

Paraprofessional Coaching Checklist

Date: _____

Name: _____

Email: _____

Phone: _____

School: _____

Sport: _____

To receive payment for your work as a coach the following are **REQUIRED**:

- ☐ Fingerprints/Badge Date:
- ☐ Completion of entire packet
- ☐ Fundamentals of Coaching/AACCA Certification
- ☐ CPR/1st Aid
- ☐ Concussion Training
- ☐ REGISTER MY COACH profile

By signing below I understand that I will not be paid until I provide the district with proof of all six items above.

Applicant Signature: _____

Date: _____

Coaching Packet: Completion of the coaching packet requires the following items:

- Employee Information Forms
- W-4 Form
- Direct Deposit Form
- Fingerprinting Form
- I-9 Form
 - I-9 requires 2 separate forms of legal identification. Most often your Driver License and Social Security card. You can look at the back of the I-9 form to see what other forms of ID meet the requirements.

Fundamentals of Coaching/AACCA Certification: All sport coaches are required to take the "Fundamentals of Coaching Course" found on the NFHS website. All Cheer/Drill coaches are required to take the "AACCA" certification. The district will provide you with an electronic study manual containing a code to be able to take the test online, so there will be no cost to you. Please talk to Jo Jolley's Assistant in Human Resources for them to issue you the manual electronically, you can contact them at 801-826-5354. Human Resources is located at 9361 S 300 E, Sandy, UT 84070.

Fingerprints: All new coaches must complete fingerprinting before they are allowed to work with any students. Fingerprinting is free for all Canyons District Coaches, and is done in the Human Resources Department at 9361 S 300 E, Sandy, UT 84070. You may call the main number for HR at 801-826-5500.

CPR/1st Aid: Certification can be completed a number of ways. You can complete the courses on your own, through the Red Cross, or with Canyons District. Contact your High School to find out when they are offering the courses. We will need to take a copy of your cards.



CANYONS
SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

9361 South 300 East Sandy, Utah 84070-2998

Phone (801) 826-5500 Fax (801) 826-5374

PERSONNEL INFORMATION

Name: _____
(Last) (First) (Middle) (Former Name)

Address: _____
(Address) (City) (State) (Zip)

Telephone: () - () - Social Security: ### - ## -
(Home) (Cell) (Last 4 Digits)

Date of Birth: _____
(MM/DD/YYYY)

Have you retired from the Utah State Retirement System? ☐ Yes ☐ No

Are you married? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

In case of emergency, please notify:

Name: _____

Telephone: () - _____

Relationship: _____

**Where did you learn of this employment opportunity with
Canyons School District?**

☐ Canyonsdistrict.org

☐ Employee Referral _____
(Employee Name)

☐ Vidcruiter

☐ CSD School _____
(School Name)

☐ Workforce Services

☐ Career Center/Handshake _____
(University/College)

☐ Other _____
(Please List Source)

☐ Career Fair _____
(List Career Fair)

Employee Signature: _____ Date: _____



Equal Opportunity Employment Information

Canyons School District is an Equal Opportunity Employer. As required by law, we must record, maintain and report applicable employee demographic information. The following information will only be used for data compilation and reporting. This information will be kept separate from your personnel file and will be kept confidential. Please complete the information requested below. Thank you for your cooperation.

Name: _____ **Date:** _____
Last First Middle

Gender: (Check the box next to your gender.)

- ☐ I do not wish to self identify ☐ Female ☐ Male

Veteran Status: (Check the box next to all statements that apply to your current status.)

- ☐ I do not wish to self identify
- ☐ **SPECIAL DISABLED VETERAN.** I have a disability that entitles me to Veterans' Administration disability compensation rated at 30 percent or more; or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- ☐ **VIETNAM ERA VETERAN.** I served more than 180 days on active duty with one of the United States Armed Forces in the Republic of Vietnam between August 5, 1964 through May 7, 1975; and was discharged or released with any discharge other than dishonorable or was discharged or released from active duty because of a service-connected disability.
- ☐ **OTHER PROTECTED VETERAN.** I served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- ☐ **NONE OF THE ABOVE**

Ethnicity/Race: (Complete both Part A and Part B.)

- ☐ I do not wish to self identify

Part A: ARE YOU HISPANIC/LATINO? (Choose only one)

☐ No, not Hispanic/Latino	
☐ Yes, Hispanic/Latino	(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Part B: WHAT IS YOUR RACE? (Choose one or more)

☐ American Indian or Alaskan Native	(A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.)
☐ Asian	(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
☐ Black or African American	(A person having origins in any of the black racial groups of Africa.)
☐ Native Hawaiian or Other Pacific Islander	(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
☐ White	(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2026****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) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐

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):

(a) Multiply the number of qualifying children under age 17 by \$2,200 **3(a)** \$

(b) Multiply the number of other dependents by \$500 **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here **3** \$

Step 4:**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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** **4(c)** \$

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Direct Deposit Authorization

This Request Supersedes All Previous Requests



Your payroll earnings will be deposited into your primary account. You may request an additional direct deposit that is an exact dollar amount to a different financial institution. On the 7th or 22nd of the month, a pre-note will be sent to your financial institution to verify the routing and account numbers. If verified, your wages on the following pay day will be deposited into your account.

