #: ____________________________________________

State* Granting License/Registration: ____________________________

*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

1/2002
Tuberculosis Risk Questionnaire

1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe?  
   YES  NO

2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe?  
   YES  NO

3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejunal bypass, end-stage renal disease (on dialysis), or silicosis?  
   YES  NO

4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?  
   YES  NO

5) Have you ever been exposed to anyone with infectious tuberculosis?  
   YES  NO
Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?

1) Unexplained cough lasting more than 3 weeks
   - YES
   - NO

2) Unexplained fever lasting more than 3 weeks
   - YES
   - NO

3) Night sweats (sweating that leaves the bed clothes and sheets wet)
   - YES
   - NO

4) Shortness of breath
   - YES
   - NO

5) Chest pain
   - YES
   - NO

6) Unintentional weight loss
   - YES
   - NO

7) Unexplained fatigue (very tired for no reason)
   - YES
   - NO
Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

For more information, call the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit https://www.justice.gov/ier/immigrant-and-employee-rights-section.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term “employer” means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1602). An “employee” is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “Employee” does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employees may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at https://www.uscis.gov/sites/default/files/files/form/i-9.pdf. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.
The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274) and on USCIS’ Form I-9 website, I-9 Central.

**Completing Section I: Employee Information and Attestation**

You, the employee, must complete each field in Section I as described below. Newly hired employees must complete and sign Section I no later than the first day of employment. Section I should never be completed before you have accepted a job offer.

**Entering Your Employee Information**

**Last Name (Family Name):** Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. **Examples of correctly entered last names include De La Cruz, O’Neill, Garcia Lopez, Smith-Johnson, Nguyen.** If you only have one name, enter it in this field, then enter “Unknown” in the First Name field. You may not enter “Unknown” in both the Last Name field and the First Name field.

**First Name (Given Name):** Enter your full legal first name. Your first name is your given name. **Some examples of correctly entered first names include Jessica, John-Paul, Tara Young, D’Shaun, Mai.** If you only have one name, enter it in the Last Name field, then enter “Unknown” in this field. You may not enter “Unknown” in both the First Name field and the Last Name field.

**Middle Initial:** Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

**Other Last Names Used:** Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

**Address (Street Name and Number):** Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as “3 miles southwest of Anytown post office near water tower.”

**Apartment:** Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

**City or Town:** Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

**State:** Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

**ZIP Code:** Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

**Date of Birth:** Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

**U.S. Social Security Number:** Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.
Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

**Attesting to Your Citizenship or Immigration Status**

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**

2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

   If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

   If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

Aliens authorized to work must enter one of the following to complete Section1:

   1. Alien Registration Number (A-Number)/USCIS Number; or
   2. Form I-94 Admission Number; or
   3. Foreign Passport Number and the Country of Issuance

Your employer may not ask you to present the document from which you supplied this information.

**Alien Registration Number/USCIS Number:** Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

**Form I-94 Admission Number:** Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

**Foreign Passport Number:** Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

**Country of Issuance:** If you entered your Foreign Passport Number, enter your Foreign Passport’s Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.
Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1745) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee’s ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for Completing the Preparer and/or Translator Certification below.

- If the employee is a minor (individual under 18) who cannot present an identity document, the employee’s parent or legal guardian can complete Section 1 for the employee and enter “minor under age 18” in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor’s parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employees: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for minors. If the minor’s employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.

- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as a part of a rehabilitation program) who cannot present an identity document, the employee’s parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter “Special Placement” in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employees: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

**Completing the Preparer and/or Translator Certification**

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked “I did not use a Preparer or Translator.” If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked “A preparer(s) and/or translator(s) assisted the employee in completing Section 1” and then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. Form I-9 Supplement, Section 1 Preparer and/or Translator Certification can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.
Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if "Individual under Age 18" or "Special Placement" is entered in lieu of the employee's signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name (Family Name): Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (Given Name): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (Street Name and Number): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as "3 miles southwest of Anytown post office near water tower." If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator's residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

**Presenting Form I-9 Documents**

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.
Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is re-verifying your employment authorization, and you choose to present a receipt for re-verification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of re-verification, within 90 days from the date your original employment authorization expires.

2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of re-verification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the employee’s first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee’s first day of employment. For example, if an employee begins employment on Monday, you must review the employee’s documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee’s last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.
**Entering Documents the Employee Presents**

You, the employer or authorized representative, must physically examine, in the employee’s physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual’s citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee’s employment authorization expired. Enter the word “Receipt” followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee’s employment authorization has been extended by regulation or a Federal Register Notice. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) or I-9 Central for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor’s employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify’s website at www.dhs.gov/everify. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee’s document(s) after reviewing the documentation. Making photocopies of an employee’s document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.
**List A - Identity and Employment Authorization:** If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you entered document information in the List A column, you should not enter document information in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

**Document Title:** If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

<table>
<thead>
<tr>
<th>Full name of List A Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Passport</td>
<td>U.S. Passport</td>
</tr>
<tr>
<td>U.S. Passport Card</td>
<td>U.S. Passport Card</td>
</tr>
<tr>
<td>Permanent Resident Card (Form I-551)</td>
<td>Perm. Resident Card (Form I-551)</td>
</tr>
<tr>
<td>Alien Registration Receipt Card (Form I-551)</td>
<td>Alien Reg. Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>Foreign passport containing a temporary I-551 stamp</td>
<td>1. Foreign Passport</td>
</tr>
<tr>
<td>Foreign passport containing a temporary I-551 printed</td>
<td>2. Temporary I-551 Stamp</td>
</tr>
<tr>
<td>notation on a machine-readable immigrant visa (MRIV)</td>
<td></td>
</tr>
<tr>
<td>For a nonimmigrant alien authorized to work for a specific employer</td>
<td>1. Foreign Passport, work-authorized non-</td>
</tr>
<tr>
<td>because of his or her status, a foreign passport with Form I-84A/94A</td>
<td>immigrant</td>
</tr>
<tr>
<td>that contains an endorsement of the alien's nonimmigrant status</td>
<td>2. Form I-94/94A</td>
</tr>
<tr>
<td>3. &quot;Form I-20&quot; or &quot;Form DS-2019&quot;</td>
<td></td>
</tr>
<tr>
<td>Note: In limited circumstances, certain J-1 students may be required</td>
<td></td>
</tr>
<tr>
<td>to present a letter from their Responsible Officer in order to work.</td>
<td></td>
</tr>
<tr>
<td>Enter the document title, issuing authority, and document number and</td>
<td></td>
</tr>
<tr>
<td>expiration date from this document in the Additional Information field.</td>
<td></td>
</tr>
<tr>
<td>Passport from the Federated States of Micronesia (FSM) with Form I-94/94A</td>
<td>1. FSM Passport with Form I-94</td>
</tr>
<tr>
<td>Passport from the Republic of the Marshall Islands (RMI) with Form I-94/94A</td>
<td>2. Form I-94/94A</td>
</tr>
<tr>
<td>Receipt: The arrival portion of Form I-94/94A containing a temporary</td>
<td>Receipt: Form I-94/94A w/I-551 stamp, photo</td>
</tr>
<tr>
<td>I-551 stamp and photograph</td>
<td></td>
</tr>
<tr>
<td>Receipt: The departure portion of Form I-94/94A with an</td>
<td>Receipt: Form I-94/94A w/refugee stamp</td>
</tr>
<tr>
<td>unexpired refugee admission stamp</td>
<td></td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or</td>
<td>Receipt replacement Perm. Res. Card (Form I-551)</td>
</tr>
<tr>
<td>damaged Permanent Resident Card (Form I-551)</td>
<td></td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or</td>
<td>Receipt replacement EAD (Form I-766)</td>
</tr>
<tr>
<td>damaged Employment Authorization Document (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or</td>
<td>1. Receipt: Replacement Foreign Passport,</td>
</tr>
<tr>
<td>damaged foreign passport with Form I-84/A/94A that contains an</td>
<td>work-authorized nonimmigrant</td>
</tr>
<tr>
<td>endorsement of the alien's nonimmigrant status</td>
<td>2. Receipt: Replacement Form I-94/94A</td>
</tr>
<tr>
<td>3. Form I-20 or Form DS-2019 (if presented)</td>
<td></td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or</td>
<td>1. Receipt: Replacement FSM Passport with</td>
</tr>
<tr>
<td>damaged passport from the Federated States of Micronesia with Form I-94/94A</td>
<td>Form I-94</td>
</tr>
<tr>
<td>Receipt for an application to replace a lost, stolen or</td>
<td>2. Receipt: Replacement Form I-94/94A</td>
</tr>
<tr>
<td>damaged passport from the Republic of the Marshall Islands with Form</td>
<td></td>
</tr>
<tr>
<td>I-94/94A</td>
<td></td>
</tr>
</tbody>
</table>

