

SUBSTITUTE REQUIREMENTS CHECKLIST

***This checklist must be completed and included with your application.**

This employer participates in E-Verify. See sections on website for detailed information, www.bcbe.org.

REQUIRED FOR ALL SUBSTITUTES

	Background Clearance- Not required for individuals with a valid Alabama Teaching Certificate
	Substitute Employment Application
	Reference Form
	W-4
	A4
	Drug-Free Workplace Statement
	Attestation of Status with Retirement Systems of Alabama
	Authorization for Automatic Payroll Deposit (Must include either a voided check or bank letter)
	*Education Verification- Not required for Custodial, CNP, Bus Drivers
	Copy of Driver's License and Social Security Card

ADDITIONAL FORMS REQUIRED FOR SUBSTITUTE TEACHERS

(Minimum age 21)

This section will need to be completed if you plan to substitute in the classroom as a teacher.

If you have a valid Alabama teaching certificate, you do not need to complete this section.

	ALSDE Application for a Substitute License- Electronic signatures not accepted
	\$38 Nonrefundable Fee- Receipt required if paid online (https://al.accessgov.com/adoemain/Forms/Page/adoemain/adoe-payments/0)
	Acceptable Documentation on Page 2 of ALSDE Substitute License Application

All forms must be returned to the following address by US mail or hand delivered:

Baldwin County Public Schools
Attn: Substitutes
2600 North Hand Avenue
Bay Minette, AL 36507

*Education Verification: Official college transcripts must be sent via US Postal Service from a college/university or Parchment.com. Official college transcripts can also be emailed to transcripts@bcbe.org from a college/university or Parchment.com. If you have a high school diploma, you must provide us with a copy. High school transcripts can be ordered through Parchment.com



BACKGROUND CLEARANCE

This employer participates in E-Verify

BALDWIN COUNTY BOARD OF EDUCATION HUMAN RESOURCES DEPARTMENT 2600 North Hand Avenue Bay Minette, Alabama 36507

STEPS TO COMPLETE AN ALSDE BACKGROUND CLEARANCE

Below are the steps that will assist you in completing the new Alabama State Department of Education fingerprinting process. If you have any questions concerning this new process please contact the Alabama State Department of Education AIM Help Desk at 334.694.4777 or the main phone number at 334.694.4557 Monday through Friday 10:00 a.m. to 4:00 p.m.

For questions regarding registering for fingerprints contact the Help Desk at 888.472.8918 ext 2440.
To cancel or to reschedule an appointment call 877.614.4364.

BEFORE YOU START:

Applicants will need:

- A computer, tablet, and/or a smartphone with internet access
- A valid email account
- Established AIM account
- ALSDE ID#
- Fee of \$44.95 paid by debit card, credit card, or PayPal account (prepaid debit card or credit cards are acceptable)
- Ability to provide commonly known personal information (SSN, DOB, DL#, Height, Weight, etc.)
- Applicants are required to follow the sequence below, if you do not follow in this order you will not be able to complete the process successfully.

Step 1: Create an AIM Account

Step 2: Complete Background Check Registration in AIM

Step 3: Create Fieldprint Account

Step 4: Complete authorization forms, schedule appointments, and fee payment

Step 5: Report for a fingerprint appointment



For more detailed instructions go to: www.bcbe.org/backgroundclearance

Baldwin County Public Schools
Human Resources Dept. - Subs
2600 N. Hand Avenue
Bay Minette, AL 36507

SUBSTITUTE REFERENCE FORM

Directions: Applicants should submit this form to a minimum of one professional or character reference; professional is preferred if employed in the last five years. A professional reference (Prof. Ref.) is from an individual who is previous supervisor or co-worker of the applicant. A character reference (Char. Ref.) is from an individual who is not related to the applicant. Please submit the completed form with your application.

