

OAK HILLS BOARD OF EDUCATION
6325 Rapid Run Road
Cincinnati, Ohio 45233
513 598-2953

TO: Classified Substitute
FROM: Amy Marquette, Director Human Resources

Thank you for your request to serve as a substitute in the Oak Hills Local Schools.

Prior to your being considered for our sub list you must be approved by the Board of Education and the following must be on file in the Human Resources Office:

1. Application – If you have not done so already, please complete an online application @ <http://www.applitrack.com/greatercincinnati/onlineapp/>
2. Background verification form
3. U.S. Withholding form (W-4)
4. State Tax form (IT-4)
5. City Tax Form (if not applicable please check, sign and date)
6. State Employees Retirement form
7. Employment Eligibility Verification form (I-9) (**Original Documents**)
8. **Social Security Card**
9. Social Security Form SSA-1945
10. State Auditor Form
11. Direct Deposit Form (**attach a “void” check or have bank sign the direct deposit form**)
12. BCII and FBI Fingerprinting (**\$51 fee, payable by cash or check**)
13. Call Judy Davis (sub nurses) at 598-2953 or Laura Dougoud (sub secretaries, food service, transportation, custodians) at 513-598-3405 to make an appointment for an interview and to return all completed forms.

To avoid confusion and missing materials, **ALL FORMS MUST BE RETURNED TO THE HUMAN RESOURCES OFFICE IN PERSON. DO NOT RETURN THEM BY MAIL.**

NO PAY WILL BE ISSUED UNTIL ALL OF THE ABOVE ARE ON FILE IN OUR OFFICE.

The normal procedure is to inform you of the need for your services as far in advance as possible.

The days that substitutes serve are recorded by the school secretary. These time cards are then sent to the Treasurer on Friday of each week. Direct Deposit is mandatory in the Oak Hills School District. Your check is directly deposited in the bank of your choice and your payroll stub will be mailed to you. Your check is directly deposited the 1st and 15th of each month.

We appreciate your interest in subbing for the Oak Hills District and trust that your association with us will be beneficial to all concerned. If you have any questions, please check with the Office of Human Resources by calling 598-2953.



Oak Hills Local School District

6325 Rapid Run Road, Cincinnati, Ohio 45233

Phone: (513) 574-3200

BACKGROUND VERIFICATION

Name _____ (Maiden) _____

Address _____ City _____ State _____ Zip _____

Previous _____ City _____ State _____ Zip _____

SS# _____ Place of Birth _____ Driver's License # _____

Date of Birth _____ (Age is not a criterion for employment purposes - used for identification purposes only)

Position Applying for: _____

EMPLOYMENT BACKGROUND

Last Employer _____ Position _____ Phone # _____ From _____ To _____

City & State _____ Supervisor _____ Reason Left _____

Previous Employer _____ Position _____ Phone # _____ From _____ To _____

City & State _____ Supervisor _____ Reason Left _____

EDUCATIONAL BACKGROUND

College Attended _____ City & State _____ From _____ To _____

High School Attended _____ City & State _____ From _____ To _____

Other School Attended _____ City & State _____ From _____ To _____

Degree(s) Earned _____ Are you a high school graduate? _____

I hereby authorize the release to the Oak Hills Local School District of information by any governmental authority (including but not limited to the Hamilton County Sheriff's Department, the Green Township Department and the Delhi Township Police Department) regarding my record of convictions for violations of any Federal, State or Local statutes or ordinances of my driving record. I further understand the public record information will be reviewed initially and may be reviewed periodically by the Oak Hills Local School District in connection with my continued employment.

I understand that the Oak Hills Local School District intends to utilize the investigation into my background for employment purposes only, and shall not disclose such information to any other party.

I hereby certify that the above information is true to the best of my knowledge and belief and I understand that should any information provided by me prove to be false, it may result in my non-employment or in the termination of my employment by the Oak Hills Local School District.

Signature _____ Date _____

OFFICE USE ONLY - COMMENTS

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		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
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
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 (b) Multiply the number of other dependents by \$500 Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3(a) \$	3(b) \$	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 (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 (c) Extra withholding. Enter any additional tax you want withheld each pay period	4(a) \$	4(b) \$	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 <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . <input type="checkbox"/>		
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)



Department of Taxation

IT 4
Rev. 01/24

Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (#####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
3. Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional)\$

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature

Date

ALL EMPLOYEES:

If your residence is located in a city that has City Income Taxes levied, you may authorize payroll deductions to meet the obligation by completing the form below. You must authorize the deduction to the Office of the Treasurer of the District.

Name (please print)

Social Security Number

Building

[] Please deduct _____ City
(your city of residence)

Income Taxes, effective _____,

20 _____, from gross earnings accumulated through employment with the Oak
Hills Local School District Board of Education.