**Issuing Authority:** Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.
Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S" (which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an individual under age 18 or certain employees with disabilities in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. No entries should be made in the List A column. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

### Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

<table>
<thead>
<tr>
<th>Full name of List B Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's license issued by a State or territory of the United States</td>
<td>Driver's license issued by state/territory</td>
</tr>
<tr>
<td>ID card issued by a State or territory of the United States</td>
<td>ID card issued by state/territory</td>
</tr>
<tr>
<td>ID card issued by federal, state, or local government agencies or entities</td>
<td>Government ID</td>
</tr>
<tr>
<td>School ID card with photograph</td>
<td>School ID</td>
</tr>
<tr>
<td>Voter's registration card</td>
<td>Voter registration card</td>
</tr>
<tr>
<td>U.S. Military card</td>
<td>U.S. Military card</td>
</tr>
<tr>
<td>U.S. Military draft record</td>
<td>U.S. Military draft record</td>
</tr>
<tr>
<td>Military dependent's ID card</td>
<td>Military dependent's ID card</td>
</tr>
<tr>
<td>U.S. Coast Guard Merchant Seaman Card</td>
<td>USCG Merchant Seaman Card</td>
</tr>
<tr>
<td>Native American tribal document</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>Driver's license issued by a Canadian government authority</td>
<td>Canadian driver's license</td>
</tr>
<tr>
<td>School record (for persons under age 18 who are unable to present a document listed above)</td>
<td>School record (under age 18)</td>
</tr>
<tr>
<td>Report card (for persons under age 18 who are unable to present a document listed above)</td>
<td>Report card (under age 18)</td>
</tr>
<tr>
<td>Clinic record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Clinic record (under age 18)</td>
</tr>
<tr>
<td>Doctor record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Doctor record (under age 18)</td>
</tr>
<tr>
<td>Hospital record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Hospital record (under age 18)</td>
</tr>
<tr>
<td>Day-care record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Day-care record (under age 18)</td>
</tr>
<tr>
<td>Nursery school record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Nursery school record (under age 18)</td>
</tr>
<tr>
<td>Full name of List B Document</td>
<td>Abbreviations</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Individual under age 18 endorsement by parent or guardian</td>
<td>Individual under Age 18</td>
</tr>
<tr>
<td>Special placement endorsement for persons with disabilities</td>
<td>Special Placement</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States</td>
<td>Receipt: Replacement driver's license</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States</td>
<td>Receipt: Replacement ID card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities</td>
<td>Receipt: Replacement Gov't ID</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged School ID card with photograph</td>
<td>Receipt: Replacement School ID</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Voter's registration card</td>
<td>Receipt: Replacement Voter reg. card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged U.S. Military card</td>
<td>Receipt: Replacement U.S. Military card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card</td>
<td>Receipt: Replacement U.S. Military dep. card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record</td>
<td>Receipt: Replacement Military draft record</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card</td>
<td>Receipt: Replacement Merchant Mariner card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority</td>
<td>Receipt: Replacement Canadian DL</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Native American tribal document</td>
<td>Receipt: Replacement Native American tribal doc</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement School record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Report card (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Clinic record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Doctor record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Hospital record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Day-care record (under age 18)</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)</td>
<td>Receipt: Replacement Nursery school record (under age 18)</td>
</tr>
</tbody>
</table>

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.
List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a List A document. No entries should be made in the List A column.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #7 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #7 documentation.

<table>
<thead>
<tr>
<th>Full name of List C Document</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Account Number card without restrictions</td>
<td>(Unrestricted) Social Security Card</td>
</tr>
<tr>
<td>Certification of Birth Abroad (Form DS-550)</td>
<td>Form DS-550</td>
</tr>
<tr>
<td>Certification of Report of Birth (Form DS-1350)</td>
<td>Form DS-1350</td>
</tr>
<tr>
<td>Consular Report of Birth Abroad (Form FS-240)</td>
<td>Form FS-240</td>
</tr>
<tr>
<td>Original or certified copy of a U.S. birth certificate bearing an official seal</td>
<td>Birth Certificate</td>
</tr>
<tr>
<td>Native American tribal document</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>U.S. Citizen ID Card (Form I-197)</td>
<td>Form I-197</td>
</tr>
<tr>
<td>Identification Card for use of Resident Citizen in the United States (Form I-179)</td>
<td>Form I-179</td>
</tr>
<tr>
<td>Employment authorization document issued by DHS (List C #7)</td>
<td>Employment Auth. document (DHS) List C #7</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions</td>
<td>Receipt: Replacement Unrestricted SS Card</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal</td>
<td>Receipt: Replacement Birth Certificate</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document</td>
<td>Receipt: Replacement Native American Tribal Doc.</td>
</tr>
<tr>
<td>Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS</td>
<td>Receipt: Replacement Employment Auth. Doc. (DHS)</td>
</tr>
</tbody>
</table>

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to note any additional information required for Form I-9 such as:
- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must note when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process.
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.
**Entering Information in the Employer Certification**

**Employee’s First Day of Employment:** Enter the employee’s first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

**Signature of Employer or Authorized Representative:** Review the form for accuracy and completeness. The person who physically examines the employee’s original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

**Today’s Date:** The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

**Title of Employer or Authorized Representative:** Enter the title, position or role of the person who physically examines the employee’s original document(s), completes and signs Section 2.