TO BE COMPLETED BY APPLICANT (Please Print)	
Name: _____	Social Security (LAST 4) #: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone#: _____	
<p>In applying for employment with the Baldwin County Board of Education (Board), I hereby give permission for the Board or its representatives to obtain reference information related to my past performance and character. I hereby authorize parties who receive requests to give full and complete information as requested by the Board. I further agree that the information will not be disclosed to me. I hereby waive any right to review this reference form.</p>	
Signature of Applicant: _____ Date: _____	

TO BE COMPLETED BY REFERENCE (Please Print)	
Name: _____	Number of Years Knowing Applicant: _____
Prof. Ref. – Business /Position: _____	Char. Ref.– Relationship: _____
Street Address: _____	
City: _____ State: _____ Zip: _____ Phone: _____	
<p>The above-named person has submitted an application for a position with the Baldwin County Board of Education and has provided your name as a reference. Please complete the form and return it to the above school system address. Thank you for your conscientious assessment of the applicant and for taking the time to complete this form.</p>	
Signature of Reference: _____ Date: _____	

PLEASE RATE THE FOLLOWING:	Excellent	Good	Average	Below Average	Unknown
Punctual					
Dependable					
Thorough & Efficient in work assignments					
Completes tasks					
Cooperates with others					
Professional & Positive Attitude					
Works Independently					
Trustworthy/Honest					
Accepts criticism/feedback					
I would _____ would not _____ employ this individual in my system.					
Comments:					



BALDWIN COUNTY PUBLIC SCHOOLS
HUMAN RESOURCES OFFICE
2600 N HAND AVENUE
BAY MINETTE, AL 36507
Telephone: 251.937.0306 Fax: 251.937.0318

SUBSTITUTE EMPLOYMENT APPLICATION

Personal Information

Social Security Number: _____ - _____ - _____

Name: _____
Last First Middle Maiden Suffix (e.g. Jr. etc)

Present Address: _____
Street City State Zip

Date of Birth: _____ Telephone: _____ E-Mail Address: _____

DATA FOR AFFIRMATIVE ACTION (optional)

Sex: ☐ Male ☐ Female

Ethnicity:

☐ White Non-Hispanic ☐ Black Non-Hispanic ☐ Hispanic ☐ Asian/Pacific Islander ☐ American/Alaskan Native

Educational Background

☐ High School Diploma ☐ GED

***No education verification required for positions marked below**

College or University	Date of Graduation	Degree Held

Please mark the types of positions for which you are available to substitute:

Certified Positions:

<input type="checkbox"/> Teacher	Requires a valid Alabama Professional Teaching Certificate or Alabama Substitute License (must be 21 years of age)
<input type="checkbox"/> Administrator	Requires a valid Alabama Professional Leadership Certificate (must be 21 years of age)

If you checked a Certified position above:

Do you currently hold an Alabama Teaching Certificate? ☐ Yes ☐ No Valid until _____

If no, have you applied for an Alabama Substitute License? ☐ Yes ☐ No Date Applied _____

Classified Positions:

<input type="checkbox"/> Nurse/Social Worker/Therapist (PT/OT)	Requires a valid Alabama license in the field
<input type="checkbox"/> Bus Driver*	Requires current Class A/B CDL with passenger and school bus endorsements, DOT physical, pre-employment drug screen, and Alabama school bus driver certificate
<input type="checkbox"/> Office	
<input type="checkbox"/> Paraprofessional/Aides	
<input type="checkbox"/> Custodian*	
<input type="checkbox"/> Child Nutrition*	

Extra Work Agreements:

<input type="checkbox"/> Coaches	<input type="checkbox"/> After School Childcare	<input type="checkbox"/> Other
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Do you limit your annual earnings because of Social Security benefits or other reasons? ☐ Yes ☐ No

If yes, please explain and specify the maximum you may earn. _____

Additional Information

Have you ever been convicted of or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?

☐ Yes ☐ No

If you answer "yes" please provide details of conviction including date and place of conviction. **A "yes" answer will not automatically result in a non-issuance but may result in a request for additional information.**

AGREEMENT

I hereby certify that the above information to the best of my knowledge is true, accurate, and complete. Any misrepresentation or willful omissions of the facts shall be sufficient cause for the disqualification of this application or termination of employment.

Furthermore, it is understood that this application and records become the property of the Baldwin County Public School System, which reserves the right to accept or reject it. I further agree to observe all rules, regulations and policies of the district.

I hereby authorize the district to conduct work history, personal references or police record inquiries to determine my acceptability for employment.

Signature of Applicant

Date

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.

