

# COACHING HANDBOOK

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

# WCSD COACHING HANDBOOK



WASHINGTON COUNTY  
SCHOOL DISTRICT

<http://washk12.org/risk/coaching>

# INTRODUCTION

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

Congratulations for being selected as a coach in the Washington County School District! We hope that you will find great satisfaction as you work with students to develop the skills they will need to become great athletes and contributing members of our community.

This handbook is designed to be a comprehensive resource for the following aspects of your coaching responsibilities

- Relevant School District Policies
- UHSAA Guidelines Regarding Coaching Certification
- Introduction to the NFHS Learn Resource
- Fingerprinting and Background Check Procedure
- CPR/First-Aid Resources
- Student Transportation Policies and Procedures
- Mandatory Forms
- Utah State Legislative Mandates

The greatest resource for you as a coach is the Athletic Director of your school. Athletic Directors know the rules, the policies, and the boundaries when it comes to high school athletics. When questions arise regarding your role as a coach, your first stop should be the Athletic Director.

If there are questions that the Athletic Director is unable to answer, coaches are always welcome to contact Cyndi Morris, Human Resources Technician, or Michael Lee, Risk Manager, by using the information provided below.

Cyndi Morris - Human Resources Technician  
435.673.3553 x 5115  
cyndi.morris@washk12.org

Michael Lee - Risk Manager  
435.673.3553 x 5110  
michael.lee@washk12.org

# COACHING HANDBOOK

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

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# POLICIES

## WASHINGTON COUNTY SCHOOL DISTRICT RISK MANAGEMENT

The Washington County School District has adopted policies that must be known and understood in order for coaching personnel to properly execute their responsibilities. Please review, become familiar with, and ask questions as needed regarding these policies. The policies are designed to keep students safe, and to ensure that coaches are able to perform their duties effectively, efficiently and consistently throughout the district.

School district policies are absolute and non-negotiable rules that specifically address issues that may arise in the course of executing your responsibilities as a coach. Failure to follow district policies may result in disciplinary action and increased liability both for coaching personnel and the school district. There is safety for the students, coaching personnel, and the school district when the policies are properly understood and followed. Please remember, if you do not know the answer to a question, ask your Athletic Director for guidance.

The following WCSD policies are particularly relevant to coaching personnel:

- 2010 - Awards
- 2340 - Student Insurance
- 2360 - Student Concussion and Head injury Policy
- 3630 - Student Activities
- 3635 - Student Overnight Activities

This should not be considered a comprehensive list, and there may be other policies that are relevant to coaching staff. All school district policies may be accessed in their entirety at [www.washk12.org/policy](http://www.washk12.org/policy).

### ADMINISTRATIVE LETTERS

Administrative Letters are procedures and rules that have been established and signed by the district superintendent. For all intents and purposes, Administrative Letters should be regarded as school district policy. The following WCSD Administrative Letters are particularly relevant to coaching personnel.

- Administrative Letter 23 - Participation of non-WCSD Students in District High School Activities
- Administrative Letter 29 - Guidelines for Middle School Activities
- Administrative Letter 48 - School Transportation and Student Travel
- Administrative Letter 66 - Coach/Advisor Code of Conduct
- Administrative Letter 76 - Cheerleading Stunting
- Administrative Letter 111 - Background Checks for Volunteers
- Administrative Letter 112 - Use of Aircraft
- Administrative Letter 114 - Use of Transportation and Mobile-Powered Equipment

This should not be considered a comprehensive list, and there may be other Administrative Letters that are relevant to coaching staff. All school district Administrative Letters may be accessed in their entirety at <http://washk12.org>.

# UHSAA

## WASHINGTON COUNTY SCHOOL DISTRICT RISK MANAGEMENT

Rules, policies and procedures governing coaching personnel in the Washington County School District are established and enforced by WCSD policies, the Utah State Board of Education, and the Utah High School Athletics Association (UHSAA). Together, these three organizations create, establish and enforce the guidelines that all athletic extra-duty coaching personnel employed by the school district must follow in order to be considered eligible to perform their coaching duties.

The UHSAA is responsible to develop, regulate, govern and administer a specific type of athletic competition and certain interscholastic activities. The Board of Trustees shall designate which sports and which activities shall be under the jurisdiction of the UHSAA. With limited exception, all sports played within WCSD are subject to the edicts established by the UHSAA.

Among the varied requirements of the UHSAA is the mandate that all coaching personnel meet specific training and certification requirements. Information relating to mandatory coaches training can be found within the UHSAA handbook. To access the handbook in its entirety please go to the following web address:

[uhsaa.org/Publications/Handbook/Handbook.pdf](https://uhsaa.org/Publications/Handbook/Handbook.pdf)

Information regarding coaching certifications may also be found on page 5 of this handbook.

# COACHING CERTIFICATION

## WASHINGTON COUNTY SCHOOL DISTRICT RISK MANAGEMENT

### INTRODUCTION

Rules, policies and procedures governing coaching certification are located both in district policy 3630.2.5 and within the Utah High School Athletics Association (UHSAA) handbook.

The coaching certification includes the following components:

- Background Check (must be completed at the school district office)
- First Aid (available through the school district)
- CPR (available through the school district)
- Fundamentals of Coaching (must be completed at nfhslearn.com)
- Concussion Training (must be completed at nfhslearn.com)
- Bullying, Hazing, & inappropriate Behaviors (must be completed at nfhslearn.com)
- Child Sexual Abuse Prevention Training (Code of Conduct)

All components of the coaching certification are required conditions of coaching for WCSD and must be completed **PRIOR TO** beginning service. Failure to complete the required coaching certifications will result in suspension of coaching responsibilities and withholding of extra-duty stipends. Personnel are strongly encouraged to retain copies of all certificates verifying course completion.