**Last Name of the Employer or Authorized Representative:** Enter the full legal last name of the person who physically examines the employee’s original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

**First Name of the Employer or Authorized Representative:** Enter the full legal first name of the person who physically examines the employee’s original documents, completes, and signs Section 2. First name refers to the given name.

**Employer’s Business or Organization Name:** Enter the name of the employer’s business or organization in this field.

**Employer’s Business or Organization Address (Street Name and Number):** Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

**City or Town:** Enter the city or town for the employer’s business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.

**State:** Enter the two-character abbreviation of the state for the employer’s business or organization address.

**ZIP Code:** Enter the 5-digit ZIP code for the employer’s business or organization address.

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**Completing Section 3: Reverification and Rehires**

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee’s name has changed, record the new name in Block A.

**Reverification**

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered “N/A” in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.
For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee’s previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee’s rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee’s employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee’s previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee’s new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.
Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) or USCIS’ Form I-9 website at https://www.uscis.gov/eb-9-central.

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the Handbook for Employers, or the instructions to Form I-9 from the USCIS website at https://www.uscis.gov/i-9. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at http://get.adobe.com/reader/. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a fast, free, internet-based system that allows businesses to determine the eligibility of their employees to work in the United States, can be obtained from the USCIS website at http://www.uscis.gov/e-verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.
AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC § 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Providing the information collected by this form is voluntary. However an employer should not continue to employ an individual without a completed form. Failure of the employer to prepare and/or ensure proper completion of this form for each employee hired in the United States after November 6, 1986 or in the Commonwealth of the Mariana Islands after November 27, 2011, may subject the employer to civil and/or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer must retain this form for the required period and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor and the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

Paperwork Reduction Act:

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
# Employment Eligibility Verification

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

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 employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See Instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- 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. (See Instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-8: An Alien Registration Number/USCIS Number OR Form I-44 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ______________________

OR

2. Form I-44 Admission Number: ______________________

OR

3. Foreign Passport Number: ______________________

Country of Issuance: ______________________

Signature of Employee

Today’s Date (mm/dd/yyyy)

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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Employment Eligibility Verification

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

---

## List A

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## List B

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information**

---

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): (See instructions for exemptions)

---

**Signature of Employer or Authorized Representative**

---

**Last Name of Employer or Authorized Representative**

---

**First Name of Employer or Authorized Representative**

---

**Employee’s Business or Organization Name**

---

**Employee’s Business or Organization Address (Street Number and Name)**

---

**City or Town**

---

**State**

---

**ZIP Code**

---

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**Certification:** I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

**Signature of Employer or Authorized Representative**

---

**Today’s Date (mm/dd/yyyy)**

---

**Name of Employer or Authorized Representative**

---
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-768)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport and</td>
<td>6. Military dependent's ID card</td>
<td>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</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>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</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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.
Policy 5026/7250 Smoking and Tobacco Products

The board of education promotes the health, safety and productivity of all students and staff and the cleanliness of all school facilities. The board believes that the use of tobacco products on school grounds, in school buildings and facilities, in or on any other school property owned or operated by the school board, or at school-related or school-sponsored events is detrimental to the health and safety of students, staff and school visitors. To this end, and to comply with state and federal law, the board adopts this tobacco-free policy that prohibits smoking and the use of tobacco products as follows. For the purposes of this policy, the term "tobacco product" means any product that contains or is made or derived from tobacco and is intended for human consumption, including all lighted and smokeless tobacco products, as well as electronic cigarettes, vaporizers, and other electronic smoking devices even if they do not contain tobacco or nicotine.

1. All employees and other persons performing services or activities on behalf of the school district, including volunteers and contractors, as well as students and visitors, are prohibited from using any tobacco products at any time in any school building, in any school facility, on school campuses, and in or on any other school property owned or operated by the school board.

2. In addition, persons attending a school-sponsored event at a location not specified in subsection 1 above are prohibited from using tobacco products when (a) in the presence of students or school personnel, or (b) in an area where use of tobacco products is otherwise prohibited by law.

3. Nothing in this policy prohibits the use of tobacco products for an instructional or research activity conducted in a school building, provided that such activity is conducted or supervised by a faculty member and that the activity does not include smoking, chewing or otherwise ingesting tobacco.

4. The administration will consult with the county health department and other appropriate organizations to provide employees with information about support systems and programs to encourage employees to abstain from the use of tobacco products. The school district may, from time to time, provide free non-smoking programs and services to employees of the school district after the regular school day.

5. The principal of each school and other school personnel responsible for school facilities shall post signs in district facilities in a manner and location that adequately notify staff, students, volunteers, and visitors that the use of tobacco products by any person is prohibited at all times in or on school property.

6. The superintendent and designees shall ensure that adequate notice of this policy is provided to students, parents, school personnel, and the public.

7. All school personnel shall adhere to and enforce this policy and other policies, rules or regulations addressing the use of tobacco products.


Cross References: Tobacco Products - Students (policy 4320)

Issued: July 16, 2001

Revised: October 13, 2003; April 18, 2005; June 8, 2008; September 8, 2009; March 13, 2012; December 8, 2015

Lee County Schools
Policy Code 5026/7250 Smoking and Tobacco Products Policy

☐ I have read and understand the terms of the Policy Code 5026/7250 Smoking and Tobacco Products Policy

______________________________
Print Name

______________________________
Date
Policy 1760/7280 Prohibition Against Retaliation

Board members and employees are expected to be honest and ethical in the performance of their duties and to comply with applicable federal, state, and local laws, policies, and regulations. The board encourages employees to report possible financial improprieties, ethical violations, and other illegal practices and intends that employees who report such matters in good faith will not be subject to retaliation or other adverse employment consequences.

If an employee reasonably believes that (1) there has been a violation of federal, state, or local law, policy, or regulation, public policy, or an individual's ethical duties and (2) the violation is due to a practice, policy, act, or omission of the board of education, an individual board member, a school system employee, or an entity/person with whom the school system has a business relationship, the employee should report that matter in accordance with policy 1750/7220, Grievance Procedure for Employees, or policy 1720/4015/7225, Discrimination, harassment, and Bullying Complaint Procedure. Any complaint alleging a violation by the superintendent or the board should be filed with the board chair for investigation. The board chair will report the complaint to the board, and the board will authorize a prompt and thorough investigation or other action as necessary.

The board prohibits and will not tolerate any form of reprisal, retaliation or discrimination against any employee who (1) in good faith, has made or intends to make a report of wrongdoing described in this policy; or (2) has refused to carry out a directive which may constitute a violation of federal, state or local law, policy, or regulation or poses a substantial or specific danger to public health and safety.