2025

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

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

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

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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 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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **4** \$ _____

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

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). 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 **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 territories 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 Surviving Spouse

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY STATE ZIP CODE

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)
ADDRESS	CITY STATE ZIP CODE

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

**BALDWIN COUNTY PUBLIC SCHOOL POLICY INFORMATION ON THE
DRUG-FREE WORKPLACE ACT OF 1988**

Federal Law, Board Policy Demand a Drug-Free Workplace

This form is provided to all employees in an effort to promote an awareness of drug-free workplace legislation and Baldwin County Board of Education regulations dealing with a drug/alcohol-free workplace.

The use, possession, distribution, or manufacturing of drugs or alcohol, and/or being under the influence of drugs or alcohol in the workplace is a violation of Board policy. These prohibited activities adversely affect health, safety and productivity, as well as public confidence and trust. Drug or alcohol use in the workplace interferes with the ability of workers to meet satisfactorily the requirements of their jobs. It reduces the employee's dependability, efficiency, and safe performance of job responsibilities and can affect negatively an entire organization.

Policy #4.2.6 and 4.2.7

In order to protect the health, welfare and safety of students, all employees are prohibited from possessing, using, consuming, manufacturing, or distributing illegal controlled substances and alcohol while on Board property or while attending any Board sponsored or sanctioned event, program, activity, or function. Employees who are intoxicated or impaired by the use, consumption or ingestion of any illegal controlled substance or alcohol are not permitted to be on school property, or to attend or participate in any Board sponsored or sanctioned event, program, activity, or function. Employees who violate this policy will be subject to all notification, referral, suspension, placement, re-admission, and other provisions set forth in Ala. Code § 16-1-24.1 and 24.3 (1975).

Policy # 5.20.2

In addition to activities identified in other policies, rules, and procedures, Board employees are prohibited from the following:

- a. Reporting for duty or remaining on duty to perform safety-sensitive functions while having an alcohol concentration in excess of the standard set by the Federal Highway Administration (FHWA);
- b. Being on duty or operating a vehicle while possessing alcohol
- c. Consuming alcohol while performing safety-sensitive functions;
- d. Consuming alcohol within eight (8) hours following an accident for which a post-accident alcohol test is required, or prior to undergoing a post-accident alcohol test, whichever comes first;
- e. Refusing to submit to an alcohol or controlled substance test required by post-accident, random, reasonable suspicion, or follow-up testing requirements;
- f. Consuming alcohol or being under the influence of alcohol within eight (8) hours of going on duty, operating, or having physical control of a vehicle;
- g. Reporting for duty or remaining on duty when using any controlled substance, except when instructed by a physician who has advised the driver and the Board that the substance does not adversely impact the performance of any safety-sensitive duty;
- h. Reporting for duty, remaining on duty, or performing safety sensitive functions with controlled substances in the employee's system.

In the event of a violation of this policy, the employee shall be removed immediately from safety-sensitive duties and shall be subject to such further actions, including disciplinary action up to and including termination, as deemed appropriate by the Superintendent and the Board.

The Drug-Free Workplace Act of 1988

The Drug-Free Workplace Act of 1988, 41 U.S.C. § 801 *et. seq.* and formerly cited as 41 U.S.C.A. § 701 *et. seq.*, is designed to deal comprehensively with the nation’s problem of drug abuse. The Act requires that federal grantees and some recipients of federal contracts certify that they will provide a drug-free workplace. Each federal grantee is required to make such a certification before receiving a contract or grant from a federal agency, such as the Department of Education. The penalty to the Board of Education for noncompliance can be as severe as the loss of federal grants for a period of five years. The requirements of the Act affect the Board of Education in that the Board is a federal grantee receiving direct funds for programs such as Chapter I, Chapter II, Drug-Free Schools and Communities, Vocational Education, Individuals with Disabilities Education Act, Dropout Preventions, After School Care programs and others.

Employee Assistance

The Baldwin County Board of Education cares about the health and well-being of its employees and recognizes that a variety of personal problems can disrupt their personal and work lives. Should an employee want to seek treatment or rehabilitation services or speak with someone regarding ongoing drug or alcohol use, the Baldwin County Board of Education encourages its employees to seek counsel through the Baldwin County Board of Education Employee Assistance Program (EAP). Through the Baldwin County Board of Education EAP, the Baldwin County Board of Education provides, at no cost to you, an opportunity for employees to discuss substance abuse and other personal or emotional problems through confidential counseling services. To find out more information on how the Baldwin County Board of Education EAP may help you, visit www.americanbehavioral.com or call (800)- 925-5327.