### BACKGROUND CHECKS

Coaching personnel (paid or unpaid), must have a background check performed even if they have previously been fingerprinted outside of the district. School district employees that have already been fingerprinted by the district office do not need to resubmit to a background check in order to coach.

### PERSONNEL MUST BRING THE FOLLOWING TO THE FINGERPRINTING APPOINTMENT:

- All completed forms including the coaching acknowledgement agreement
- Driver's license
- Social security card (original)
- Voided check
- Cost: \$40.00 (volunteer and paid coaches)

Following the initial appointment, should a coach remain employed by the school district, they will not need to renew their fingerprints. If a coach has more than a one year break in service, however, they will need to resubmit to a background check **PRIOR TO** engaging in coaching activities.

### FIRST-AID/CPR

While coaching personnel are not obligated to complete first-aid/CPR through the district office, receiving a certificate from an approved or recognized program that complies with State requirements (American Heart Association or American Red Cross) is mandatory. Online CPR courses that do not incorporate a **HANDS-ON** component are not compliant with school district policy and **WILL NOT** be accepted.

Proof of course completion in the form of a certificate or a photocopy of a CPR card must be submitted to **Cyndi Morris PRIOR TO** beginning service. First-aid/CPR courses are regularly offered at the district office. Contact Cyndi Morris (cyndi.morris@washk12.org), or Amanda Amaya to check times and availability.

- Cost: \$20.00 (for courses held at the district office)
- Renewal Period: Generally every 2 years.

# COACHING CERTIFICATION

WASHINGTON COUNTY SCHOOL DISTRICT  
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## FUNDAMENTALS OF COACHING

Completion of the Fundamentals of Coaching course is required both by the UHSAA and WCSD policy. Unlike the other certifications, this course does not expire and only needs to be completed once.

**EXCEPTION:** Personnel who have a major, or minor endorsement in physical education, dance and/or a minor in coaching are exempt from completing this course. This course may be accessed by visiting [www.NFHSlern.com](http://www.NFHSlern.com).

- Cost: \$60.00
- Renewal Period: Never Expires

## CONCUSSION IN SPORTS

Completion of this course is required both by the UHSAA and WCSD policy. As outlined by the UHSAA, this course must be renewed every year. This course may be accessed by visiting [www.NFHSlern.com](http://www.NFHSlern.com). WCSD employees may also utilize the concussion course provided in the SafeSchools program.

- Cost: Free
- Renewal Period: Every year

## BULLYING, HAZING & INAPPROPRIATE BEHAVIORS

All coaching personnel must submit to Bullying, Hazing & Inappropriate Behaviors. Pursuant to Utah Administrative Code R277-613, this training must be renewed every year. This course may be accessed by visiting [www.NFHSlern.com](http://www.NFHSlern.com).

- Cost: Free
- Renewal Period: Every three years

## CHILD SEXUAL ABUSE TRAINING (CODE OF CONDUCT)

All coaching personnel must submit to Child Sexual Abuse Training (Code of Conduct). Pursuant to Utah Administrative Code R277-322, this training must be renewed every year. To complete this requirement coaching personnel shall go to [www.go.washk12.org/codeofconduct](http://www.go.washk12.org/codeofconduct).

- Cost: Free
- Renewal Period: Every year

# TRANSPORTATION OF STUDENTS

## WASHINGTON COUNTY SCHOOL DISTRICT RISK MANAGEMENT

From a safety standpoint, transporting students to and from activities is an area of particular concern. The Washington County School District has established the following policies outlining procedural rules and protocols pertaining to student transportation:

- 7020 In-State Field and Activity Trips
- 7021 Driver Travel For Activities and Field Trips
- 7040 Out of State Travel for Activities and Field Trips
- 7100 Rules and Regulations Regarding Pupil Transportation

Coaching personnel must be familiar and compliant with these policies. All school district policies may be accessed in their entirety at [www.washk12.org/policy](http://www.washk12.org/policy). In addition to the policies referenced above, personnel should familiarize themselves with the following frequently asked questions before committing to an event wherein students will need to be transported.

### TRANSPORTATION FAQ

Question: Can our school utilize **15 passenger vans** to transport students to events?

Answer: No. The use of 15 passenger vans is prohibited by state law.

Question: Who is authorized to ride on buses?

Answer: Coaches, teachers, and approved volunteers. All others must receive trip participation authorization from school administration. This includes, but is not limited to, family members of coaching personnel or students.

Question: Can I transport students in my personal vehicle?

Answer: Yes, provided you have done the following:

- Obtained a valid driver's license
- Completed a criminal background check
- Completed the defensive driving video and test
  - Available on the risk management website [www.risk.utah.gov](http://www.risk.utah.gov)
- Are over 21 years of age as outlined in Administrative Letter 48

Question: Can a parent transport their own children to and from events without submitting to the above requirements?

Answer: Yes, however, if they are regularly transporting their child and other students they should register as an official volunteer of the district, and submit to the above-mentioned regulations.

Question: Can a high school student with a valid driver's license transport students to or from events?

Answer: No. **High school students cannot transport students regardless of their age.**

Question: Are bus drivers responsible to correct student behavior on buses?