To be protected by this policy, employees who report violations or suspected violations must be acting in good faith based on a reasonable belief that the reported information represents an unlawful activity, policy, or practice. The protection extends to those whose allegations are made in good faith but prove to be mistaken. The board reserves the right to discipline employees who know or have reason to believe that the report is inaccurate. Further, except as otherwise required by law,

The provisions of this policy apply only to those situations in which an employee brings the alleged unlawful activity, policy or practice to the attention of school officials or the board and provides school officials or the board with a reasonable opportunity to investigate and correct the alleged unlawful activity. If necessary, the school officials or the board may specify reasonable steps to protect the complaining employee from retaliation.

Each employee will receive a copy of this policy and will sign a statement verifying his or her receipt and understanding of this policy.

Legal References: Sarbanes-Oxley Act, 18 U.S.C. 1513(e); G.S. 115C-335.5; 126-5(c5); -84, 85, -86, -87, -88

Cross Reference: Discrimination, Harassment and Bullying Complaint Procedure (policy 1720/4015/7225), Grievance Procedure for Employees (policy 1750/7220), Code of Ethics for School Board members (policy 2120), board Member Conflict of Interest (policy 2121), Ethics and the Purchasing Function (policy 6401), Staff Responsibilities (policy 7300), Employee Conflict of Interest (policy 7730)

Issued: February 13, 2006

Revised: November 4, 2008; June 8, 2010, July 12, 2016

Lee County Schools
Policy 7430 Substitute Teachers

Teachers will notify the principal or his or her designee as soon as it is known that absence from school is necessary. It is the principal’s or designee’s responsibility to provide substitute teachers. The human resources officer shall make available to all school principals the names of the substitute teachers who have been approved by the board to serve as a substitute in the school district.

A. GENERAL EMPLOYMENT OF SUBSTITUTES

The school district shall employ the most competent substitute teachers available as deemed appropriate by the administration and in accordance with State Board policies. The board recognizes the importance of employing licensed teachers as substitutes and will give first priority to substitutes who hold or have held any teaching license and second priority to those who have completed Effective Teacher Training or comparable professional development courses. Teaching experience also will be considered.

A criminal history check will be conducted on applicants for substitute teaching positions in accordance with board policy 7100, Recruitment and Selection of Personnel, and administrative procedures.

B. TEACHER ASSISTANTS AS SUBSTITUTES

A teacher assistant may serve as a substitute teacher in the classroom(s) in which the assistant is regularly assigned and will be paid additional compensation according to state policies.

C. PARENTAL NOTIFICATION

In accordance with policy Involvement 1320/3560, Title I Parent and Family Engagement, school principals shall notify the parent of any child who receives instruction for four or more consecutive weeks from a substitute teacher who does not meet the certification and licensure standards for the grade level and subject area to which the substitute teacher has been assigned.

Legal References: Elementary and Secondary Education Act, 20 U.S.C. 6312(3) (1) (B) (ii); G.S. 115C-12, -36, -47, -332; 16 NCAC 6C.0313, 16 NCAC 6C.0403; State Board of Education Policies NCAC-6C.0313, NCAC-6C.0403

Cross References: Title I Parent and Family Engagement (policy 1320/3560), Recruitment and Selection of Personnel (policy 7100)

Issued: May 11, 1992

Revised: July 16, 2001; November 4, 2008; June 11, 2013; December 13, 2016; June 13, 2017

Lee County Schools
**LEE COUNTY SCHOOLS**  
**PAYROLL SECTION**

**AUTHORIZATION FOR AUTOMATIC DEPOSIT OF NET PAY**

**INSTRUCTIONS:** Complete all items and return to the central office. The deposit information will be confirmed through the banking system before the first automatic deposit is made. After the request is set up, the following month your check is on Direct Deposit.

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Bank Location</th>
</tr>
</thead>
</table>

Check Deposit Method

For Deposit Indicate **ONE:**

- [ ] CHECKING ACCOUNT
- [ ] SAVINGS ACCOUNT

I hereby authorize the Lee County Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

*A VOIDED CHECK FROM YOUR CHECKING ACCOUNT OR SAVINGS ACCOUNT DEPOSIT SLIP IS REQUIRED. PLEASE ATTACH THE FORM WITH TRANSPARENT TAPE.*

**SIGNATURE________________________**  
**DATE________________________**
Policy 7240 Drug-Free and Alcohol-Free Workplace

The board of education recognizes that reducing drug and alcohol abuse in the workplace improves the safety, health and productivity of employees. It is the policy of the board that a drug-free and alcohol-free workplace shall be maintained.

A. PROHIBITED ACTIVITIES

The board prohibits employees from engaging in the unlawful manufacture, distribution, dispensing, sale, purchase, possession, or use of any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, anabolic steroids, alcohol, stimulants, synthetic cannabinoids, counterfeit substances or any other controlled substance as defined in (1) Schedules I through VI of the North Carolina Controlled Substances Act or in (2) Schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and further defined by regulation at 21 C.F.R 1300.01 through 1300.04 and 21 C.F.R. 1308.11 through 1308.15. Employees shall not be under the influence of alcohol or be impaired by the excessive use of prescription or nonprescription drugs at any time this policy is applicable.

Independent contractors, volunteers, and visitors are subject to all requirements of this policy while on school property or at a school-sponsored event.

B. APPLICABILITY

This policy governs each employee before, during and after school hours while the employee is on any property owned or leased by the board of education; at any time during which the individual employee is acting in the course and scope of his or her employment with the board of education; and at any time that the employee’s violation of this policy has a direct and adverse effect upon his or her job performance. This policy does not apply to an employee’s consumption of alcoholic beverages that are served at a reception or other similar function that occurs outside the regular workday and that the employee is authorized or required to attend as a part of his or her employment duties.

C. REASONABLE SUSPICION TO SEARCH

An employee may be subjected to a search of his or her person or belongings or school property under the employee’s control if there is reasonable suspicion that the employee has violated this policy. An employee also may be required to submit to a drug or alcohol test when there is reasonable suspicion of drug or alcohol use by the employee in violation of this policy.

Reasonable suspicion shall be based on specific, contemporaneous observations concerning the physical, behavioral, speech and/or performance indicators of drug or alcohol use. The observations must be made by a supervisor or other system school official with training or experience in such indicators.

All drug and alcohol testing will be done with procedures that ensure the confidentiality and privacy interests of the employee and in accordance with law. Employees who refuse to submit to a search or a test to detect alcohol or drug use after reasonable suspicion is established may be suspended immediately pending consideration of a decision to terminate employment.

In addition, any employee, volunteer or independent contractor who operates a commercial motor vehicle or perform other safety-sensitive functions in the course of duties for the board may be subject to drug and alcohol testing in accordance with policy 7241, Drug and Alcohol Testing of Commercial Motor Vehicle Operators.

The board will cover the cost of any required employee testing.

