

Miscellaneous ESP Employees

After completing the attached documents, bring them to Human Resources along with the following:

1. Miscellaneous Application.
2. Hire sheet, if received from school or supervisor.
3. Valid identification(s) to complete the I-9 in Human Resources (see attached for ID options).
4. Banking information – bring a blank, voided check to Human Resources. If you do not have a check, obtain a printed direct deposit form with your name, account number & routing number from your financial institution. Your name must be on the account.

*Your fingerprints will be taken in Human Resources.

*A picture will be taken for your employee ID badge.

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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
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				

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

Refer to the instructions for more information about acceptable receipts.

NEW HIRE ELIGIBILITY FORM

All new employees must complete the new hire paperwork with Human Resources before they may begin working. Once all information has been completed, the employee must take this form to their principal or director. The employee may not begin work until the school/department has verified receipt of this form.

First Name: _____ Last Name: _____

School/Department: _____ Position Title: _____

Estimated Hire Date: _____

The Department of Human Resources is required to obtain the following items to complete your personnel file:

- ☐ Application Submitted
- ☐ Emergency Contact Form
- ☐ Equal Opportunity Employment Information
- ☐ W-4
- ☐ Direct Deposit Form
- ☐ I-9 Form (Proof of Work Eligibility)
- ☐ Copy of Social Security Card (Current Name)
- ☐ Copy of Valid Identification (Driver License, Passport, etc.)
- ☐ Fingerprinted in Human Resources (District Office)
- ☐ Insurance
- ☐ Picture
- ☐ New Employee Orientation Signup

For Employees Working with Children in Title I Schools:

- ☐ Highly Qualified Form
- ☐ Proof of Highly Qualified Status - College Diploma - Associate Degree
 - Transcript - 48 credit hours
 - Pass the ParaPro Test

This individual has completed all new hire paperwork and may begin working.

Department of Human Resources

Date



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?

- | | |
|--|--|
| <input type="checkbox"/> Canyonsdistrict.org | <input type="checkbox"/> Employee Referral _____
(Employee Name) |
| <input type="checkbox"/> Vidcruiter | <input type="checkbox"/> CSD School _____
(School Name) |
| <input type="checkbox"/> Workforce Services | <input type="checkbox"/> Career Center/Handshake _____
(University/College) |
| <input type="checkbox"/> Other _____
(Please List Source) | <input type="checkbox"/> Career Fair _____
(List Career Fair) |

Employee Signature: _____ Date: _____



Name: _____ Date: _____

 Last First Middle

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

☐ 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**

☐ I do not wish to self identify

<input type="checkbox"/> No, not Hispanic/Latino	
<input type="checkbox"/> Yes, Hispanic/Latino	(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

<input type="checkbox"/> 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.)
<input type="checkbox"/> 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.)
<input type="checkbox"/> Black or African American	(A person having origins in any of the black racial groups of Africa.)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/> 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

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

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

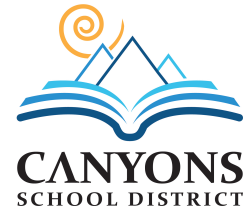
Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	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)

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 or around the 5th 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.

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

Name of Institution: _____

City: _____ State: _____

Routing Number:

Account Number: _____

Deposit To: Checking ☐ Savings ☐

Secondary Account - \$ Amount Only

Name of Institution: _____

City: _____ State: _____

Routing Number:

Account Number: _____

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.

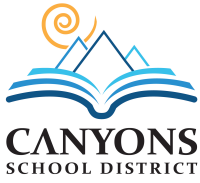
Find Routing Number on Your Check

The diagram shows a check with the following fields and labels:

- Your Name** and **Your Address** at the top left.
- DATE** at the top right.
- 1001** in the top right corner.
- PAY TO THE ORDER OF** followed by a line for the payee name.
- \$** followed by a line for the amount.
- DOLLARS** at the bottom right of the amount line.
- Your Bank Name** at the bottom left.
- MEMO** at the bottom left.
- 123456789** (9 Digit Routing Number) at the bottom left.
- 0000987654321** (Your Account Number) at the bottom middle.
- 1001** (Check Number) at the bottom right.

Labels at the bottom of the diagram:

- 9 Digit Routing Number** (under 123456789)
- Your Account Number** (under 0000987654321)
- Check Number** (under 1001)



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 GCQD, *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 GCQFA.