Answer: No. According to policy 7020 advisors have the responsibility to supervise students, not drivers.

Questions regarding transportation policy execution and compliance should be directed to WCSD Transportation Director Lane Hadlock at [lane.hadlock@washk12.org](mailto:lane.hadlock@washk12.org) or 435.673.3553 x 4350



# TRANSPORTATION OF STUDENTS

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

## POLICY 7021 TRAINING

### DEFINITIONS

#### DRIVING TIME

- All time spent at the driving controls of the school bus not to exceed ten (10) hours without eight (8) hours off for sleep.
- The log book will reflect driving-time.

#### ON-DUTY TIME

- Not driving but working such as fueling, pre and post trip preparation is not to exceed a total of fifteen (15) hours before taking eight (8) hours off. (i.e. If a driver logs ten (10) hours of Driving-Time then he/she may also log up to five (5) hours of On-Duty time.
- The log book will reflect On-Duty time

#### OFF-DUTY TIME

- Off-Duty time is defined as any time that is non-compensable time.
  - Personal Vacation
  - Sick Leave
  - Layover time
  - Idle hours
  - Any other time where a driver is released from duty
- All drivers are released from duty once they reach the destination such as the hotel or event.

#### ON-CALLTIME

- The advisor must complete a voucher stating the time requested and the funds to pay the driver wages.
- Drivers will not be paid without a signed Voucher complete with account number.
- Drivers are On-Duty when an activity advisor requires the driver to stay at an event or other location and remain available for work on short notice.
- Drivers and advisors should always monitor and be aware of the driver's fifteen (15) hour and ten (10) hour status.

### FOCUS ON COMPLIANCE

It is the responsibility of the Washington County School District to protect drivers, school administration, coaches and teachers from civil suites that could be in violation of Policy 7021.

- Driving (or allowing a driver to drive) beyond the Driving-Time limit may be considered an egregious violation and subject to the maximum civil penalties.
- A violation of Policy 7021 will result in disciplinary action which may include termination for negligence.

# TRANSPORTATION OF STUDENTS

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

## POLICY 7021 TRAINING

### FOCUS ON COMPLIANCE CONTINUED

The Federal Motor Carrier Hours of Service are in the Utah Administrative Code R909-3 (State Standards

- Log books for drivers are now required
- Log books must match the driver's pay hours of service definition has changed
- On-Duty definition, which allows time spent resting in a parked vehicle to be considered off-duty.
- The penalties provision has changed
  - Any violation of the driving-time limit by three (3) or more hours will be categorized as "egregious" and result in maximum penalties also subject to the maximum civil penalties.

### SCHOOL/SITE SPECIFIC

#### CORRECT ITINERARIES

- Preparing an accurate itinerary will provide documentation to track on-duty and driving hours while ensuring the safety of the students.
- Accuracy is money in the school's pocket:
  - (i.e. If you wish to have the driver stay at the event, that must be a specific request on the itinerary and a voucher signed with an account number.
- Each trip must return to the site by 1:00 am or have prior approval from Craig Hammer.

#### MILEAGE FOR TRIP SHEET

- Mileage while under on-duty time is billed to the school or requesting site.
- Mileage used for off-duty time should be subtracted from the billed mileage.
- Separate: the yard-to-the-school and school-to-the-yard. All of the off-duty mileage should be reflected on the trip sheet.

#### SHUTTLE TIME

- All trip requests may include one (1) round-trip-shuttle per day.
- When more round-trip-shuttle trips are required, a voucher must be signed and submitted.
- An overnight stay request may include two (2) round-trip-shuttle trips (generally from hotel to the event and lunch or after-hours activity).
- Time between the round-trip-shuttle is off-duty time.

#### EXAMPLE: Round-Trip-Shuttle

- The bus will leave the hotel in the morning with students. When the bus arrives at the event, that ends the driver's On-Duty time. The driver is released from duty until requested to return for pick-up. Compensable time begins no earlier than ten (10) minutes before the requested pick-up-time. Returning the student to the hotel is Compensable time. The round-trip-shuttle is now complete. Time between the drop-off and pick-up location is considered Off-Duty time

# TRANSPORTATION OF STUDENTS

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

## POLICY 7021 TRAINING

### SCHOOL/SITE SPECIFIC CONTINUED

#### VOUCHERS (Appendix III of Policy 7021)

- When more round-trip-shuttle trips are required, a Voucher must be signed and submitted
- The Principal is responsible for compliance with the guidelines outlining which advisors, teachers and coaches may use a Voucher.
- A Voucher must be signed by the advisor of the trip and an account number must be designated.
- Rules for using the Voucher begin once the group arrives at the requested location.
- \$30.00/per hour will be charged for the extra-time on the Voucher.

#### ADVISOR RESPONSIBILITY

- Hotel accommodations must be arranged if the driver needs eight (8) hours off before driving home. Please note: a driver may only drive ten (10) hours and then the mandatory eight (8) hours rest is required.
- Advisors are encouraged to request a late check-out time at the hotel for the driver.
- The advisor must tell the driver when to return to pick up the students.  
Please note: the advisor must keep in mind that the driver cannot resume responsibility more than ten (10) minutes prior to requested pick-up time.

