Sweeper

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

- 1. Miscellaneous Application (signed by your Supervisor).
- 2. Valid identification(s) to complete the I-9 in Human Resources (see attached for ID options).
- 3. 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 if you are 18 years or older.

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	LIST B Documents that Establish Identity AN	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary	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	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
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)	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	INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and	3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card	 Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and	7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document	 Native American tribal document U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the	Driver's license issued by a Canadian government authority	 Identification Card for Use of Resident Citizen in the United States (Form I-179)
	proposed employment is not in conflict with any restrictions or limitations identified on the form.	For persons under age 18 who are unable to present a document listed above:	 Employment authorization document issued by the Department of Homeland Security
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	10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3

SWEEPER NEW HIRE ELIGIBILITY FORM CHECKLIST

All new employees must complete the new hire paperwork with Human Resources before they may begin working.

This is only a checklist. Please **DO NOT** give a copy of this form to sweeper. First Name: Last Name: School/Department: Position Title: The Department of Human Resources is required to obtain the following items to complete your personnel file: ☐ Miscellaneous Sweeper Application (must have Asst. Facility Manager's signature) □ *If over 18, online application submitted ☐ Emergency Contact Form ☐ Equal Opportunity Employment Information W-4 Direct Deposit Form with voided check and/or form from bank ☐ I-9 Form (Proof of Work Eligibility(i.e. Student ID, Social Security, Birth Certificate, or Passport) Completed Initial Sweeper Training Ticket ☐ Fingerprinted in Human Resources if over the age of 18 (District Office) ☐ Sweeper Training Class Ticket given to sweeper ☐ Copy Hire sheet and send to Bailey Pearson in Facilities Add employee to database for Sweeper Orientation Class (HR Tree, Sweeper Orientation Roster. Add today's date and fill in the blanks, SAVE) Attach original hire sheet to other documents and give to Ricki This individual has completed all new hire paperwork and may begin working. **Department of Human Resources** Date Rev. 5/28/2020



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 S	tate Retirement System?	Yes No	
Are you married? Yes	No		
EM	ERGENCY CONTACT IN	NFORMATION	
In case of emergency, please no	tify:		
Name:			
Telephone: () -			
Relationship:			
Where did you learn	of this employment op	portunity with Ca	anyons School
	District?		
Canyonsdistrict.org	Employee Referral	(Employee Name)	
Vidcruiter	CSD School	, , , , , , , , , , , , , , , , , , , ,	
Workforce Services	Career Center/Handshal		
Other(Please List Source)	Career Fair		
(Please List Source)		(List Career Fall)	
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	Mi	iddle	
Gender: (Check the box next to ye	our gender.)			
☐ I do not wish to self identify		☐ Female		Male
Veteran Status: (Check the box	next to all statemer	nts that apply to your o	current statu	us.)
☐ I do not wish to self identify				
				Administration disability compensation rated at 30 of a disability incurred or aggravated in the line of
	64 through May 7,	1975; and was discha	rged or rele	of the United States Armed Forces in the Republic of eased with any discharge other than dishonorable of bility.
OTHER PROTECTED VETER or in a campaign or expedition				vice of the United States on active duty during a war
☐ 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/LAT	INO? (Choose only	y one)		
☐ No, not Hispanic/Latino				
Yes, Hispanic/Latino	(A person of C or origin, regar		Rican, Sou	outh or Central American, or other Spanish culture
The above part of the question is all marking one or more boxes to indicate			you selected	ed above, please continue to answer the following b
Part B: WHAT IS YOUR RACE? (C)	,			
American Indian or Alaskan Native				eoples of North and South American (including ation or community attachment.)
Asian	Indian subcont		ample, Cam	eoples of the Far East, Southeast Asia, or the nbodia, China, India, Japan, Korea, Malaysia, Vietnam.)
☐ Black or African American	(A person havi	ing origins in any of the	e black racia	al groups of Africa.)
Native Hawaiian or Other Pacific Islander	(A person havi	ing origins in any of the	e original pe	eoples of Hawaii, Guam, Samoa, or other Pacific
White	(A person havi Africa.)	ing origins in any of the	e original pe	eoples of Europe, the Middle East, or North