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**ACKNOWLEDGMENT OF
RECEIPT
BALDWIN COUNTY BOARD OF EDUCATION POLICY INFORMATION
ON THE DRUG-FREE WORKPLACE ACT OF 1988 (P.L. 100-690)
Effective March 18,
1989**

TO THE EMPLOYEE:

I, _____, (last 4 digits of SSN)_____ an employee of the Baldwin County Board of Education, hereby certify that I have received a copy of the Board’s policy statement regarding the maintenance of a drug-free workplace. I realize that the manufacture, distribution, possession, or use of a controlled substance is prohibited on the Board’s premises and violation of this policy can subject me to the disciplinary action, including termination of employment. I realize that as a condition of employment by the Board, a federal grantee, I must abide by the terms of this policy and will notify the Baldwin County Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than five days after such conviction. I understand that the use of drugs or alcohol and/or being under the influence of drugs or alcohol in the workplace is strictly prohibited by the rules of the Board of Education and that the penalty for violations may include termination of employment.

Signature

Date

Telephone: 251.937.0306 Fax: 251.937.0318

Printed Name

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

(Any alterations to the form will make it null and void)

All newly hired or rehired employees on or after October 1, 2008 shall be required to enroll in the direct deposit feature within thirty (30) days of hire or rehire.

I, _____ hereby authorize the Baldwin County Board of Education ("the Board") to deposit my **monthly/semi-monthly** payroll payments directly into my **checking or savings** account indicated below in the Deposit Instructions and to make any such withdrawals directly from my account as are necessary to correct any incorrect deposit by the Board under this Authorization.

I further hereby authorize and instruct the financial institution named below ("the Institution") to accept such automatic deposit to or withdrawals from my account by the Board and to cause my account to be automatically credited or debited (as the case may be) in the amount of such deposits or withdrawals by the Board without any responsibility for the correctness of any such deposit or withdrawal.

Institution _____

ATTACH A VOIDED CHECK TO WHICH SUCH AUTOMATIC DEPOSITS ARE TO BE MADE OR A DIRECT DEPOSIT FORM FROM YOUR BANK. IF ONE OF THE REQUIRED FORMS IS NOT ATTACHED, THIS FORM WILL NOT BE PROCESSED.

DEPOSIT INSTRUCTIONS

(Please check only one box)

Please deposit my payroll check to my checking account number _____

(OR)

Please deposit my payroll check to my savings account number _____

I understand that I can cancel this authorization at any time. To cancel, I must give written notice to both the Board and the Institution. My cancellation will become effective as when the Board receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic deposits to or withdrawals from my account by the Board up until that time will be authorized by this authorization. My cancellation of this authorization will become effective as to the Institution when the Institution receives my notice of cancellation and has had a reasonable period of time upon which to act on it. Any automatic credits or debits made to my account by the institution up until that time will be authorized by this authorization.

I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, agreements and disclosure statements of the Board and the Institution governing accounts and preauthorized transfers to and from accounts.

I hereby state that I received a complete copy of this authorization on the date I signed this authorization.

NAME: _____ SOCIAL SECURITY #: _____

SIGNATURE: _____ SCHOOL/DEPT: _____

EMPLOYEE #: _____ DATE: _____ PHONE: _____

PERSONAL EMAIL ADDRESS: _____

(All fields above are necessary for completion or form will **NOT** be processed.)

ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION

Telephone: (334) 694-4557

FORM SUB 07/2023

This section must be completed by the
employing Alabama school system or
nonpublic/private school.

School System Code: _____

Nonpublic/Private
School Code: _____ - _____

APPLICATION FOR A SUBSTITUTE LICENSE

The employing county/city superintendent or administrator of an eligible nonpublic/private school will submit this form directly to the Educator Certification Section.

The applicant CANNOT submit this application to the Educator Certification Section.

