



# MITCHELL SCHOOL DISTRICT NO. 17-2

## Superintendent of Schools

800 W. Tenth Ave.

Mitchell, SD 57301

Phone (605) 995-3010 – Fax (605) 995-3089

E-mail: Joseph.Graves@k12.sd.us

July, 2018

Dear All,

Thank you for your interest in becoming a substitute in the Mitchell School District. This document has the required paperwork that you will need to complete and bring to the Mitchell Middle School Office. Please also bring a copy of your Driver's License and your Social Security Card. All substitute teachers will need to fill out the W-4 and Employment Eligibility Verification form I-9. These are also included in this packet. Your driver's license and social security card must be verified at this time.

Before your employment can be finalized, South Dakota law requires that all employees of a school district undergo a criminal background check. The Middle School Office will have these forms when you bring in your substitute application. Please complete all information on the back of the dark blue fingerprint card and take enclosed letter and cards to the Davison County Sheriff's office. You will be required to bring both fingerprint cards with you. One card is for the SD Division of Criminal Investigation and the other is for submission to the Federal Bureau of Investigation. The Sheriff's Office fingerprints for this purpose on Tuesday (7-9 P.M.) and Saturday (10A.M. to noon.) So that they will be ready for you, please call them at 995-8639 at least one day in advance. Once you have completed this portion, you will need to mail the fingerprint in the envelope provided. You will need to include a check for \$43.25 or they will be rejected.

Should you have any questions about this process or application, please contact Debbie Garton at 605-995-3051.

Joseph Graves

Superintendent of Schools



School District and Address	Dates	Grades/Subject	Supervisor
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Employer and Address	Dates	Position and/or Type of Work	Reason for leaving
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Do you give permission for the Mitchell School District to check your records with the Division of Criminal Investigation: yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_



## MITCHELL SCHOOL DISTRICT NO. 17-2

**Business Office:**

821 North Capital • Mitchell, SD 57301  
Phone (605) 995-7637 • Fax (605) 995-3099

TO: Substitute Employees

From: Michael J Hoffman Payroll Specialist

RE: Payment

In order for the Mitchell School District to process payroll all employees will need to complete a W-4, an Employment Eligibility Verification form (I9) and a direct deposit form. With the Employment Eligibility Verification form we will also need a copy of your passport or a copy of your drivers licenses and social security card for verification. With the direct deposit you will need a copy of a voided check.

All forms and copies will need to be completed and returned before you will receive compensation for your employment

All employees are paid on the 15<sup>th</sup> and the 30<sup>th</sup> of each month. If the pay date falls on a non-work day, the employee will be paid on the last workday prior to the pay date.

Upon receiving your payroll check , please verify the amount to make sure that it agrees with your records. In the event of an error please contact Michael J Hoffman at 995-7636

Thank you and have a blessed day.

Michael J Hoffman  
Payroll Specialist  
Mitchell School District  
605-995-7636

**Employee's Withholding Certificate****2021**

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

**Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <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 estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

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

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

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**  
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**  
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

**Step 3:  
Claim  
Dependents**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ \_\_\_\_\_

Multiply the number of other dependents by \$500 . . . . . ▶ \$ \_\_\_\_\_

Add the amounts above and enter the total here . . . . . **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)
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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, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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 15, 2022.

**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 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.** 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. 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 2021 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](http://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 2021 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 10% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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 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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350





# MITCHELL SCHOOL DISTRICT NO. 17-2

## Superintendent of Schools

800 W. Tenth Ave.

Mitchell, SD 57301

Phone (605) 995-3010 – Fax (605) 995-3089

E-mail: Joseph.Graves@k12.sd.us

Dear Applicant,

Congratulations on being selected for a position with the Mitchell School District 17-2, or applying to substitute with the Mitchell Schools. Mitchell has a proud tradition of academic excellence and we are pleased to have you as part of our team.

Before your employment can be finalized, however, South Dakota law requires that all employees of a school district undergo a criminal background check. This law was created for the safety of all our children.

Therefore, please take the following steps so that we can move forward with finalizing your employment.

1. Complete all of the information on the back of the dark blue fingerprint card marked SD. Div. Criminal Inv.
2. Take the enclosed letter and cards to the Davison County Sheriff's office where you will be fingerprinted twice, once for the South Dakota Division of Criminal Investigation and once for the Federal Bureau of Investigation. The Sheriff's Office fingerprints for this purpose on Wednesday (7-9 p.m.) & Saturday (3 p.m. to 5 p.m.). So that they will be ready for you, please call them at 995-8639 at least one day in advance. The Sheriff's Office also requests that the fingerprints be paid for in cash. No checks are accepted.
3. Pay the fee (\$10.00) for this fingerprinting.
4. Mail both fingerprint cards in the envelope provided. Include a check or money order for \$43.25 made out to the Division of Criminal Investigation.