### BUS DRIVER SPECIFIC

#### CRITICAL POLICY RULES

- Drivers must arrive no earlier than ten (10) minutes prior to the requested time.
- Students must take their belongings with them. They will not be able to get back on the bus.
- Drivers must secure the bus if you leave the bus.
- Drivers are released when they arrive at the destination.
- Drivers are on personal time and can drive the bus to a reasonable location during off-duty time.
- Once fifteen (15) hours of on-duty is reached, a bus driver must take eight (8) hours off
- Any second job in which a driver receives pay, counts towards the fifteen (15) hours on-duty.
- A Second-Job-Form (found on the transportation web site) must be completed and kept up-to-date. A driver must monitor this time so that a trip can be accepted legally.
- Drivers cannot drive a route the next day if the trip requires a late return and an eight (8) hour rest is not possible.

# TRANSPORTATION OF STUDENTS

WASHINGTON COUNTY SCHOOL DISTRICT  
RISK MANAGEMENT

## POLICY 7021 TRAINING

### BUS DRIVER SPECIFIC CONTINUED

#### MEALS

- Drivers are released for meals that take thirty (30) minutes or more.
  - This will be considered off-duty time.
- Drivers may remain on the bus for meal breaks, “voluntarily subjecting themselves to questions or other “de minimis” responsibility.”
  - This does not count as compensable time.

#### MILEAGE

- Once a driver reaches the destination or event and the trip is twenty (20) miles or less from the yard, the driver will be on Off- Duty time.
- Drivers may take the bus to the yard or a destination that is closer than the yard.
- Mileage needs to be kept separate and not billed to the school.
- Once the driver arrives back to the location/event, the mileage begins again for the school billing.
- The Bus Driver as a Volunteer
- Drivers cannot volunteer in the scope of their own employment.
- One Exception to the Volunteering Rule:
  - If the driver has a child participating in an activity and he or she would like to drive, this trip would not go on the bid list. A volunteer form would need to be completed for approval.
    - In this circumstance, the school would need to cover expenses including motel accommodations.
- The volunteer form for bus drivers can be found on the transportation web site.

# COACHING CODE OF CONDUCT

## WASHINGTON COUNTY SCHOOL DISTRICT

The Washington County School District (WCSD) Code of Conduct was adopted in February of 2014 and is included in Administrative Letter 66. All coaches employed by WCSD are expected to conduct themselves in accordance with this Code of Conduct, and abide by the language herein.

The following points of emphasis represent the expectation of the Washington County School Board relative to the coaches they employ. Behavior that is not in harmony with the Coaching Code of Conduct will result in formal disciplinary action. Consequences for violations will be cumulative and may include termination.

- I will shape my character and conduct so as to be a worthy example to young people.
- I will exemplify the highest moral character, demonstrating honesty, integrity, and ethical behavior at all times.
- I will carry out my duties as a coach in a responsible and professional manner.
- I will refrain from the use of profanity at all times.
- I will provide a safe physical and emotional environment where verbal and physical abuse will never occur.
- I will never attempt to threaten or intimidate the students in my charge.
- I will continually emphasize the importance of education by encouraging the highest standards of conduct and scholastic achievement among all students.
- I will abide by all District policies adopted by the School Board.
- I will show respect for all other coaches and programs at all times and work cooperatively to insure a positive experience for all student participants.
- I will strive at all times to maintain open communication between and among all students and parents associated with my program.
- I will do all I can to prohibit and prevent the use of illegal drugs.
- I will make participation safety a top priority.
- I will display modesty in victory and graciousness in defeat.
- I will be vigilant in not placing myself, or my players, in a compromising situation.
- I will never place winning above instilling the highest possible character traits in student athletes.
- I will not in any way show disdain or disrespect for opposing participants, coaches or fans.
- I will show respect at all times for the rules of the game and the officials who enforce those rules. Any disagreements will be handled in an appropriate and professional manner.
- I will fully disclose all financial information related to my program and my position as coach.

# COACHING JOB DESCRIPTIONS

## WASHINGTON COUNTY SCHOOL DISTRICT RISK MANAGEMENT

To ensure that all personnel who coach for the Washington County School District (paid or unpaid) understand their roles, job descriptions have been established and are provided on the following pages of this handbook. The job descriptions have also been established to mitigate confusion regarding the definition of a coach. Please advise that if an individual is performing labor at a Washington County School District location, and the labor is congruent with the essential duties and responsibilities outlined in the enclosed job descriptions, then that individual is considered a coach and is subject to all of the compliance mandates required of coaching personnel.

Coaching job descriptions are designed to be general in nature and should not be considered comprehensive. In the event that an individual's status is in question, the Human Resources Department uses the following criterion to determine whether or not an individual is a coach:

- Does the individual regularly attend and participate in practice?
- Does the individual regularly assist in setting up materials for practices or games?
- Does the individual regularly assist in putting materials away following practices or games?
- Is the individual ever responsible to teach athletic skills and techniques to student athletes?
- Is the individual permitted to watch games/meets from the sidelines/courtside/etc.?
- Does the individual ever have significant unsupervised access to student athletes?
- Does the individual host, supervise, or otherwise administer off-season athletic camps for WCSD students or in WCSD facilities?

Personnel/volunteers that meet one or more of the criterion listed above may be considered coaches, and should complete the coaching certifications outlined on page 05 of this handbook. Please advise that coaching status is not contingent upon whether or not an individual is paid. Volunteer coaches are held to the same standard as paid coaches.

There are several instances when an individual may perform labor that is consistent with the list provided above and may still not be considered a coach. These exceptions are as follows:

- Time/Score keepers
- IHC Athletic Trainers
- Ticket Takers
- Announcers
- Game Film Makers
- Statisticians

Additionally, while other duties may be assigned, coaching personnel have no guarantee of coverage when performing work that is clearly beyond the scope of the duties and responsibilities outlined in the enclosed job descriptions.