This application is to be completed for individuals seeking *initial issuance or re-issuance* of a Substitute License. **Application forms and supporting documents are not accepted by fax or e-mail.** An individual holding a valid Substitute License may serve as a substitute teacher in any Alabama public or nonpublic/private school.

THE COUNTY/CITY SUPERINTENDENT OR NONPUBLIC/PRIVATE SCHOOL ADMINISTRATOR COMPLETES:

I am requesting this Substitute License for _____
First Middle/Maiden Last

ALSDE ID: _____

Social Security Number: _____

I have verification of graduation from high school or the completion of an Alabama State Department of Education-approved equivalent on file for the above applicant. I understand that a certificate of attendance will not meet this requirement. I understand that this Substitute License, for use in the schools of Alabama, cannot be used as the basis for employing a full-time teacher and that the Substitute License will not be issued until the applicant has received background clearance.

School System/Nonpublic/Private School _____

Date _____

Signature of Superintendent/Nonpublic/Private School Administrator _____

Typed or Printed Name _____

APPLICATION FEE (Required)

A \$38.00 **NONREFUNDABLE** application fee is required.

- The fee must be paid by cashier's check **or** money order made payable to the Alabama State Department of Education (ALSDE) or through the [ALSDE Educator Certification Online Payment System](#), with a major credit card, (a transaction fee will be applied).
- The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. **Neither Personal checks nor cash will be accepted.**

BACKGROUND CHECK (Required)

- For applicants seeking **initial certification, additional certification, or certificate renewal** to teach in Alabama, your criminal history background checks must have been completed by both the Alabama State Bureau of Investigation (ASBI) and the Federal Bureau of Investigation (FBI). You can check the status of your background checks and confirm whether you meet the state's suitability requirements for teaching.
- For Applicants who **have not** been cleared by both agencies through the Educator Certification Section of the Alabama State Department of Education (ALSDE), you will need to undergo fingerprinting for a criminal history background check. Details on how to complete the background review process can be found at <https://www.alabamaachieves.org/teacher-center/teacher-certification/>. If you have any questions about our criminal history background check process, you can contact us at (334) 694-4557 or bgr@alsde.edu.
- Applicants may verify receipt of their criminal history results at the ALSDE by visiting <https://tcert.alsde.edu/Portal/Public/Pages/SearchCerts.aspx>. If your results are not located or have questions about your status, please allow 10 business days from the date of fingerprint submission before making an inquiry.

PERSONAL DATA (Required)

APPLICANT COMPLETES: The purpose for submission of this form is:

- ☐ Issuance of my first Substitute License **OR**
- ☐ Reissuance of my Substitute License. A Substitute License **cannot** be reissued until the year it expires. Initial here _____ to confirm that <https://tcert.alsde.edu/Portal/Public> has been checked to verify that the Substitute License expires this year or has already expired.

APPLICANT COMPLETES: PERSONAL DATA
(TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
Email Address		Cell Number		Work Telephone	
Social Security Number	ALSDE ID		Date of Birth (mm-dd-yyyy)		
FOR STATISTICAL PURPOSES ONLY					
Ethnic Origin (Choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino		Gender (Choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male		Race (Choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander	

APPLICANT COMPLETES: RECORD OF EDUCATION

(Graduation from high school or the completion of an Alabama State Department of Education-approved equivalent is required.)

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

APPLICANT COMPLETES: CITIZENSHIP OR NATIONAL STATUS (Required)

This section is to be completed in compliance with *Ala. Code § 31-13-(29)(c)(1)* which provides that United States citizenship and lawful presence in the United States must be appropriately verified. The Systematic Alien Verification for Entitlements (SAVE) system will be used to verify lawful presence in the United States. Alabama certification will not be processed until documentation of United States citizenship or lawful presence has been confirmed by the Educator Certification Section.

