

LEE COUNTY SCHOOLS

INSPIRED

Finance Demographic Form – Non Employee

Social Security #	Last Name:	First Name:	Middle Int:

Mailing Address:	City:	State:	Zip:

Phone #	Date of Birth	Gender	Race

Employee Signature: _____ Date: _____

Please return all the following items to LCS Athletic Director.

	Copy of Driver's License*
	Copy of Social Security Card*
	Copy of Athletic Contract*
	Direct Deposit Form/Voiced Check*
	Tax Forms (W4 & NC4)*
	ESRR FORM*
	I-9 FORM
	Health Verification Form
	Authority to Release Form
	Finance Demographic Form*

*A copy of these items will need to be given to finance to process stipend.

Volunteer Coach Agreement Procedures and Form

1) This is a volunteer agreement to be used for all future coach positions and **DOES ALLOW** you to use classified staff as long as they are **volunteering** to perform a job that is **NOT** the **same** or **similar** job for which he/she is employed. **THIS FORM REPLACES THE CONSULTANT CONTRACT FOR COACHES ONLY.**

2) **A coach will not be able to coach prior to Superintendent approval.** Please allow enough time for the contract to be sent back to your payroll clerk with all of the CO signatures. You will be responsible for notifying the individual that they may start coaching. **Required signatures:** Coach, School AD, Principal, County AD (auxiliary services), Human Resources, Finance, and Superintendent.

3) Please remember that HR will only call you if there is a problem with the background check.

4) Please make sure to **complete all applicable sections**...including the sport, years of experience, etc.

6) For non-staff, the following items must be submitted with the contract.

<input type="checkbox"/> Authority to Release Form	}	If stipend is NOT paid, these 2 items of information are needed.
<input type="checkbox"/> Health Verification Form		
<input type="checkbox"/> I-9 Form		
<input type="checkbox"/> Copy of Drivers' License	}	If paying a stipend, all information is needed
<input type="checkbox"/> Copy of Social Security Card		
<input type="checkbox"/> Tax Forms (W4 & NC4)		
<input type="checkbox"/> Direct Deposit Form		
<input type="checkbox"/> Athletic Demographic Form		
<input type="checkbox"/> ESSR Form		

It is recommended that you use LC staff members as volunteer coaches with a stipend or non-staff members who are truly volunteers not receiving compensation. **Volunteers need to complete an application/resume with verifiable coaching experience.** Principals are responsible for checking references on this individual.

COACH/VOLUNTEER AGREEMENT
(All information must be completed)

School:	Coach's Name/Phone #:	School Year:
Last 4 of Social:	Date of Birth:	Employer:
Coaching Position:	Years of Experience in this Position:	Coached in this position last year? <input type="checkbox"/> Yes <input type="checkbox"/> No

Coaches must comply with NCHSAA guidelines regarding pre-season activities. Any voluntary activities before the official start of the season are outside of their stipend and will not be compensated. Stipends are paid for the time from first official practice of the season until the last competition. Coaches are required to adhere to all board policies while participating in coaching duties. Coaching is considered seasonal work and not eligible for unemployment benefits.

Have you ever been charged/convicted of a felony? ☐ Yes ☐ No

If yes, please attach an explanation
(dates, city & state, charges/conviction, judgement)

NON-STAFF and RETIRED STATE EMPLOYEE*

Criminal Record must be attached (yearly) and Health form (first time coaching) must be submitted to personnel.

* **IF PAID A STIPEND**, the following documentation is also required: Copy of Driver's License, Social Security Card, W4 Form, NC4 Form, I-9 Form, ESRR Form, Athletic Demographic Form, and Direct Deposit Form.

* If retired state employee check here ☐

I understand that, if approved, I will be coaching on a volunteer basis. My time and service in this capacity are given without promise, expectation or receipt of any form of compensation, benefits or other remuneration for this service.

I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason. Any stipend will be pro-rated should the coach or school system end contract prior to the season conclusion. This agreement will continue force until terminated.

Signature of Volunteer - NON-STAFF or RETIRED STATE EMPLOYEE:

DATE:

LEE COUNTY SCHOOLS CLASSIFIED STAFF:

NOTE: An employee of the Board of Education may NOT volunteer to perform a job that is the same or similar job for which he/she is employed.