Questions regarding coaching status may be directed to the Risk Management Specialist, or the Licensing/Extra Duty Compliance Technician in the Human Resources Department.

# ASSISTANT COACH JOB DESCRIPTION

WASHINGTON COUNTY SCHOOL DISTRICT



**Job Title:** Assistant Coach  
**Department:** Secondary Education  
**Reports To:** Assigned Head Coach & School Athletic Director  
**FLSA Status:** Exempt

## SUMMARY

Responsible for assisting the head coach with various coaching responsibilities including conducting practices, instructing student athletes in game strategies and techniques to prepare them for athletic competition, and motivating student athletes to develop an appreciation of the sport.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** *may include the following. Regular attendance and timeliness is an essential job function to perform the essential duties and responsibilities of the position. While this job description attempts to outline all essential duties of the position, the description is not a contract and the job functions are subject to change at the organization's discretion. Other duties may be assigned.*

Assists in assessing player's skills and assigns team positions.

Assists in developing a regular practice schedule and organizes practice time to provide both individual and team development.

Coaches and instructs players, individually or in groups, regarding the rules, regulations, equipment, and techniques of the sport.

Observes players, during competition and practice and keeps the Head Coach informed to determine the needs for individual or team improvement.

Assists with determining game strategy based on the team's capabilities.

Assists the Head Coach in maintaining standards of pupil behavior and providing proper supervision of athletes at all times.

Follows established procedures in the event of an athlete's injury.

Follows state, regional, and district regulations governing the athletic program.

Models sports-like behavior and maintains appropriate conduct towards players, officials, and spectators.

Follows established procedures for the proper care, maintenance, and requisitioning of equipment, supplies, and uniforms.

Participates in special activities to include banquets, award nights, and assemblies.

Performs support tasks such as distributing and maintaining eligibility forms, emergency data cards, insurance records, equipment inventory, and other related records.

Models nondiscriminatory practices in all activities.

## SUPERVISORY RESPONSIBILITIES

This job has no supervisory responsibilities.

# ASSISTANT COACH JOB DESCRIPTION

WASHINGTON COUNTY SCHOOL DISTRICT

**KNOWLEDGE, SKILLS, ABILITIES, AND QUALIFICATIONS** *To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Must demonstrate an acceptable level of maturity, good judgment, and emotional stability.*

Ability to read, write, and communicate effectively in English at a level required for successful job performance.

Must possess effective coaching techniques and skills. Must possess a thorough knowledge of the rules, regulations, strategies, and techniques of the sport.

Ability to establish and maintain effective working relationships with school administrators, parents, and students.

## **EDUCATION and/or EXPERIENCE**

Experience as a coach in the sport at the high school or college level preferred.

## **CERTIFICATES, LICENSES, REGISTRATIONS**

Must meet all specific training and certification requirements mandated by Utah High School Athletic Association (UHSAA), prior to the start of the coaching assignment.

The six (6) components are: Background Check, First Aid Training, CPR Training, Concussion Training, “Bullying, Hazing, and Inappropriate Behavior”, and the “Fundamentals of Coaching” course. The six (6) components must be currently valid or must be completed through an approved or recognized program which complies with the state requirements. The NFHS Concussion Course and Bullying, Hazing, and Inappropriate Behavior must be successfully completed annually to satisfy the concussion training requirements.

**PHYSICAL DEMANDS** *The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

While performing the duties of this job, the employee is regularly standing, walking, using fingers and hands to handle, and talking or hearing. The employee is frequently sitting, and reaching with hands and arms. The employee is occasionally climbing or balancing, stooping, kneeling, crouching, or crawling. The employee must frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT** *The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

While performing the duties of this job, the employee may frequently work in outdoor weather conditions, dependent on the sport. Duties are normally performed in a school or outdoors. The noise level in the work environment is usually moderate to loud.



# HEAD COACH JOB DESCRIPTION

WASHINGTON COUNTY SCHOOL DISTRICT



**Job Title:** Head Coach  
**Department:** Secondary Education  
**Reports To:** Assigned School Athletic Director  
**FLSA Status:** Exempt  
**Salary Schedule:** ED

## SUMMARY

Head Coach is responsible for coaching student athletes in game strategies and techniques to prepare them for athletic competition; motivates student athletes to develop an appreciation of the sport.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** *may include the following. Regular attendance and timeliness is an essential job function to perform the essential duties and responsibilities of the position. While this job description attempts to outline all essential duties of the position, the description is not a contract and the job functions are subject to change at the organization's discretion. Other duties may be assigned.*

Holds organizational meetings for team prospects and encourages potential athletes to participate in the sport.

Assesses player's skills and assigns team positions.

Develops a regular practice schedule and organizes practice time to provide both individual and team development.

Works with the School Athletics Director in scheduling facilities for practices and competition.

Ensures and monitors training and certification compliance, mandated by Utah High School Athletic Association (UHSAA), for all assigned assistant coaches and volunteers.

Coaches and instructs players, individually or in groups, regarding the rules, regulations, equipment, and techniques of the sport.

Observes players, during competition and practice to determine the needs for individual or team improvement.

Determines game strategy based on the team's capabilities.

Establishes and maintains standards of pupil behavior and provides proper supervision of athletes at all times.

Monitors the academic performance of team members to ensure that eligibility requirements are met.

Follows established procedures in the event of an athlete's injury.