You will receive an email from helpdesk@canyonsdistrict.org when we make any change to your direct deposit.

***CHASE BANK patrons. Please confirm that your bank account accepts Direct Deposits. Child accounts often do not.**

I hereby authorize Canyons School District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named below to credit and debit the same entries to such account. This authorization is to remain in full force and effect until Canyons School District has received written notification from me terminating direct deposit, at such time and in such manner as to afford the district a reasonable time to act. I realize that I am responsible to notify Canyons School District when changes are made regarding my account.

Employee Name (please print)

Social Security Number

Employee Signature

Date

Primary Account	Secondary Account - \$ Amount Only
Name of Institution*: _____	Name of Institution*: _____
City: _____ State: _____	City: _____ State: _____
Routing Number:	Routing Number:
Account Number: _____	Account Number: _____
Deposit To: ☐ Checking ☐ Savings	Deposit Amount: \$ (per pay period)
	Deposit To: ☐ Checking ☐ Savings

Note: Attach a voided blank check or a bank printout to validate account information for checking account deposits. A savings account will require information from your financial institution.

Find Routing Number on Your Check

Diagram of a check with labels:

- Your Name
- Your Address
- DATE
- PAY TO THE ORDER OF
- \$
- DOLLARS
- Your Bank Name
- MEMO
- ⑆123456789⑆0000987654321⑆ 1001
- 9 Digit Routing Number
- Your Account Number
- Check Number



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047
Expires 05/31/2027

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

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

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

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

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
☐ Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative Admin. Asst.		Signature of Employer or Authorized Representative	
		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name Canyons School District		Employer's Business or Organization Address, City or Town, State, ZIP Code 9361 South 300 East Sandy, Utah 84070	

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



Temporary Employment Agreement

(ESP)

I _____,

understand that the position of _____,

at _____

for the _____ school year is a temporary assignment of one school year that is based upon District, Federal or State monies or grants. Therefore, my voluntary acceptance of this position qualifies me as a temporary employee of the Canyons School District pursuant to District Policy 400.41, *Termination of Employment of Support Staff (ESP)*. Temporary employees serve at will and have no expectation of continued employment. When this temporary assignment ends at the end of the school year, I understand that my employment with Canyons School District will end. I have received a copy of District Policy 400.41.

I understand that if I wish to continue employment with Canyons School District after this assignment, I must submit an application through the Human Resources Department and I will be considered, along with all other applicants, for any position I am qualified for at that time.

I acknowledge that I have carefully reviewed this agreement, and based upon these conditions, I accept the temporary assignment indicated above. I acknowledge having received a copy of this agreement.

Employee's Signature

Date

Submit a copy of this form to Human Resources.

BCI Fingerprint Form

TYPE OR PRINT ALL INFORMATION						DATE OF BIRTH <u>DOB</u>
LEGAL LAST NAME		FIRST NAME	MIDDLE INITIAL		ALIASES AKA (<u>Maiden Name</u>)	YYYY MM DD
EYE COLOR	HAIR	WEIGHT	HEIGHT	GENDER	SOCIAL SECURITY NO.	PLACE OF BIRTH
RACE					PHONE NUMBER	
Any other legal names you have gone by:		List all states you have lived in for the last twenty (20) years:				
		State:			State:	
		State:			State:	
		State:			State:	

I acknowledge that the information listed above is true and correct to the best of my knowledge:

Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Date Fingerprinted:	Date Sent:	RESULTS:
REASON FINGERPRINTED:		TCN#:
☐ 17-hr aide NCPA/VCA	☐ Teacher Certification - non-district /fee	☐ Miscellaneous Employee NCPA/VCA
☐ Full-time employee NCPA/VCA	☐ Teacher Certification - our district /no fee	☐ Volunteer NCPA/VCA VOLUNTEER
☐ Substitute Teacher NCPA/VCA	☐ Coach/paraprofessional-NCPA/VCA VOLUNTEER	☐ Foster Care / Adoption / Other

INT'S OF FINGERPRINTER

CODES

NFUF: NCPA/VCA - School Employees

Code: B1728 - Canyons School Dist.- FBI check

FEE PAID: \$ _____

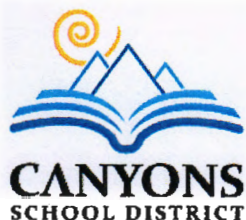
Received by: _____

NFUF: NCPA/VCA - Teacher Certification

Code - B1017 - OE-FBI (FEE)

NFUF: VCA Emp. Public Law - Foster/Adoption

Code: B1591 - VCA Emp. 105-251 (FEE)



Fingerprint Release Form

RELEASE

In connection with my application for employment with Canyons School District, I hereby authorize Bureau of Criminal Identification to release the results of my Utah Bureau of Criminal Identification and Federal Bureau of Investigation background check to the Canyons School District. I do hereby release all persons, firms, agencies, companies, groups or installations, whomsoever, from any damages of, or resulting from, furnishing such information. I further agree that a copy of this release shall function as an original.