Once this process has been completed and your satisfactory background check has been filed, your employment with the Mitchell School District 17-2 will begin.

Thank you for your time and attention to this matter.

Sincerely,

Joseph Graves

Superintendent of Schools



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

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

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

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

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



Employer Completes Next Page







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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</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>		<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><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>	<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</li> </ol>

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

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





## E-1: Employment by SDRS Participating Employer

Form Revision Date: 4/2021-A

Submit completed form to: SDRS, PO Box 1098, Pierre, SD 57501  
Questions? Call toll-free: 1-888-605-SDRS (7377)

**Completion of this form is required if you answer "Yes" to one or both of the following statements.**

I will be employed by my employer full-time. ☐ Yes ☐ No

I am currently drawing an SDRS benefit. ☐ Yes ☐ No (See Reemployment of SDRS Retirees section on back of form for additional details.)

### Personal Information

Social Security Number	Last Name	First Name	MI
Mailing Address		City	State ZIP
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
Primary Phone Number	Secondary Phone Number	Please include a photocopy of <u>one</u> of the following forms of identification: <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued ID <input type="checkbox"/> Passport	
Primary Email		Secondary Email	
In providing your email address, you grant SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS.			

### Spouse Information

Spouse's Social Security Number	Last Name	First Name	MI
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Marriage	

### Name Your Beneficiary/Beneficiaries

Additional SDRS forms to be completed:
<input type="checkbox"/> SDRS Form E-5, "Beneficiary Designation": to name primary and contingent beneficiaries
<input type="checkbox"/> If applicable, SDRS Form E-5A, "Transfer to Minor": to appoint a custodian and successor custodian for a minor child

### Optional Spouse Coverage

Effective July 1, 2010, this coverage is closed to new enrollments. Eligibility to continue coverage is limited to members who elected coverage prior to July 1, 2010 and are currently covered by this optional protection. If an employee is currently participating in the optional spouse coverage and is changing employment without a break in SDRS credited service, the employee may elect to continue the optional spouse coverage by indicating continuation of coverage below:
<input type="checkbox"/> Member elects to continue Optional Spouse Coverage during new employment.

### Member's Authorization and Signature

I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I authorize SDRS and my employer to exchange information regarding my employment and benefits as necessary and specifically request that no information be otherwise released without authorization of law or my written authorization.	
Member's Signature	Date