Conferences with parents/guardians, as necessary, regarding the athletic performance of their student.

Follows state, regional, and district regulations governing the athletic program.

# HEAD COACH JOB DESCRIPTION

## WASHINGTON COUNTY SCHOOL DISTRICT

Models sports-like behavior and maintains appropriate conduct towards players, officials, and spectators.

Acts as a team representative and promotes the sport by communicating with the news media, booster clubs, service clubs, and other organizations.

Follows established procedures for the proper care, maintenance, and requisitioning of equipment, supplies, and uniforms.

Works with the School Athletic Director to develop a policy for awards and submits a list of award winners at the end of the season.

Participates in special activities to include banquets, award nights, and assemblies.

Maintains eligibility forms, emergency data cards, insurance records, equipment inventory, and other related records.

Models nondiscriminatory practices in all activities.

### **SUPERVISORY RESPONSIBILITIES**

This job has supervisory responsibilities over the team assistant coaches and volunteers.

**KNOWLEDGE, SKILLS, ABILITIES, AND QUALIFICATIONS** *To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Must demonstrate an acceptable level of maturity, good judgment, and emotional stability.*

Ability to read, write, and communicate effectively in English at a level required for successful job performance.

Must possess effective coaching techniques and skills. Must possess a thorough knowledge of the rules, regulations, strategies, and techniques of the sport.

Ability to establish and maintain effective working relationships with school administrators, parents, and students.

### **EDUCATION and/or EXPERIENCE**

Experience as a coach in the sport at the high school or college level preferred.

### **CERTIFICATES, LICENSES, REGISTRATIONS**

Must meet all specific training and certification requirements mandated by Utah High School Athletic Association (UHSAA), prior to the start of the coaching assignment.

The six (6) components are: Background Check, First Aid Training, CPR Training, Concussion Training, “Bullying, Hazing, and Inappropriate Behavior”, and the “Fundamentals of Coaching” course. The six (6) components must be currently valid or must be completed through an approved or recognized program which complies with the state requirements. The NFHS Concussion Course and Bullying, Hazing, and Inappropriate Behavior must be successfully completed annually to satisfy the concussion training requirements.

Head Coaches are required to attend the live UHSAA Rules clinic, or take the online UHSAA rules clinic applicable to the sport.

# HEAD COACH JOB DESCRIPTION

WASHINGTON COUNTY SCHOOL DISTRICT

**PHYSICAL DEMANDS** *The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

While performing the duties of this job, the employee is regularly standing, walking, using fingers and hands to handle, and talking or hearing. The employee is frequently sitting, and reaching with hands and arms. The employee is occasionally climbing or balancing, stooping, kneeling, crouching, or crawling. The employee must frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

**WORK ENVIRONMENT** *The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.*

While performing the duties of this job, the employee may frequently work in outdoor weather conditions, dependent on the sport. Duties are normally performed in a school or outdoors. The noise level in the work environment is usually moderate to loud.

# FORMS

## WASHINGTON COUNTY SCHOOL DISTRICT RISK MANAGEMENT

In an effort to ensure compliance and understanding of applicable policies and procedures, **ALL** coaching personnel must review and sign the following form(s) **PRIOR TO** the first day of their respective sport's season.

- Extra-Duty/Volunteer Coaching Application

Coaching personnel who are working in a volunteer status must review and sign the following form **PRIOR TO** the first day of their respective sport's season. Volunteer status may include WCSD employees who are voluntarily coaching, provided that their volunteer assignment is fundamentally different than their contracted position.

- Form 544 - Volunteer Orientation and Agreement

Coaching personnel *who are not otherwise employed by WCSD* (meaning that coaching is the only capacity wherein the individual works for the district), must fill out the following form(s) **PRIOR TO** the first day of their respective sport's season.

- Form W-4
- Form I-9
- EEO Questionnaire
- Supplemental Questionnaire
- Confidentiality Agreement
- Authorization For Direct Deposit

# VOLUNTEER ORIENTATION and AGREEMENT

FRONT

Name of Volunteer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

School of Assignment: \_\_\_\_\_ Volunteer Assignment: \_\_\_\_\_

Volunteer Email Address: \_\_\_\_\_

## REFERENCES

Most Recent Employer

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

What were the employee's basic job duties: \_\_\_\_\_  
\_\_\_\_\_

Second Most Recent Employer

Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

What were the employee's basic job duties: \_\_\_\_\_  
\_\_\_\_\_

## VOLUNTEER AGREEMENT

By signing this document, I hereby agree to conform to all applicable laws, rules, and WCSD policies. I understand that in the course of volunteering, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence. I will follow the supervision and direction of the teacher or administrator to whom I have been assigned. Failure to do so may result in the school discontinuing my services.

I hereby authorize the District to conduct Utah State required reference checks on my previous employers (if applicable) and permit my previous employers to release information regarding my performance, dates of employment, history, and disciplinary action. I understand that should I have significant unsupervised access to students that I must submit to a background check through the district office. I understand that the school district will maintain and continuously monitor background records until such time as I notify them that I am no longer a volunteer. I also understand that I should bring a signed copy of this document to the district office at the time I am fingerprinted (if applicable).

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

## TRAINING

All WCSD volunteers must receive training on the bullying, hazing and nondiscrimination prior to beginning their volunteer assignment. This training is available by going to [go.washk12.org/volunteer](http://go.washk12.org/volunteer). By initialing below, you certify that you have received training and understand the concepts discussed.