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

Principal's Signature

Date

Submit a copy of this form to Human Resources.

Legal Liability Protection for School District Employees

**Your School District and its employees are covered for liability by:
The Utah State Risk Management Fund. (Hereafter the Fund)
Lawsuits are defended by: The Litigation Division of the
Utah Attorney General's Office.**

YOUR UTAH STATE RISK MANAGEMENT FUND COVERAGE RIGHTS

If a civil claim or a civil lawsuit for damages is brought against you for acts or omissions occurring:

1. During the performance of your duties;
2. Within the scope of your employment; or
3. Under color of authority, then, under the Governmental Immunity Act of Utah you may have the right:
 - To have any lawsuit defended by an attorney at no cost to you;
 - To have any claim settlement paid on your behalf; and
 - To have any judgment entered against you paid for you.



SECURING COVERAGE

To secure these rights you must:

- Immediately notify the School District of any claim or lawsuit;
- Immediately forward to the School District all legal documents served on you;
- Make a written request to the School District for defense and indemnification within ten days of the service of a lawsuit; and
- Cooperate in the subsequent investigation and defense, including making an offer of judgment if requested.

WHAT IS NOT COVERED?

Your rights to defense and payment of claims or judgments do not cover acts or omissions involving:

- Fraud;
- Willful misconduct;
- Impairment due to your use of alcohol or drugs; or
- False testimony under oath..



Criminal Defense Protection

As a School District employee if: Criminal charges are filed against you for acts or omissions occurring:

1. During the performance of your duties;
2. Within the scope of your employment; or
3. Under color of authority,

then under the terms of Utah Code 52-6 you have the right to recover from your employing School District reasonable attorneys fees and court costs, if the indictment or information is quashed, dismissed or results in an acquittal, unless it is quashed or dismissed on motion of the prosecuting attorney. The Fund does NOT provide an attorney nor pay for attorneys fees incurred in defending a criminal case, nor does it cover or pay for any fines, fees, or any other costs assessed in a criminal case.

Additional Insurance Options

Civil Liability Coverages	Civil coverage not provided by Governmental Immunity Act.Fund	Criminal Defense Coverages
State Risk Fund Coverage for employees of School Districts under the Governmental Immunity Act is generally consistent with the Utah Governmental Immunity Act damage caps. The Fund may cover School Districts' obligations to their employees up to \$10 million per occurrence. Coverage is primary and pays before other coverages. Punitive damages are not covered. Liability for district vehicle usage by employees is covered by the fund.	N/A	No criminal defense coverage.
UEA Coverage limits are \$1 million per occurrence in damages awarded, \$3 million per occurrence aggregate, except civil rights; \$300,000, per occurrence for civil right claims inclusive of defense costs. Coverage is excess of any statutory protection, such as your Governmental Immunity Act coverage with the Fund.	Bail bond premiums, up to \$1,000 per bond covered; Personal property damage caused by assault up to \$500 covered;	\$35,000 per school related criminal proceeding if exonerated from all charges, if charges are withdrawn or dismissed or if case is the result of corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.
AFT Coverage limits are \$1 million per member and \$2 million aggregate, except \$250,000 per member per year for denial of constitutional rights. Coverage is excess of any statutory protection, such as your Governmental Immunity Act coverage with the Fund.	Bond premium available if required for the defense of a suit; Personal property damage caused by assault up to \$250 covered; \$10,000 assault death benefit covered; \$5,000 defense costs in licensure or credential hearing covered.	\$35,000 per member per year for school related criminal charges if completely exonerated or if case results from corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.
AAE Coverage limits are \$2 million per occurrence and \$2 million aggregate and all legal fees are covered, except sexual harassment or abuse.	Bail bond premiums, up to \$1,000 per bond covered. Legal consultation for workplace employment issues.	\$10,000 per member per claim in legal coverage for corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.

For additional information about your rights please see the following:

The Utah Governmental Immunity Act UCA 63G-7; Reimbursement of Criminal Defense Costs UCA 52-6;

Your District Risk Manager or Business Official; or

The Utah State Division of Risk Management

4315 S 2700 W

Salt Lake City, Utah 84129

(801) 957-7170

*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 and coverage brochures provided by UEA & AFT. and coverage brochures provided by UEA & AFT.

AAE – www.aateachers.org for information.

AFT - www.ut.aft.org for information

UEA - www.myuea.org for information