D. DUTY TO REPORT

In accordance with policy 7300, Staff Responsibilities, an employee must notify his or her supervisor and the assistant superintendent of human resources writing of any conviction under any criminal drug statute for a violation occurring within the scope of Section B of this policy. Notification must be given no later than the next scheduled business day after such charge or conviction and before reporting to work. Within 10 days of receiving a notice of conviction by an employee whose position is funded in any part by a federal grant, the assistant superintendent of human resources officer or designee shall notify the funding agency of the conviction. “Conviction” as used in this policy includes the entry in a court of law or military tribunal of: (1) a plea of guilty, nolo contendere, no contest or the equivalent; (2) a verdict or finding of guilty; or (3) a prayer for judgment continued (“PJC”) or a deferred prosecution.

E. CONSEQUENCES

Violation of this policy will subject an individual to disciplinary action by the board that could result in non-renewal or termination of employment with the Lee County Schools or the requirement that the employee participate satisfactorily in a drug or alcohol abuse assistance or rehabilitation program approved for such purposes by the board or a federal, state or local health, law enforcement or other appropriate agency. Information concerning available counseling, rehabilitation and re-entry programs shall be provided to employees. Any illegal drug activity will be reported to law enforcement authorities.
Reasonable Suspicion Drug and Alcohol Testing — Any employee of the Board may be subjected to a test for the use of alcohol or controlled substances in the workplace when the employee’s superior(s) has reasonable grounds to suspect that the employee is using or under the influence of alcohol or any controlled substance in the workplace based on the supervisor’s observation of behavior, speech, appearance or an odor about an employee that is characteristic of alcohol or drug use.

Employees who have committed a prohibited act, refused any test required by this policy or otherwise violated this policy, G.S. 20-138.2B or Part 382, shall be subject to disciplinary action up to and including dismissal.

A medical review officer shall be available to discuss with an employee any positive results. The results of testing are strictly confidential and shall be retained only by the superintendent or his or her designee.

This policy is not violated by an individual’s proper use of a drug lawfully prescribed for that individual by a licensed healthcare provider.

This policy shall be distributed to all employees.


Cross References: Drug and Alcohol Testing of Commercial Motor Vehicle Operators (policy 7241), Staff Responsibilities (policy 7300)

Issued: May 11, 1992
Revised: March 8, 2004; November 4, 2008; May 11, 2010; November 8, 2011; June 11, 2013; December 10, 2013; December 12, 2017; June 12, 2018

Lee County Schools
Policy 7300 Staff Responsibilities and Ethics

For students to succeed, school employees must approach their responsibilities conscientiously, always remembering that the ultimate responsibility of the school district is to provide students with the opportunity to receive a sound basic education.

All school employees shall:

1. familiarize themselves with; comply with; support; and, when appropriate, enforce board policies, administrative procedures, school rules and applicable laws;
2. place the welfare of students as the first concern of the school district and attend to the safety and welfare of students, including the need to provide appropriate supervision of students;
3. properly use, take care of and protect school property, equipment and materials;
4. demonstrate integrity, respect and commitment to the truth through attitudes, behavior, dress, and communications with others;
5. regularly and promptly attend work;
6. carry out assigned responsibilities in a conscientious manner and maintain efficiency and knowledge of the developments in any relevant field(s) of work;
7. transact all official business with the properly designated officials in the school district and submit required reports promptly at the times specified;
8. work with other staff members to ensure the effective and efficient operation of the district's schools;
9. refrain from using school employment, contacts and privileges to promote partisan politics, personal or religious views or propaganda of any kind;
10. address or appropriately direct any complaints concerning school employees, the school program or school operations;
11. maintain just and courteous professional relationships with students, parents, staff members and others; and
12. support and encourage good school-community relations in all interactions with students, parents and members of the community, and establish cooperation between the community and the school district.

Employees shall notify the human resources officer if they are arrested for, charged with or convicted of a criminal offense (including entering a plea of guilty or nolo contendere) other than a minor traffic violation (i.e. speeding, parking or a lesser violation). Notice shall be in writing, shall include all pertinent facts and shall be delivered to the human resources officer no later than the next scheduled business day following the arrest, charge or conviction, unless the employee is hospitalized or incarcerated, in which case the employee shall report the alleged violation within 24 hours after his or her release. Upon judicial action in the matter, the employee must report the disposition and pertinent facts in writing to the human resources officer no later than the next business day following adjudication.

Failure by an employee to provide timely notice as described above may lead to disciplinary action up, and including, dismissal.

Legal References: G.S. 115C-47, -307, -308

Cross References: Grievance Procedure for Employees (policy 1750/7220), Employee Dress and Appearance (policy 7340), Personnel Policies - Work Environment (7200 section policies) and Staff Responsibilities and Ethics (7300 section policies)

Adopted: May 11, 1992
Revised: July 16, 2001; November 4, 2008

Lee County Schools
A. CIVILITY - CONDUCT OF PARENTS, OTHER VISITORS AND DISTRICT EMPLOYEES.

It is the intent of the Lee County Board of Education to promote mutual respect, civility and orderly conduct between and among Lee County Schools employees, volunteers, parents and the public. It is not the intent of the board to deprive any person of his or her right to freedom of expression. The intent of this policy is to maintain, to the greatest extent reasonably possible, a safe, harassment-free workplace for teachers, students, administrators, staff, parents and other members of the community. In the interest of presenting teachers and other employees as positive role models, the school board encourages positive communication and discourages volatile, hostile, threatening, profane or aggressive communications or actions.

1. Expected level of behavior
   a. School and instruct personnel will treat each other, volunteers, parents and other members of the public with courtesy and respect.
   b. Parents and visitors will treat teachers, volunteers, administrators and other district employees with courtesy and respect.

2. Unacceptable behavior:
   a. Disorderly Conduct. Disorderly conduct includes, but is not necessarily limited to: behavior which interferes with or threatens to interfere with the operation of a classroom, an employee's office or office area, areas of a school or facility open to parents/guardians and the general public. It also covers areas of a school or facility, which are not open to parent/guardians and the general public. Disorderly conduct is a public disturbance intentionally caused by any person who:
      (1) Engages in fighting or other violent conduct or in conduct creating the threat of imminent fighting or other violence; or
      (2) Makes or uses any utterance, gesture, display or abusive language which is intended and plainly likely to provoke violent retaliation and thereby cause a breach of the peace; or
      (3) Takes possession of, exercises control over, or seizes any building or facility of any public or private educational institution without the specific authority of the chief administrative officer of the institution, or his authorized representative; or
      (4) Refuses to vacate any building or facility of Lee County Schools in obedience to the superintendent, an assistant superintendent, division or department director, a school principal, an assistant principal or a school resource officer;
      (5) Engages in any sitting, kneeling, lying down, or inclining so as to obstruct the ingress or egress of any person entitled to the use of any Lee County Schools building or facility in its normal and intended use; or
      (6) Congregates, assembles, forms groups or formations (whether organized or not), blocks or in any manner otherwise interferes with the operation or functioning of any Lee County Schools building or facility so as to interfere with the customary or normal use of the building or facility; or
      (7) Disrupts, disturbs or interferes with the teaching of students at any Lee County Schools or engages in conduct which disturbs the peace, order or discipline at any Lee County School or on the grounds adjacent thereto.
   b. Disorderly/Disrespectful Language. Using lewd, vulgar, or indecent language; shouting, swearing, cursing or display of temper.
   c. Assaults/Threats. Assaulting or threatening to do bodily or physical harm to a teacher, school administrator, school employee or student, regardless of whether or not the behavior constitutes or may constitute a criminal violation. It is a Class A I misdemeanor to assault a school employee or school volunteer when the employee or volunteer is discharging or attempting to discharge his or her duties as an employee or volunteer, or to assault a school employee or school volunteer as a result of the discharge or attempt to discharge that individual's duties as a school employee or school volunteer. For purposes of this law and this policy, the following definitions shall apply:
      (1) "Duties" means:
         (a) all activities on school property;
(b) all activities, wherever occurring, during a school authorized event or the accompanying of students to or from that event; and
(c) all activities relating to the operation of school transportation.
(2) "Employee" or "volunteer" means:
(a) an employee of Lee County Board of Education;
(b) an independent contractor or an employee of an independent contractor of Lee County Board of Education, if the contractor performs duties customarily performed by employees of the school; and
(c) an adult who volunteers his or her services or presence at any school activity and is under the supervision of a school administrator.