Choose **ONE** as appropriate:

1. I hereby declare that I am a citizen of the United States. (*check one*) _____ Yes _____ No
 I am providing proof of United States citizenship by submitting a legible photocopy (front and back) of one of the following documents.
Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are a United States citizen and have previously completed and submitted this form to the Educator Certification Section, it does not need to be submitted again.</i>
		Acceptable Documentation List
	A	An Alabama driver's license or non-driver's identification card issued by the Alabama Department of Public Safety
	B	A birth certificate indicating birth in the United States or one of its territories
	C	Pertinent pages of a United States valid or expired passport identifying the person and the person's passport number, or the person's United State passport
	D	United States naturalization documents or the number of the certificate of naturalization
	E	Other documents or methods of proof of United States citizenship issued by the federal government pursuant to the Immigration and Nationality Act of 1952, as amended
	F	Bureau of Indian Affairs card number, tribal treaty card number, or tribal enrollment number
	G	A consular report of birth abroad of a citizen of the United States of America
	H	A certification of citizenship issued by the United States Citizenship and Immigration Services
	I	A certification of report of birth issued by the United States Department of State
	J	An American Indian Card, with KIC classification, issued by the United States Department of Homeland Security
	K	Final adoption decree showing the person's name and United States birthplace
	L	An official United States Military record of service showing the applicant's place of birth in the United States
	M	An extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
	N	AL-verify
	O	A valid Uniformed Services Privileges and Identification Card
	P	Any form of ID authorized by the Alabama Department of Revenue

Name: _____

Social Security Number: _____ - _____ - _____

2. I hereby declare that I am an alien lawfully present in the United States. (**check one**) _____ Yes _____ No
 I am providing proof of lawful presence by submitting a legible photocopy (front and back) of one of the following documents.
Please mark an "X" next to the item letter of the documentation being submitted.

Mark Item Selected	ITEM	<i>If you are an alien lawfully present in the United States, this form and documentation must be submitted with every application.</i>
		Acceptable Documentation List
	A	A valid tribal enrollment card or other form of tribal identification bearing a photograph or other biometric identifier
	B	Any valid United States federal or state government issued identification document bearing a photograph or other biometric identifier, including a valid Uniformed Services Privileges and Identification Card if issued by an entity that requires proof of lawful presence in the United States before issuance
	C	A foreign passport with an unexpired United States Visa and a corresponding stamp or notation by the United States Department of Homeland Security indicating the bearer's admission to the United States
	D	A foreign passport issued by a visa waiver country with the corresponding entry stamp and unexpired duration of stay notation or an I-94 W form by the United States Department of Homeland Security indicating the bearer's admission to the United States

APPLICANT COMPLETES: PROFESSIONAL STATUS AND CRIMINAL HISTORY INFORMATION

Check "yes" or "no" for each question below. "YES" responses require an attached explanation and any additional supporting documentation (e.g., court-certified copies of judgment, conviction, and sentencing).

READ CAREFULLY

- ☐ Yes ☐ No Have you ever had any adverse action (e.g. warning, reprimand, suspension, revocation, denial, voluntary surrender) taken against a professional certificate, license or permit issued by an agency **other than the Alabama State Department of Education**?
- ☐ Yes ☐ No Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **other than the Alabama State Department of Education**?
- ☐ Yes ☐ No Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- ☐ Yes ☐ No Have you ever resigned from a position rather than face disciplinary action?
- ☐ Yes ☐ No Have you ever been convicted of, or entered a plea of no contest to a felony or misdemeanor other than a minor traffic violation?
- ☐ Yes ☐ No Are you the subject of a pending investigation involving a criminal act?

I understand Alabama certification will not be processed if lawful presence or United States citizenship is not confirmed. I understand that if at any time it is determined by the ALSDE that I am not lawfully present in the United States, the ALSDE will deny this benefit or will terminate this benefit. I sign this declaration under penalties of perjury: making a false, fictitious, or fraudulent statement or representation in this declaration is perjury in the second degree pursuant to Ala. Code § 31-13-7(h).

I understand that I must meet all Alabama certification requirements in effect on the date the application and fee are received in the Educator Certification Section. I understand that it is also my responsibility to keep all personal data on file in the Educator Certification Section current. I certify that all information pertaining to this application is true and correct.

FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN REVOCATION OR NON-ISSUANCE OF YOUR SUBSTITUTE LICENSE.

Date

Signature of Applicant

Check to be certain that all portions of this form have been completed, documents have been attached, and all signatures have been obtained. Incomplete forms will not be returned to the school system or eligible nonpublic/private school.

- A note will be placed on the individual's file indicating that the application was incomplete and a new application is required.*
- If a fee was submitted, the fee will be retained and entered into the individual's file.*