Initial

Training Subject

Volunteer Signature

Date

\_\_\_\_\_  
Volunteer Orientation Training

\_\_\_\_\_  
\_\_\_\_\_

TO BE FILLED OUT BY VOLUNTEER

# VOLUNTEER ORIENTATION and AGREEMENT

BACK

circle one  
YES NO

Will this volunteer have significant unsupervised access to students?

If the volunteer answered yes, they must submit to a background check with the district office. The volunteer should go to <https://wcsdfingerprints.youcanbook.me/> to schedule an appointment.

circle one  
YES NO

If the volunteer will have significant unsupervised access to students, have they had paid employment that required them to directly care for, supervise, control, or have custody of a child in the last 3 years?

If the volunteer answered yes, school administrators must verify volunteer references by contacting the volunteer's most recent supervisor and asking the following questions:

1. Was the employee reliable?
2. Was the employee's work satisfactory?
3. Was disciplinary action ever taken against the employee for the physical or sexual abuse of a child?
4. Would you rehire this person?

## REFERENCES

Most Recent Employer

Date(s) contacted or Attempted to Contact

1st Attempt

2nd Attempt

3rd Attempt

If the attempt to contact was successful,  
list the name of the supervisor contacted: \_\_\_\_\_

Were the responses  
satisfactory? \_\_\_\_\_

circle one  
YES NO

Second most Recent Employer

Date(s) contacted or Attempted to Contact

1st Attempt

2nd Attempt

3rd Attempt

If the attempt to contact was successful,  
list the name of the supervisor contacted: \_\_\_\_\_

Were the responses  
satisfactory? \_\_\_\_\_

circle one  
YES NO

## ADMINISTRATIVE APPROVAL

By signing this document, I hereby acknowledge that the volunteer has submitted to a background check (if applicable) that the volunteer's references have been verified (if applicable), and that the following school policies have been briefly reviewed:

Dress code, telephone use, parking, teacher's lounge, liability coverage, sign in/identification, absence procedures, custodial services, acceptable internet use, emergency procedures, student records/privacy, etc.

I also understand that a copy of this form should be maintained at my school or location.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

TO BE FILLED OUT BY ADMINISTRATOR

Cc: Volunteer  
School Volunteer Files

# Employee's Withholding Certificate

▶ **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.**

**2020**

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

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

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

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

Do **only one** of the following.

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

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

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

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

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

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# EEO QUESTIONNAIRE

Refusal to complete this form will have **no** effect on the consideration of your employment

**(PLEASE PRINT)**

DATE \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

NAME \_\_\_\_\_  
                    **LAST**  **FIRST**  **MI**

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## RACE/ETHNIC DATA:

- B. **Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- C. **White or Caucasian (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- D. **African American or Black (Not Hispanic or Latino)**  
A person having origins in any of the black racial groups of Africa.
- E. **Other Pacific Islander or Native Hawaiian (Not Hispanic or Latino)**  
A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- F. **Asian (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- G. **Native American Indian or Alaska Native (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- H. **Two or More Races (Not Hispanic or Latino)**  
All persons who identify with more than one of the above five races.
- I do not wish to enter voluntary self-identification EEOC information.**

## Voluntary Request for Information EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

This form is **NOT** part of the Employment Application. This information will **NEVER** be kept with the completed Employment Application form, and it will **NEVER** be used as a basis for offering or not offering an applicant a job.

As employers, we comply with the Federal government regulations. To ensure compliance, we are periodically required to report on the race, age, sex, and disability status of applicants. This data is for analysis and affirmative action purposes only.

To assist us in complying with government record keeping and other legal requirements, please fill out the EEO Questionnaire. Do not hesitate to ask questions or seek assistance. Providing this information is strictly a voluntary basis, and refusal to provide it will not subject you to any adverse treatment. Any information provided by you will be kept confidential, will not be maintained in your personnel file, and will be used only in accordance with applicable Federal laws and regulations.





**SUPPLEMENTAL QUESTIONNAIRE**  
**EMPLOYEE STATEMENT OF UNDERSTANDING AND AGREEMENT**  
**WASHINGTON COUNTY SCHOOL DISTRICT**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Location: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you mark YES next to any of the following questions, you will need to provide a detailed explanation on a separate piece of paper describing details of the incident(s) for consideration

	YES	NO
1. Have you EVER been cited with, booked for, arrested for, convicted of, or forfeited collateral for any misdemeanor violation?	_____	_____
2. Have you EVER been booked for, arrested for, convicted of, or forfeited collateral for any felony?	_____	_____
3. Have you EVER been booked for, arrested for, convicted of, or forfeited collateral for any firearms or explosives violation?	_____	_____
4. Are you now under investigation for misconduct or any violation of law?	_____	_____
5. Have you EVER been convicted by a military court-martial?	_____	_____
6. Have you been found pursuant to a criminal, civil or administrative action to have committed a sexual offense against a minor child or had any substantiated child abuse charges filed against you?	_____	_____
7. Have you voluntarily resigned or surrendered a professional license or certificate in the face of a charge relating to incidents in items 1-6 above?	_____	_____
8. Are you now under investigation, on notice of warning, or under probation for any concern related to your employment, maintaining a license, or professional certificate?	_____	_____

I hereby verify that the information provided in this Supplemental Questionnaire is true and correct to the best of my knowledge. I understand any misstatement omission or misinformation is grounds for my dismissal.