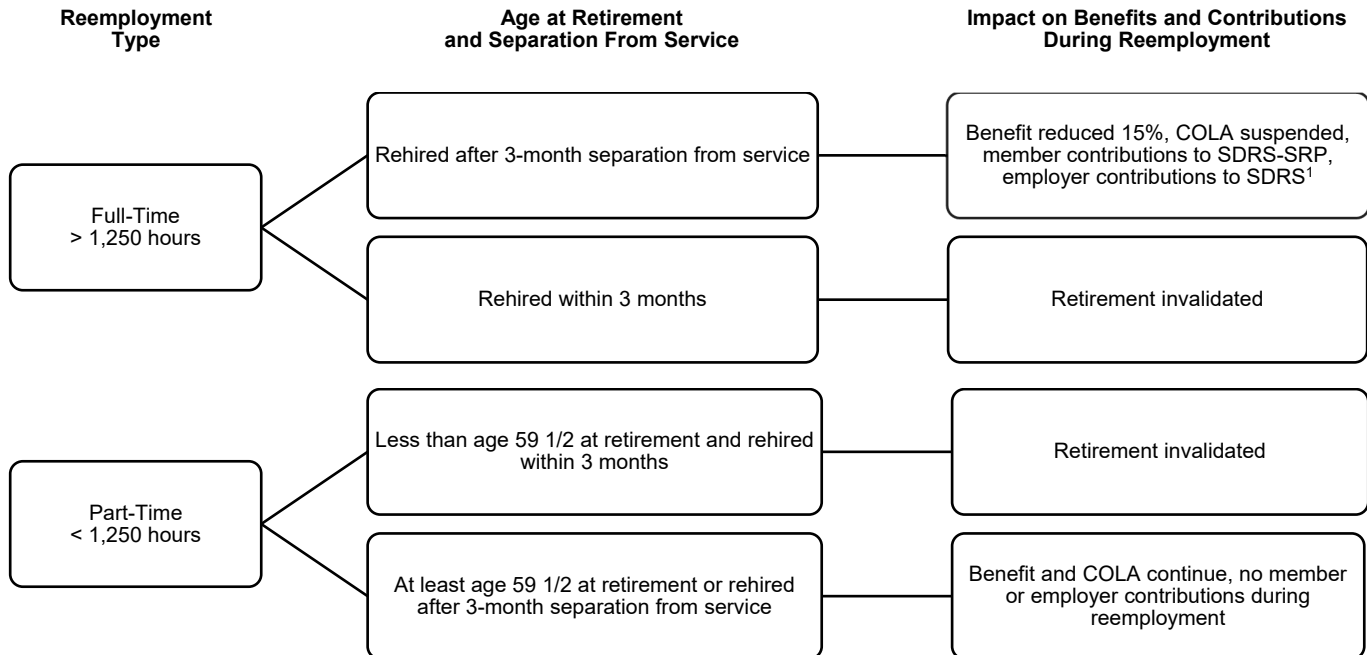
### Authorized Agent's Signature

Six-Digit SDRS Employer Number	Employer Name	Phone Number
Title of Employee's Position	Hire Date: Month/Day/Year	Employment Type <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Date Employee SDRS Participation Began (If Applicable)	Classification of Employee <input type="checkbox"/> Class A <input type="checkbox"/> Class B Public Safety <input type="checkbox"/> Class B Judicial	School and Regent Employees <input type="checkbox"/> Classified <input type="checkbox"/> Teacher/Administrator
If employee has elected to continue Optional Spouse Coverage: Our payroll unit has been notified to begin deducting the voluntary additional contributions beginning in _____ (Month/Year).		
Authorized Agent's Signature		Date

## Reemployment of SDRS Retirees

SDRS must comply with IRS rules and regulations to preserve its tax qualified status, which benefits all SDRS members. The reemployment of an SDRS retiree by a participating employer without a bona fide termination of employment will invalidate the member's retirement and require repayment of SDRS benefits, except as noted below. In certain circumstances, a 10 percent early distribution tax on the member's benefits may also result.

SDRS members and employers should be aware of the impact reemployment of a retiree by a participating employer will have on the member's SDRS benefits. SDRS provisions are designed to give employers and retirees as much flexibility as possible while protecting the tax qualified status of the System and avoid an early distribution tax to members. The following chart details how a retiree's SDRS benefits will be impacted by reemployment.



<sup>1</sup> The 15 percent reduction and suspension of COLA will not apply to Class B retirees who are reemployed in a Class A position.

### Important Details

**Full-time employment:** Employment with a participating employer of 1,250 hours or more in the employer's fiscal year, in any capacity, including temporary, seasonal, contractual, leased, or any other designation.

**Part-time employment:** Employment with a participating employer of less than 1,250 hours in the employer's fiscal year. Note: If the member subsequently works more than 1,250 hours during the employer's fiscal year, the full-time provisions apply prospectively, including the 15 percent benefit reduction and COLA suspension (see top right box above).

**Separation from service:** Three consecutive calendar months with no service performed for the employer in any capacity, including as a part-time, temporary, seasonal, contractual, leased employee, or any other designation. If a retiree is rehired without a separation from service, the retirement will be invalidated, and any benefits received must be repaid to SDRS.

**Exception for part-time reemployment of member who was at least age 59½ at retirement:** SDRS permits a member who was at least age 59½ at retirement and is rehired on a part-time basis without a 3-month separation from service to continue receiving uninterrupted SDRS benefits during the period of part-time reemployment. If the member subsequently works more than 1,250 hours in the employer's fiscal year, the member's benefit will be suspended prospectively for the duration of the reemployment period.

## Optional Spouse Coverage (SDCL 3-12C-1001)

Effective July 1, 2010, this coverage is closed to new enrollments. Employees who are currently participating in the Optional Spouse Coverage may maintain this coverage when changing employment to another South Dakota public employer that participates in SDRS if they continue making the applicable contributions. Upon discontinuing the required contributions and/or termination of covered employment, as defined in 3-12C-111, that results in a break in credited service, the Optional Spouse Coverage will be terminated, and the member will have no future right to reelect or reinstate Optional Spouse Coverage.

In the event of an active covered employee's death, the Optional Spouse Coverage will pay a monthly benefit to the surviving spouse for the span of years not covered by the SDRS survivor benefits. The benefit payable equals 40 percent of the covered member's final average compensation. The benefit is payable from the time all eligible dependent children reach the age of 19 and continues until the surviving spouse reaches age 65.

The cost of the Optional Spouse Coverage is 1.5 percent of salary and will continue until the death of the member or spouse, the termination of covered employment, the dissolution of the marriage, the spouse reaches age 65, or the member's election to terminate the coverage.

## ELECTRONIC DIRECT DEPOSIT

The Mitchell School District offers DIRECT DEPOSIT. Your paycheck will be automatically deposited in your checking or savings account on payday.

### HERE'S HOW DIRECT DEPOSIT WORKS

Each payday, you will receive an earnings statement showing gross salary, taxes, other deductions and net pay. Your money will already have been deposited in your account. The amount of the deposit will appear on your bank statement.