d. Vandalism. Damaging or destroying school or school board property.
e. Any other Vandalism behavior that disrupts the orderly operation of a school, classroom or any other school board facility.

f. Abusive, threatening or obscene e-mail or voice mail messages.

3. Parent recourse:
Any parent who believes he/she was subject to behavior in violation of this policy on the part of any staff member or volunteer should bring such behavior to the attention of the principal, the staff member's immediate supervisor, the appropriate assistant superintendent, or the superintendent.

4. Authority of school personnel:
   a. Termination of meeting or telephone conversation. If any employee, volunteer or member of the public uses obscenities or speaks in a demanding, loud, insulting and/or demeaning manner, the employee to whom the remarks are directed shall calmly and politely warn the speaker to communicate civilly. If the verbal abuse continues, the employee to whom the remarks are directed may, after giving appropriate notice to the speaker, terminate the meeting, conference or telephone conversation.
   b. Removal from school premises. Any individual who engages in "unacceptable behavior" as defined in this policy may be directed to leave the school or school board premises by a school's principal or assistant principal, any assistant superintendent, the superintendent of schools, or a school resource officer. If the person refuses to leave the premises as directed, the administrator or other authorized personnel shall seek the assistance of law enforcement and request that law enforcement take such action as is deemed necessary.
   c. Limitations on access to school premises. Any non-employee who engages in "unacceptable behavior" as defined in this policy may be prohibited by a principal, an assistant superintendent or the superintendent from coming on school premises unless the individual calls in advance and makes an appointment to meet with a staff member in the presence of a school administrator. If the individual does not act civilly, as defined in this policy, during meetings or telephone conferences with staff members, the individual's access may be further limited by the principal, an assistant superintendent or the superintendent to telephone, e-mail, or written communications with staff members.

Issued: March 10, 2003
Revised: February 14, 2012
RNC: 3/23/09

Lee County Schools
Policy Code 5021/7301 Civility

☐ I have read and understand the terms of the Policy Code 5021/7301 Civility

_____________________________________________  ___________________________
Print Name                                      Date
Policy 3225/4312/7320 Technology Responsible Use

The board provides its students and staff access to a variety of technological resources. These resources provide opportunities to enhance learning, and improve communication within the school community and with the larger global community educational goals of the board. Through the school district's technological resources, users can observe events as they occur around the world, interact with others on a variety of subjects, and acquire access to current and in-depth information.

The board intends that students and employees benefit from these resources while remaining within the bounds of safe, legal and responsible use. Accordingly, the board establishes this policy to govern student and employee use of school system technological resources. This policy applies regardless of whether such use occurs on or off school system property, and it applies to all school system technological resources, including but not limited to computer networks and connections, the resources, tools and learning environments made available by or on the networks and all devices that connect to those networks.

A. EXPECTATIONS FOR USE OF SCHOOL TECHNOLOGICAL RESOURCES

Internet access is coordinated through an association of governmental agencies and regional networks. The operation of the Internet relies heavily on the proper conduct of the users, who must adhere to strict guidelines. The use of school district technological resources, including access to the Internet is a privilege, not a right. Individual users of the school system's technological resources are responsible for their behavior and communications when using those resources. Responsible use of school system technological resources is use that is ethical, respectful, academically honest and supportive of student learning. Each user has the responsibility to respect others in the school community and on the Internet. Users are expected to abide by the generally accepted rules of network etiquette. General student and employee behavior standards, including those prescribed in applicable board policies, the Code of Student Conduct and other regulations and school rules, apply to use of the Internet and other school technological resources.

In addition anyone who uses school district computers or electronic devices or who accesses the school network or the Internet using school system resources must comply with the additional rules for responsible use listed in Section B, below. These rules are intended to clarify expectations for conduct but should not be construed as all-inclusive as well as the acceptable use provisions outlined in the administrative regulations.

Before using the Internet, all students must be trained about appropriate online behavior as provided in policy 3226/4205, Internet Safety.

All students and employees must be informed annually of the requirements of this policy and the methods by which they may obtain a copy of this policy. Before using school district technological resources, students and employees must sign a statement indicating that they understand and will strictly comply with these requirements and acknowledging awareness that the school system uses monitoring systems to monitor and detect inappropriate use of technological resources. Failure to adhere to these requirements will result in disciplinary action, including revocation of user privileges. Willful misuses may result in disciplinary action and/or criminal prosecution under applicable state and federal law.

B. RULES FOR USE OF SCHOOL TECHNOLOGICAL RESOURCES

1. School district technological resources are provided for school-related purposes only. Acceptable uses of such technological resources are limited to responsible, efficient and legal activities that support learning and teaching. Use of school district technological resources for commercial gain or profit is prohibited. Student personal use of school system technological resources for amusement or entertainment is also prohibited. Because some incidental and occasional personal use by employees is inevitable, the board permits infrequent and brief personal use by employees so long as it occurs on personal time, does not interfere with school system business and is not otherwise prohibited by board policy or procedure.

2. Under no circumstance may software purchased by the school district be copied for personal use.

3. Students and employees must comply with all applicable laws, including those relating to copyrights and trademarks, confidential information, and public records. Any use that violates state or federal law is
strictly prohibited. Plagiarism of internet resources will be treated in the same manner as any other incidents of plagiarism, as stated in the Code of Student Conduct.

4. No user of technological resources, including a person sending or receiving electronic communications, may engage in creating, intentionally viewing accessing, downloading, storing, printing or transmitting images, graphics (including still or moving pictures), sound files, text files, documents, messages, or other material that is obscene, defamatory, profane, pornographic, harassing abusive or considered to be harmful to minors.

5. The use of anonymous proxies to circumvent content filtering is prohibited.

6. Users may not install or use any Internet-based file sharing program designed to facilitate sharing of copyrighted material.

7. Users of technological resources may not send electronic communications fraudulently, (i.e., by misrepresenting the identity of the sender).