DATED this _____ day of _____, 20_____.

Prospective Employee Name (print)

Prospective Employee Signature

Social Security Number

Authorized Witness (Human Resources Dept.)



Pre-Employment Agreement Form

I certify that the information I provided in my application packet and in interview(s) with Canyons School District is correct and complete to the best of my knowledge. I understand that an offer of employment with Canyons School District is contingent upon successfully meeting the following employment conditions:

- a) having a complete and truthful application packet on file, complete with full disclosure,
- b) having provided documentation proving the legal right to work in the United States (I-9 form),
- c) having valid licensure (if applicable),
- d) having passed a drug screening test (if applicable), and
- e) having a clear criminal background check.
- f) Other: _____

I understand and agree that should not pass any of the employment conditions, my offer of employment with Canyons School District will be rescinded and I will be dismissed. I also understand and agree that I may be offered an at-will temporary position of employment and commence work as an at-will temporary employee pending the results of the drug screening test and/or criminal background check. As an at-will temporary employee in these circumstances, I understand and agree that subsequently failing to pass the drug screening test or failing to receive a clear criminal background check will result in my dismissal. If I am dismissed from my position with the District because of information obtained through the criminal background check, the District shall provide written notice of the reasons for the dismissal, and I will be extended an opportunity to respond to the reasons. Information obtained pursuant to a criminal background check is confidential and will only be disclosed as provided herein.

Upon successfully meeting the employment conditions listed above, I understand and agree that my employment contract would change from an at-will temporary employee to a provisional employee as defined by the policies of Canyons School District. However, I also understand that merely meeting these employment conditions does not guarantee employment or continued employment with the District.

Printed Name

Title of Position Being Offered

Signature

Date

Canyons School District Consent to Background Check

Name of Applicant: _____

Address: _____

DOB: _____

(Above information verified by valid identification document prior background check request per
Section 1028 of Title 18, United States Code)

I _____ understand that my personal information including name, DOB, SSN *{and fingerprints} will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by Canyons School District to determine my eligibility for employment, volunteering, State licensure.* I understand that my personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. Canyons School District will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview. I understand that I may request to review any results of this inquiry and understand that UCA 53-10-108 does not allow Canyons School District to provide a copy of those results to me. Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by Canyons School District as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions to the Canyons School District administrator responsible for criminal background check management. I have read the attached Privacy Statement and understand my rights according to this statement.

Applicant Signature: _____

Date: _____

For use with Code B1728 Fingerprints Only

Criminal Conviction Self Disclosure Form

(only complete this form if you have prior convictions)

All information provided on this form will be held under the same privacy rules as your criminal background check information as described in the FBI Privacy Act Statement.

Date of Arrest(s): _____

Arresting Agency: _____

Charges: _____

Court of Appearance: _____

Conviction Disposition: _____

Sentencing and Probation: _____

Comments: _____

For use with Code B1728 Fingerprints Only

However, as a public-school employee, you may have the right to recover reasonable attorneys fees and costs from your employer if your criminal case is dismissed or you are acquitted and the charges are related to acts or omissions occurring during the performance of your duties as a public school employee. (See Utah Code 52-6.)

What should I do if I am sued?

- **Notify your employer immediately!**
- Forward any legal documents served on you to your employer.
- Submit a written request for defense and indemnification to your employer within 10 days.
- Cooperate in the subsequent investigation and defense.
- **Stay calm. We're here to help!**

Where can I get more information?

For additional information about your rights, please see the following:

- The Utah Governmental Immunity Act (Utah Code 63G-7)
- Reimbursement of Criminal Defense Costs (Utah Code 52-6)
- Your employer's Risk Manager or Business Official
- **Utah Division of Risk Management**
 - Address: 4315 S. 2700 W., Taylorsville, UT 84129
 - Phone: (801) 957-7170
 - Website: <https://risk.utah.gov/>

**The information provided here is a general description and comparison of coverages. For a detailed explanation of coverages, you may refer to the statutes cited above.*



division of
**Risk
Management**



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{2,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact

Canyons School District Insurance Department

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Canyons School District		4. Employer Identification Number (EIN) 26-3770988	
5. Employer address 9361 S. 300 E.		6. Employer phone number (801) 826- 5000	
7. City Sandy	8. State Utah	9. ZIP code 84070	
10. Who can we contact about employee health coverage at this job? Canyons School District Insurance Department			
11. Phone number (801-826-5428)		12. Email address: Insurance@canyonsdistrict.org	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - ☐ All employees. Eligible employees are:

- ☒ Some employees. Eligible employees are:

Contracted employees who work at least 30 hours per week or a 0.75 FTE contract are eligible for health insurance benefits through Canyons School District.

- With respect to dependents:
 - ☒ We do offer coverage. Eligible dependents are:

All legal dependents (spouse & children) through birth, marriage, adoption or legal guardianship are eligible for coverage through Canyons School District.

- ☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

****** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.