I understand and agree that my volunteer participation is not being performed in the course and scope of my regular employment with Lee County Schools and that my participation in this is not in any way required by my school or the Lee County Schools' Board of Education. I acknowledge and agree that my volunteer services do not involve that same or similar types of services, duties, and responsibilities as an employee of Lee County Schools.

I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason and that withdrawal will not affect my continued employment with Lee County Schools' Board of Education. Any stipend will be pro-rated should coach or school system end contract prior to the season conclusion. This agreement will continue in force until terminated.

Signature of Employee Volunteer - CLASSIFIED

DATE:

LEE COUNTY SCHOOLS CERTIFIED STAFF:

I understand that my participation as a volunteer may be terminated at any time, without cause, and that I may withdraw from participation at any time for any reason and that withdrawal will not affect my continued employment with Lee County Schools' Board of Education. Any stipend will be pro-rated should coach or school system end contract prior to the season conclusion. This agreement will continue in force until terminated.

Signature of Employee Volunteer - CERTIFIED

DATE:

Superintendent Approval Required before coaching and other activities can begin.

School Athletic Director	Date	Principal	Date
County Athletic Director	Date	Human Resources	Date
Finance	Date	Superintendent	Date

Principal Use Only

☐ Volunteer - No Pay ☐ Volunteer - Stipend

Auxiliary Services Use Only

Stipend (if any) \$ _____ per school year

LEE COUNTY SCHOOLS

INSPIRED

Non Employee - AUTHORIZATION FOR DIRECT DEPOSIT

INSTRUCTIONS: Complete all items & return to the Athletic Director at Central Office. The deposit information will be confirmed through the banking system before the first direct deposit is made. After the request is setup, the following month your check will direct deposit.

First Name

Last Name

Bank Name

Bank Location

Check Deposit Method

For Deposit Indicate ONE:

☐

CHECKING ACCOUNT

☐

SAVINGS ACCOUNT

I hereby authorize 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.

REQUIRED: Please attach a voided check from your checking account or a savings account deposit slip. You may also attach a form from your bank with routing & account information typed.

☐

At this time I do not wish to enroll in direct deposit for my athletic supplement.

PLEASE NOTIFY LEE COUNTY SCHOOLS IMMEDIATELY IF YOU CLOSE OR CHANGE YOUR BANK ACCOUNT. FAILURE TO DO SO WILL RESULT IN A DELAYED PAYMENT.

Signature: _____

Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

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

2023

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2:
Multiple Jobs or Spouse Works

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

(a) Reserved for future use.

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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

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

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

NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete Form NC-4, Employee's Withholding Allowance Certificate, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide an NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - You may use this form if you intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA.

FORM NC-4 BASIC INSTRUCTIONS - Complete the Allowance Worksheet. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, and N.C. tax credits. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at www.dornc.com under individual income tax forms.

HEAD OF HOUSEHOLD - Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

SURVIVING SPOUSE - You may claim surviving spouse status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses' incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4 Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming
(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)
2. Additional amount, if any, withheld from each pay period (Enter whole dollars)

Social Security Number		Marital Status	
<input type="radio"/> Single <input type="radio"/> Head of Household <input type="radio"/> Married or Surviving Spouse			
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)		M.I.	Last Name
Address		County (Enter first five letters)	
City	State	Zip Code (5 Digit)	Country (If not U.S.)

Employee's Signature

Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above



Certifying Employee Status Under Retirement Reemployment Laws

North Carolina Retirement Systems

Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

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
325 North Salisbury Street, Raleigh, North Carolina 27603-1385
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.myncretirement.com

REV 20091106

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 or is not currently receiving a monthly benefit from RSD.
- Report any known rehired retirees who may be subject to

the earnable allowance, or the 11.7% contribution under the exception for nursing instructors in TSERS, 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 a covered employer by a private company such as a temporary agency).

If you retired from LGERS, see Guide C for more detailed information. If you retired from TSERS, see Guide D for more detailed information.

If you retired from the Consolidated Judicial Retirement System, or the Legislative Retirement System, or if you receive disability benefits from any System, please contact the Retirement Systems Division for information on reemployment provisions that apply to you.

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

Reemployment After Receiving Early Or Service Retirement Benefits. If you retire with monthly early or service retirement benefits from LGERS and are reemployed by an employer that participates in LGERS, the following applies:

If you are reemployed in an LGERS position, the duties of which require 1,000 hours or more per year, your monthly retirement payment must be stopped on the first day of the month following the month of reemployment and you will again become a contributing member in the month in which you are restored to service.