8. Users must respect the privacy of others. When using e-mail, chat rooms, blogs or other forms of electronic communication, students must not reveal personal identifying, information, or information that is private or confidential, such as the home address or telephone number, credit or checking account information or social security number of themselves or fellow students. For further information regarding what constitutes personal identifying information, see policy 4705/7825, Confidentiality of Personal Identifying Information. In addition, school employees must not disclose school district websites or web pages or elsewhere on the Internet personally identifiable private or confidential information concerning students (including names, addresses or pictures) without the written permission of a parent or guardian or an eligible student, except as otherwise permitted by the Family Educational Rights and Privacy Act (FERPA) or policy 4700, Student Records. Users may not forward or post personal communications without the author's prior consent.

9. Users may not intentionally or negligently damage computers, computer systems, electronic devices, software computer networks or data of any user connected to school system technological resources. Users may not knowingly or negligently transmit computer viruses or self-replicating messages or deliberately try to degrade or disrupt system performance. Users must scan any downloaded files for viruses.

10. Users may not create or introduce games, network communications programs or any foreign program or software onto any school district computer, electronic device or network without the express permission of the Chief Technology Officer or designee.

11. Users are prohibited from engaging in unauthorized or unlawful activities, such as "hacking" or using the computer network to gain or attempt to gain unauthorized access or unlawful access to other computers, computer systems or accounts.

12. Users are prohibited from using another individual's ID or password for any technological resource without permission from the individual. Students must also have permission from the teacher or other school official. Users may not read, alter, change, execute or delete files belonging to another user without the owner's express, prior permission.

13. Users may not read, alter, change, block, execute or delete files or communications belonging to another user without the owner's express, prior permission.

14. Employees shall not use passwords or user IDs for any data system (e.g., the state student information and instructional improvement system applications, time-keeping software, etc.) for an unauthorized or improper purpose.

15. If a user identifies a security problem on a technological resource, he or she must immediately notify a system administrator. Users must not demonstrate the problem to other users. Any user identified as a security risk will be denied access.

16. Teachers shall make reasonable efforts to supervise a student's use of the Internet during instructional time.
17. Views may be expressed on the Internet or other technological resources as representing the view of the school district or part of the school district only with prior approval by the superintendent or designee.

C. RESTRICTED MATERIAL ON THE INTERNET

The Internet and electronic communications offer fluid environments in which students may access or be exposed to materials and information from diverse and rapidly changing sources, including some that may be harmful to students.

The board recognizes that it is impossible to predict with certainty what information on the Internet students may access or obtain. Nevertheless school district personnel shall take reasonable precautions to prevent students from accessing materials, and information that is, obscene, pornographic or otherwise harmful to minors, including violence, nudity, or graphic language that do not serve a legitimate pedagogical purpose. The superintendent shall ensure that a technology protection measure are used as provided in policy 3226/4205, Internet Safety, and are disabled or minimized only when permitted by law and board policy. The board is not responsible for the content accessed by users who connect to the Internet via their personal mobile telephone technology (e.g., 30, 40 service).

D. PARENTAL CONSENT

The board recognizes that parents of minors are responsible for setting and conveying the standards their children should follow when using media and information sources. Accordingly, before a student may independently access the Internet, the student's parent must be made aware of the possibility that the student could obtain access to inappropriate material while engaged in independent use of the Internet. The parent and student must consent to the student's independent access to the Internet and to monitoring of the student's e-mail communication by school personnel.

In addition, in accordance with the board's goals and visions for technology, students may require accounts in third party systems for school related projects designed to assist students in mastering effective and proper online communications or to meet other educational goals. Parental permission will be obtained when necessary to create and manage such third party accounts.

E. PRIVACY

Students, employees, visitors, and other users have no expectation of privacy in anything they create, store, send, delete, receive, or display when using the school system's network, devices. Internet access, email system, or other technological resources owned or issued by the school system, whether the resources are used at school or elsewhere, and even if the use is for personal purposes.

Users should not assume that files or communications created, transmitted, or displayed using school system technological resources or stored on servers or on the storage mediums of individual devices will be private. The school district may, without notice, (1) monitor, track, and/or log network access, communications, and use, (2) monitor and allocate fileserver space; and (3) access, review, copy, store, delete or disclose the content of all user files, regardless of medium, the content of electronic mailboxes, and system outputs, such as printouts, for any lawful purpose. Such purposes may include, but are not limited to, maintaining system integrity, security, or functionality, ensuring compliance with board policy and applicable laws and regulations protecting the school system from liability and complying with public records requests. School district personnel shall monitor on-line activities of individuals who access the Internet via a school-owned device.

By using the school system's network, Internet access, email system, devices, or other technological resources, individuals consent to have that use monitored by authorized school system personnel as described in this policy.

F. USE OF PERSONAL TECHNOLOGY ON SCHOOL SYSTEM PROPERTY

Each principal may establish rules for his or her school site as to whether and how personal technology devices (including, but not limited to smart phones, tablets, laptops, etc.) may be used on campus. Student's devices are governed also by policy 4318. Use of Wireless Communication Devices. The school stem assumes no responsibility for personal technology devices brought to school.
G. PERSONAL WEBSITES

The superintendent may use any means available to request the removal of personal websites that substantially disrupt the school environment or that utilize school district or individual school names, logos or trademarks without permission.

1. Students

Though school personnel generally do not monitor students' Internet activity conducted on non-school district devices during non-school hours, when the student's on-line behavior has a direct and immediate effect on school safety or maintaining order and discipline in the schools, the student may be disciplined in accordance with board policy (see the student behavior policies in the 4300 series).

2. Employees

Employees' personal websites are subject to policy 7335, Employee Use of Social Media.

3. Volunteers

Volunteers are to maintain an appropriate relationship with students at all times. Volunteers are encouraged to block students from viewing personal information on volunteer personal websites or on-line networking profiles in order to prevent the possibility that students could view materials that are not age-appropriate. An individual volunteer's relationship with the school system may be terminated if the volunteer engages in inappropriate online interaction with students.

SCHOOL DISTRICT INTERNET SERVICE

Lee County Schools makes no warranties of any kind, expressed or implied, for the Internet service it is providing. Lee County Schools is not responsible for any damages a user may suffer, including loss of data and is not responsible for any damage a student and/or employee may cause to any data system. Furthermore, the district is not responsible for the accuracy or quality of information obtained through the Internet connection.


Cross References: Curriculum and Pacing Guides (policy 3115), Technology in the Educational Program (policy 3220), Internet Safety (policy 3226/4205), Copyright Compliance (policy 3230/7330), Web Page Development (policy 3227/7322), Code of Student Conduct (policy 4300 and all policies in the 4300 series), Student Records (policy 4700), Confidentiality of Personal Identifying Information (policy 4705/7825), Public Records - Retention, Release and Disposition (policy 5070/7350), Use of Equipment, Materials and Supplies (6520), Network Security (6524), Staff Responsibilities and Ethics (policy 7300), Employee use of Social Media (policy 7335)

Issued: September 17, 1997

Revised: December 11, 2000; March 18, 2002; February 13, 2006; April 21, 2009; August 29, 2012; November 6, 2012; June 3, 2014; December 9, 2014; December 13, 2016

Lee County Schools
EMPLOYEE AGREEMENT

NAME: ____________________________

POSITION: _________________________

SCHOOL OR DEPARTMENT: __________

I have read the Lee County Schools Technology Acceptable Use Policy and I agree to follow the guidelines of the Policy. I understand that if I violate the rules, I may face disciplinary action.