I understand that I am required by Utah Law & District Policy to notify Human Resources as soon as possible but no later than five (5) business days after any arrest, conviction, plea in abeyance or diversion agreement for any of the following crimes, regardless of the imposition of sentence: alleged felony, matters involving minors, alleged sex offenses, alleged drug-related offenses, alleged alcohol-related offenses, or offense against the person under Title 76, Chapter 5, Offenses Against the Person.

As a condition of continued employment, I hereby authorize the Washington CountySchool District to investigate my past and present work, education, and law enforcement records to ascertain any and all information which may be pertinent to my employment qualifications. I do hereby release all persons, firms, agencies, companies, groups or installations, whomsoever, from any damages of, or resulting from, furnishing such information. I further agree that a copy of this release shall function as an original.

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

Fingerprint Results Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Revised 10.03.2017



# Washington County School District Confidentiality Agreement

In accordance with District Policy 3220 and 2500, Utah Code 63-2-302, and Title 34 of the Code of Federal Regulations Part 99, the Family Educational Rights and Privacy Act (FERPA), I understand that educational records, to include records contained in Power School, information about academic achievement, student conduct, and records related to medical conditions of students, are confidential.

Further, I understand that other school or District records containing information such as, but not limited to; employee medical conditions, disabilities, home addresses, home phone numbers, or social security numbers, is classified as private.

I understand that in accordance with UCA 63-2-801, anyone who intentionally discloses information that is classified as private, without consent or within the conditions specified in by FERPA and District Policy, may be guilty of a class B misdemeanor. I understand that such violation of District, State or Federal policy may result in administrative or disciplinary action up to and including removal.

I understand that if there is a question regarding appropriate disclosure of school or District records I will consult with and obtain approval from school or District administration.

Finally, I fully understand and agree to comply with this confidentiality agreement.

---

Print Name

---

Signature

---

Date



# AUTHORIZATION FOR DIRECT DEPOSIT

WASHINGTON COUNTY SCHOOL DISTRICT

\_\_\_\_\_  
EMPLOYEE NAME (please print)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
ACH ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

CHECKING

SAVINGS



# COACHING ACKNOWLEDGEMENT AGREEMENT

## WASHINGTON COUNTY SCHOOL DISTRICT

PLEASE READ: The attached forms MUST be completed by the Coach or Coaching Volunteer and signed by the Athletic Director prior to making a Fingerprinting appointment. Fingerprints are by appointment only. Fingerprinting cost is \$45.00. Payment must be made at the time of your appointment. To schedule a fingerprint appointment, go to: <https://wcsdfingerprints.youcanbook.me>

As a Washington County School District Coach (Paid or Unpaid), I understand and agree to the following (Initial)

- \_\_\_\_\_ If I am now, or in the future, employed as a “non-exempt” staff member (required to clock in & out), I understand that the duties of my assigned position must be different from my coaching responsibilities, that I am not required to coach as a condition of my District employment, and that I may relinquish my coaching duties without adversely impacting my employment with the District.
- \_\_\_\_\_ Volunteer coaches agree to volunteer freely without promise, expectation, or receipt of compensation for services rendered. I assure the District that I have not and will not receive payment or compensation directly from school accounts, and if a nominal fee stipend is received, it will be paid directly to me by the District Office.\*
- \_\_\_\_\_ If I am coaching in a volunteer status, I will fill-out and sign WCSD district form 544 - Volunteer Orientation and Agreement which is located on pages 23 and 24 of this handbook.
- \_\_\_\_\_ I will complete the following training courses **PRIOR TO** beginning assignment:
- Background Check - \$45.00
  - Fundamentals of Coaching - \$60.00 (This certification does not expire) [www.nfhslearn.com](http://www.nfhslearn.com)
  - Concussions in Sports - Required to recertify every year. [www.nfhslearn.com](http://www.nfhslearn.com)
  - CPR/First-Aid - Required to renew every 2 (two) years. Must include a hands-on component.
  - Bullying, Hazing & Inappropriate Behaviors Training - Required to recertify every year. [www.nfhslearn.com](http://www.nfhslearn.com)
  - Child Sexual Abuse Prevention Training - Required to renew every year
- \_\_\_\_\_ I understand that when certifications expire mid-season they must be renewed and provided to the District Office **PRIOR TO** the expiration date, and that failure to maintain current certifications may result in suspension or termination of coaching duties.
- \_\_\_\_\_ While performing coaching duties, I will conform to all applicable laws, rules, and WCSD policies.
- \_\_\_\_\_ I have read the code of conduct on page 15 and I commit to abide by the information contained therein.
- \_\_\_\_\_ I will follow the supervision and direction of the head coach or athletic director.
- \_\_\_\_\_ I understand that the District or I may end my coaching services (paid or unpaid) at any time.

PLEASE PRINT

EMPLOYEE NAME

SCHOOL/LOCATION

EMAIL ADDRESS

POSITION/ASSIGNMENT

PLEASE SIGN

COACH/VOLUNTEER SIGNATURE

DATE

With my signature I certify that the employee has been offered a coaching position (paid or unpaid) at my location and acknowledge the attached forms must be completed and submitted to the HR Department at the district office **PRIOR TO STARTING THEIR ASSIGNMENT** and I acknowledge that the requirements associated with their assignment must be completed. I further understand that should certifications expire during the course of their season that coaching duties must be suspended until the certifications have been renewed. The coach will not receive payment or compensation directly from school accounts and if a nominal fee stipend is received, it will be paid directly to them by the District Office.

PLEASE SIGN

ADMINISTRATOR/ATHLETIC DIRECTOR SIGNATURE

DATE