At any time you are reemployed and become a member of the Retirement System again, your retirement benefits will be greater at the time of your second early/service retirement. If you return to service and contribute for at least three additional years, your service from your first and second periods of employment will be combined and you can change the retirement payment plan and/or beneficiary you selected at the time of your original retirement. If you return to service for less than three years, your first retirement benefit will be reinstated upon re-retirement and you will have a choice of either receiving a lump sum refund of contributions or another (generally smaller) monthly benefit from your second period of employment.

If you are reemployed on a part-time, interim, temporary, or contractual basis, or are otherwise engaged to perform services on any basis that does not require membership in

LGERS, your retirement payment must be stopped if your earnings during the 12-month period immediately following the effective date of retirement or during any calendar year exceed your earnings limitation which is calculated as the greater of the following:

- \$28,080 (2009 amount), or
- 50% of your compensation, excluding termination payments, reported to the Retirement System during the 12 months of service preceding the effective date of your retirement.

The above amounts will be increased on January 1 each year by the percentage increase in the Consumer Price Index, which is a national measure of the increase in the cost of living from one year to the next.

Your retirement payment must be stopped for the remainder of the calendar year on the first day of the month following the month in which your earnings exceed the greater of the two limits stated above. Your retirement payment will start again on January 1 of the year after your benefit is stopped. If your earnings exceed the allowable amount in the month of December, your benefit will not be suspended.

Please note that retirement law requires your retirement date to be on the first day of the month, and for your retirement to become effective on the first day of a month, you must not work for a covered employer at any time during that month.

Please continue to the next page.

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

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

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

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

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year) _____

Employee's Signature

Date (month/day/year)

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

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

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

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
IRS-HCO, 5333 Getwell Rd., Memphis, TN, 38118		

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record
	6. Military dependent's ID card
	7. U.S. Coast Guard Merchant Mariner Card
	8. Native American tribal document
	9. Driver's license issued by a Canadian government authority
	For persons under age 18 who are unable to present a document listed above:
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	10. School record or report card
	11. Clinic, doctor, or hospital record
	12. Day-care or nursery school record

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

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. Please Enter TB Skin Test Results

I. Communicable Disease Date Read _____ Results _____

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

AREAS	LIMITATIONS		NATURE OF LIMITATIONS (continue on back as needed)
	YES	NO	
Vision			
Hearing			
Heart			
Lungs			
Lifting/Carrying			

Appropriate Immunizations	Current?		Any Immunization Recommendations
	YES	NO	
Td (tetanus).Hep B, MMR, etc.			

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.

Lee County Schools
Authority For Release Of Information

I understand that a consumer report or an investigative consumer report (hereinafter referred to as "report") may be procured at any time during my candidacy for employment and/or during my employment, contract work or volunteer work. I understand the Report may include information as to my character, work habits, performance, and experience, along with reasons for termination for past employment. I understand that as directed by Company policy, information may be obtained from public and private sources and may include information related to: social security number verification, criminal records (In accordance with State law, you are not required to disclose any arrest, charge or conviction that has been expunged from the public record), credit history, driver/motor vehicle records, employment, education, credentials, and personal references. I also understand that the information I provide regarding my sex, race and date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

I authorize this agency to perform a criminal history record check in connection with my application for employment or my employment with The Lee County Board of Education pursuant to NC GS 114-19.2 and 115C-332.

I understand that I am not required to disclose any arrest, charge or conviction that has been expunged from the public record.

Personal Information (List all names used) *Please Print All Information*

Last	First	Middle
Name _____		
Name _____		
Name _____		
Address _____		
City _____ State _____ Zip _____		
SSN _____ Date of Birth _____ Sex _____		
Drivers License Number _____ State Issued _____ Expires _____		
Position Applied For _____ School _____		
If volunteer please indicate <input type="checkbox"/> School Parent <input type="checkbox"/> Community Member <input type="checkbox"/> Other _____		
Role: <input type="checkbox"/> Working With Students Alone <input type="checkbox"/> Other _____		

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize an organization, person or agency to furnish information about me and I release any organization, person, agency and Company from any liability arising out of the request or release of the information contained in the Report. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____ Date _____

Principal/Director Signature _____ Date _____