I hereby release the district, its personnel, and any institutions with which it is affiliated from any and all claims and damages of any nature arising from my use of, or inability to use, the District system, including, but not limited to, claims that may arise from the unauthorized use of the system to purchase products or services.

Signature: __________________________ Date: ____________________
Certifying Employee Status Under Retirement Reemployment Laws

Please print or type in black ink.

Section A. Tell us about yourself.

<table>
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<th>LAST NAME</th>
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<th>SSN (last 4 digits)</th>
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<th>MAILING ADDRESS</th>
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Section B. Please understand that retirees are subject to earnings restrictions.

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers' and State Employees' Retirement System (TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees' Retirement System and the Teachers' and State Employees' Retirement System is located in Guides B, C, and D.

Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.

- [ ] YES, I am currently receiving a monthly benefit from the following: (check all that apply)
  - [ ] Teachers' and State Employees' Retirement System (TSERS)
  - [ ] Local Governmental Employees' Retirement System (LGERS)
  - [ ] Consolidated Judicial Retirement System (CJRS)
  - [ ] Legislative Retirement System (LRS)
  - [ ] Disability Income Plan of North Carolina (DIPNC)

- [ ] NO, I am not currently receiving a monthly benefit from any of the above listed systems.

Section D. Please sign below.

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

Member's Signature ___________________________ Date ___________________________

Section E. Please submit this form to your employer.

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.myncretirement.com

REV 20181012
ESRR
Page 1 of 1
Guides for Certifying Employee Status Under Retirement Reemployment Laws

Guide A. What is the purpose of this form and why does this form need to be completed?

Effective July 1, 2009, employers are required to report any rehired retirees to the Retirement Systems Division (RSD) or the employer will incur a penalty. In order for employers to avoid a potential penalty, RSD asks employers to take the following steps:

- Obtain signed documentation (Form ESRR) from the employee stating he/she is is or is not currently receiving a monthly benefit from RSD.
- Report any known rehired retirees who may be subject to the earnable allowance to RSD through the ORBIT system.

If a member falsifies this document (Form ESRR) by not reporting himself/herself as a benefit recipient, the employer will not be penalized. However, if the employee exceeds his/her earnable allowance, or violates other return-to-work laws, the employee will be held fully responsible for repaying any overpayment to RSD.

Guide B. What are the return-to-work laws?

After you have officially retired and are receiving monthly benefits, if you perform work in any capacity for an employer under the same Retirement System from which you retired, you will be subject to the reemployment provisions described below. These provisions may require you to work under an earnings limitation or to reenroll as a contributing member of the Retirement System. You will be subject to reemployment provisions based on the nature of the particular work you perform for a covered employer, regardless of your job classification or your technical employment status (which may include being assigned to work for an employer by a private company such as a temporary staffing agency).

Return-to-work laws apply differently to members of TSERS, LGERS, CJRS, and LRS. Following return-to-work laws will protect you from incurring financial penalties, possible loss of retirement benefits, and loss of health benefits received through the State Health Plan.

If you are retired under LGERS, see Guide C for more detailed information.

If you are retired under TSERS, see Guide D for more detailed information.

Guide C. Return-to-work laws for Local Governmental Employees' Retirement System retirees

LGERS members cannot return to work for an LGERS employer during the month in which their retirement became effective. If you violate this law, your LGERS retirement benefit will be cancelled and all retirement benefits paid to you must be repaid to the Retirement System. If you have employer-provided health insurance, you may wish to discuss with your employer how the cancellation of your retirement benefit will affect the insurance coverage.

After a one-month break, if you wish to perform services for an LGERS employer and continue to receive your LGERS monthly retirement benefit, you must meet the following conditions:

- You must work in a position that does not require
  the earnable allowance to RSD through the ORBIT system.

If you are retired under LRS and you perform work which requires you to be a contributing member of TSERS, CJRS or LRS, your LRS benefit will be suspended and you will be required to enroll or reenroll as a contributing member of the System under which you are working. A summary of LRS return-to-work laws is located in the LRS Handbook, Your Retirement Benefits, located on our website at www.mynceretirement.com.

If you are retired under CJRS and you perform work which requires you to be a contributing member of TSERS or CJRS, your CJRS benefit will be suspended and you will be required to enroll or reenroll as a contributing member of the System under which you are working. If you are retired under CJRS and you perform work in any capacity for a TSERS employer that does not require you to become a member of TSERS, you will be subject to an earnings limitation. A summary of CJRS return-to-work laws is located in the CJRS Handbook, Your Retirement Benefits, located on our website at www.mynceretirement.com.

If you receive a disability benefit from any System, please contact the Retirement Systems Division for information on reemployment provisions that apply to you.

Please continue to the next page.
Guide C. Continued

Return-to-work laws are much more extensive than presented above. For information on LGERS return-to-work laws, please visit our website at www.myncreirement.com to view.

Guide D. Return-to-work laws for Teachers' and State Employees' Retirement System retirees

TSERS members must be retired at least six months before returning to work for a TSERS employer in any capacity (except as a bona fide volunteer in a local school administrative unit, a school board member, a member of a board of trustees of a community college or of any constituent institution of the University of North Carolina, or an unpaid bona fide volunteer guardian ad litem in the Guardian ad Litem Program). If you violate this law, your TSERS retirement benefit must be cancelled and all TSERS retirement benefits paid to you must be repaid to the Retirement System. Your State Health Plan insurance also must be cancelled if your retirement benefit is cancelled.

After a six-month break, if you wish to return to work with a TSERS employer and continue to receive your TSERS monthly retirement benefit, you must meet the following conditions:

• You must work in a position that does not require membership in TSERS. (NOTE: If you are reemployed in a TSERS position which requires you to be a permanent employee who works at least 30 hours per week for nine months per year, your retirement payment must be stopped and you will again become a contributing TSERS member.)
• You are subject to the earning restrictions below. You can

- Return-to-Work laws in the "Benefit Recipients" section
- Your Retirement Benefits Handbook

These earnings restrictions apply for the 12 months immediately following retirement and for each calendar year following the year of retirement.

If you are retired under TSERS and you perform work which requires you to be a contributing member of CJRS, your TSERS benefit will be suspended and you will be required to enroll as a contributing member of CJRS.

Return-to-work laws are much more extensive than presented above. For information on TSERS return-to-work laws, please visit our website at www.myncreirement.com to view:

• Return-to-Work laws in the "Benefit Recipients" section
• Your Retirement Benefits Handbook

These guides are subject to and governed by the General Statutes of the State of North Carolina.