Rev. 11.1.2019

Form **W-4**

Employee's Withholding Certificate

ng Certificate

OMB No. 1545-0074

2023

Department of the Treasury Internal Revenue Service 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:	(a) First name and middle initial	Last name		(b) So	cial security number
Enter Personal	Address				our name match the
Information	City or town, state, and ZIP code	card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.			
	(c) Single or Married filing separately			or go to	7 WWW.33a.gov.
	☐ Married filing jointly or Qualifying surviving s	pouse			
	Head of household (Check only if you're unmar	ried and pay more than half the costs	of keeping up a home for y	ourself an	d a qualifying individual.)
	ps 2-4 ONLY if they apply to you; otherwise on from withholding, other details, and privace		2 for more information	n on ea	ach step, who can
Step 2: Multiple Job	Complete this step if you (1) hold mor also works. The correct amount of with				
or Spouse	Do only one of the following.				
Works	(a) Reserved for future use.				
	(b) Use the Multiple Jobs Worksheet	on page 3 and enter the resu	ılt in Step 4(c) below;	or	
	(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	than (b) if pay at the lower pa		half of	the pay at the
	TIP: If you have self-employment inco	ome, see page 2.			
	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form			os. (You	r withholding will
Step 3:	If your total income will be \$200,000 c	or less (\$400,000 or less if ma	arried filing jointly):		
Claim	Multiply the number of qualifying of	hildren under age 17 by \$2,0	00 \$	_	
Dependent and Other	Multiply the number of other depe	ndents by \$500	. \$	-	
Credits	Add the amounts above for qualifying this the amount of any other credits.				\$
Step 4 (optional): Other	(a) Other income (not from jobs). expect this year that won't have w This may include interest, dividend	ithholding, enter the amount	of other income here		\$
Adjustments	(b) Deductions. If you expect to claim want to reduce your withholding, u the result here				\$
	(c) Extra withholding. Enter any addi	tional tax you want withheld e	each pay period	4(c)	
		• • • • • • • • • • • • • • • • • • • •	Tologopo • Hara • • Procedence of the Land		1*
Step 5: Sign	Under penalties of perjury, I declare that this certi	ficate, to the best of my knowled	dge and belief, is true, c	orrect, a	nd complete.
Here	Foods and State 1	P.J. T			
	Employee's signature (This form is not va	lia unless you sign it.)	Da	ite	
Employers Only	Employer's name and address First date of employment Employer in number (Elf				

Cat. No. 10220Q

Form W-4 (2023)

General Instructions

Section references are to the Internal Revenue Code.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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

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

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

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

Form W-4 (2023) Page 4													
	Married Filing Jointly or Qualifying Surviving Spouse Lower Paying Job Annual Taxable Wage & Salary												
Higher Paying J													
Annual Taxabl Wage & Salar	у	\$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 - 9,9		\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,9		0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,9	_	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,9		850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,9		1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,9	_	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,9 \$70,000 - 79,9		1,020 1,020	2,220 2,220	3,340 3,340	3,540 3,540	3,740 4,720	4,750 5,750	5,750 6,750	6,750 7,750	7,750 8,750	8,750 9,750	9,750 10,750	10,610 11,610
\$80,000 - 79,9		1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,9	_	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,9	- 1	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,9		2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,9	999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,9	999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,9	999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,9	999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,9		2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and ov	er	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250
								Separate	Wage & S	Palan,			
Higher Paying J Annual Taxabl		* 0	¢10.000	£00,000						T	****	\$400 000	6440.000
Wage & Salar		\$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 - 9,9	999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,9		890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,9	999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,9	999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,9	999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,9	_	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,9		1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,9		2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,9 \$150,000 - 174,9	$\overline{}$	2,040	3,970 3,970	5,300 5,610	6,500 7,610	7,700 9,610	9,610 11,610	10,610 12,610	11,610 13,750	12,610 15,050	13,610 16,350	14,900 17,650	16,020 18,770
\$175,000 - 174,8	- 1	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,9		2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,9	-	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,9		2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and ov	- 1	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330
						Head of	Househo	old					
Higher Paying J					Lowe	r Paying .	Job Annua	al Taxable	Wage & S	Salary			
Annual Taxabl Wage & Salar		\$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 - 9,9	999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,9	999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,9	999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,9		1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,9		1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,9	_	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,9	- 1	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,9 \$125,000 - 149,9		2,040 2,040	4,440 4,440	6,070 6,070	7,430 7,430	8,630 8,630	9,830 9,980	11,030 11,980	12,230 13,980	13,190 15,190	14,190 16,190	15,190 17,270	16,150 18,530
\$125,000 - 149,8	_	2,040	4,440	6,070	7,430	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 174,0		2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,9		2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,9	_	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and ov		3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

Direct Deposit Authorization

This Request Supercedes 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.

adjustme debit the has rece district a	e same entries to such account. This authorization is eived written notification from me terminating direct de	entries and to initiate, if necessary, debit entries and cated below and the depository named below to credit and to remain in full force and effect until Canyons School District eposit, at such time and in such manner as to afford the ble to notify Canyons School District when changes are made
-	Employee Name (please print)	Social Security Number
-	Employee Signature	Date
	Primary Account	Secondary Account - \$ Amount Only

	Primary Account	Secondar	y Account - \$ Amount Only
Name of Institutio	n:	Name of Institution:_	
City:	State:	City:	State:
Routing Number:		Routing Number:	
Account Number:		Account Number: Deposit Amount: (per pay period)	\$.
Deposit To:	Checking Savings	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





Temporary Employment Agreement (ESP)

1	
understand that the position of,	
at	
for the school year is a temporary assignment of one school year t	hat is based upon District,
Federal or State monies or grants. Therefore, my voluntary acceptance of this position	n qualifies me as a temporary
employee of the Canyons School District pursuant to District Policy 400.41, Termination	on of Employment of Support
Staff (ESP). Temporary employees serve at will and have no expectation of continued	d employment. When this
temporary assignment ends at the end of the school year, I understand that my emplo	yment 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 the	
an application through the Human Resources Department and I will be considered, alc	ong 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 co	onditions. Laccent the
temporary assignment indicated above. I acknowledge having received a copy of this	
tomporary assignment indicated above. I dolliowiouge having received a copy of this	agroomont.
Employee's Signature	Date

Submit a copy of this form to Human Resources.