### OPTIONS

You may have your check split to different accounts at the same bank or different banks. One account needs to be specified as a balance account. For example; have \$300 of your check deposited to your savings account and the balance deposited to your checking account.

### EMPLOYEE AUTHORIZATION

I authorize you and the financial institution (s) listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to any account (s) listed.

The first account listed must be the "balance" account. The others must have specific amounts.

ACCOUNT TYPE					
CHECKING	SAVINGS	BANK ROUTING # (9 DIGITS)	ACCOUNT NUMBER (INCLUDE ALL ZEROS)	\$ AMOUNT	FINANCIAL INSTITUTION
				BALANCE	

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE STAPLE A VOIDED CHECK FOR ALL THE ABOVE ACCOUNTS LISTED.**

Without a voided check, errors may occur in recording account numbers. If deposits are attempted with incorrect account numbers, the deposit is not made and a fee is charged to the District. This fee will be passed on to you.

## DRUG FREE WORKPLACE

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The unlawful manufacture, distribution, dispensation, possession, use or being under the influence of a controlled substance on property of the District or while an employee of the District is engaged in an activity assigned as part of his or her employment with the District is prohibited. For the purpose of this Policy, an alcoholic beverage shall be deemed a controlled substance. Employees of the District are required to notify the Superintendent of any conviction of violating any criminal statute regulating controlled substances within five (5) days of the conviction if the violation occurred on property of the District or while the employee was engaged in an activity assigned to his or her employment with the District. Federal law requires the Superintendent to provide notice of such conviction to the United States Department of Education or other appropriate government agency within ten (10) days of receiving notification from the employee.

Compliance with this Policy is a condition of employment with the District.

Any disciplinary action taken by the district due to a violation of this policy will follow procedures and processes outlined in state or federal statute to employee rights. Within thirty (30) days of receipt of information that an employee has violated this Policy, appropriate disciplinary action will be taken by the District which may include termination of employment or a requirement that the employee satisfactorily participate in and complete an approved drug or alcohol abuse assistance or rehabilitation program with such participation being at the employee's expense.

The District recognizes that employees who are suffering from a chemical dependency or substance abuse problem should be encouraged to seek professional assistance, and any employee requesting assistance shall be referred to an appropriate agency or treatment facility. Expenses incurred are the responsibility of the employee.

A copy of this Policy shall be given to all present and future employees.

Legal Ref.: Public Law 100-690, Drug-Free Workplace Act of 1988, Drug-Free Schools & Communities Act.

Adopted: 2/7/90  
Revised: 10/23/00, 7/14/03, 6/27/11  
Reviewed: 7/14/03, 6/29/07

10/23/00 revision added legal reference

7/14/03 revision extended the K-12 smoking ban to district grounds, as well as facilities.

6/27/11 revision deleted last paragraph as this is covered in Policy 518.



## MITCHELL SCHOOL DISTRICT NO. 17-2

### K-12 SUBSTITUTE TEACHERS

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A substitute teachers is defined as a person who teaches as a temporary teacher for not more than forty-five days during any one school year. Such a teacher need not hold a valid certificate during the period for which they are substituting.

If a substitute assignment goes beyond ten (10) consecutive days in the same assignment, beginning on the eleventh (11<sup>th</sup>) day the daily rate will increase \$10 above their regular substitute rate. In this event, if the substitute teachers is not "highly qualified" for the assignment, the school must notify parents of affected students by letter or email.

If a substitute assignment goes beyond 30 consecutive days in the same assignment, beginning on the 31<sup>st</sup> day the daily rate will be determined by placing the substitute on the salary schedule at the BA Step I Level, and dividing by the number of teacher on-site days in the school calendar. This rate will be referred to as the long-term substitute rate.

No other contractual rights shall accrue to a substitute teacher, regardless of the duration of the assignment.

Substitutes will be notified when the assignment qualifies for the long-term substitute rate.

The responsibility for arranging for substitutes is assigned to the primary supervisor.

Any certified employee who has retired from the Mitchell School District 17-2 will be paid at the certified sub rate of pay regardless if their teaching certificate has expired.

Code Reference: SDCL 13-1-11, SDCL 13-42-3

Adopted: 10/9/67

Revised: 7/10/80, 5/12/81, 7/19/82, 7/6/88, 7/10/89, 7/9/90, 12/10/01, 6/27/05, 8/13/07

Reviewed: 7/13/09

12/10/01 revision eliminated provisions for contracted teachers (now found in the master contract) and renumbered the policy from 715.11 to 711.

6/27/05 revision struck the 45-day approval requirement and added highly qualified notification requirement.

8/13/07 revision added that retired school district teachers will be paid at certified rate of pay regardless if certificate is expired.