[] City Tax is not applicable

Date

Signature



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 East Broad Street, Suite 100, Columbus, Ohio 43215-3746

614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

Membership Record

PART A - TO BE COMPLETED BY MEMBER

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SOCIAL SECURITY NUMBER

LAST NAME	FIRST	MIDDLE	MAIDEN
PERMANENT MAILING ADDRESS	STREET		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY		STATE	ZIP
DATE OF BIRTH	E-MAIL ADDRESS		
MONTH	DAY	YEAR	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
PHONE NUMBER ()			<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED

FAMILY DATA

SPOUSE	LAST NAME	FIRST	MIDDLE OR MAIDEN	DATE OF BIRTH MONTH/DAY/YEAR
CHILDREN				
FATHER				
MOTHER				

JOB CLASSIFICATION

Mark one box only:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Educational Aide	<input type="checkbox"/> Supplemental (Coach, Advisor, Etc.)
<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Food Service	<input type="checkbox"/> School Board Member
<input type="checkbox"/> Custodial/Maintenance	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other _____

If an employee of the schools through an outside contract company

Name of contract company: _____

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER	BENEFIT
School Employees Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
State Teachers Retirement System of Ohio	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio Public Employees Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio Police & Fire Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor
Cincinnati Municipal Retirement System	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Service <input type="checkbox"/> Disability <input type="checkbox"/> Survivor

MEMBER CERTIFICATION

I hereby certify the information given here to be true to the best of my knowledge.

SIGNATURE _____

DO NOT PRINT

DATE _____

PART B - TO BE COMPLETED BY EMPLOYER

SCHOOL DISTRICT

COUNTY

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COUNTY

DISTRICT NO.

MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 - June 30) _____

I hereby certify that I have verified the employee's Social Security number, the job title, and the first date of service for the current employment.

TREASURER'S SIGNATURE _____

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date: _____

Form I-9

Purpose of Form

Form I-9 is used for verifying the identity and employment authorization of individuals hired for employment in the United States. All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens. Both employees and employers (or authorized representatives of the employer) must complete the form. On the form, an employee must attest to his or her employment authorization. The employee must also present his or her employer with acceptable documents evidencing identity and employment authorization. (**You will need to bring in “original” documents.**) The employer must examine the employment eligibility and identity document(s) an employee presents to determine whether the document(s) reasonably appear to be genuine and to relate to the employee and record the document information on the Form I-9. The list of acceptable documents can be found on the last page of the form. Employers must retain Form I-9 for a designated period and make it available for inspection by authorized government officers.

Please use the link below to read the instructions for Form I-9.

<http://www.uscis.gov/I-9>



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No 1615-0047

Expires 07/31/2026

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														
<p>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.</p>	<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.)</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p>																			
	<p>If you check Item Number 4., enter one of these:</p> <table border="1"> <tr> <td>USCIS A-Number</td> <td>OR</td> <td>Form I-94 Admission Number</td> <td>OR</td> <td colspan="3">Foreign Passport Number and Country of Issuance</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td colspan="3"></td> </tr> </table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance								
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)				
<input type="checkbox"/> 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		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
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For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:</p> <ul style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ul style="list-style-type: none"> (1) The same name as the passport, and (2) An endorsement of the individual's status or parole 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. <p>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</p>		<p>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</p> <p>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</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions.</p> <ul style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>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</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security</p> <p>For examples, see <u>Section 7</u> and <u>Section 13</u> of the M-274 on uscis.gov/i-9-central</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on I-9 Central for more information.

Auditor of State Fraud Reporting System Information

The Ohio Auditor of State's office maintains a system for the reporting of fraud, including misuse of public money by any official or office. The system allows all Ohio citizens, including public employees, the opportunity to make anonymous complaints through a toll free number, the Auditor of State's website, or through the United States mail.

Auditor of State's fraud contact information:

Telephone: 1-866-FRAUD OH (1-866-372-8364)

US Mail: Ohio Auditor of State's office

Special Investigations Unit
88 East Broad Street P.O.
Box 1140 Columbus, OH
43215

Web: www.ohioauditor.gov

Section 124.341(B) and (C) of the Ohio Revised Code provide "except as otherwise provided in division (C) of this section, no officer or employee in the classified or unclassified civil service shall take any disciplinary action against an employee in the classified or unclassified civil service for making any report or filing a complaint [to the Auditor's system of reporting fraud]. Including, without limitation, doing any of the following:

- (1) Removing or suspending the employee from employment;
- (2) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;
- (3) Transferring or reassigning the employee;
- (4) Denying the employee promotion that otherwise would have been received;
- (5) Reducing the employee in pay or position.

An employee in the classified or unclassified civil service shall make a reasonable effort to determine the accuracy of any information reported under division (A) of this section. The employee is subject to disciplinary action, including suspension or removal, as determined by the employee's appointing authority, for purposely, knowingly, or recklessly reporting false information under division (A) of this section."

Acknowledgement of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office. Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging the Oak Hills Local School District provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the before-mentioned fraud-reporting system.

I have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

PRINT NAME, TITLE, AND DEPARTMENT

PLEASE SIGN NAME

DATE



**OAK HILLS LOCAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL**

I (we) hereby authorize Oak Hills Local School District to initiate electronic credit entries to my (our) financial institution. You may choose a maximum of three accounts, per employee, to deposit your funds.
For example: (1.) Savings - Credit Union (2.) Checking - PNC (3.) Savings - 5/3

Account Type Checking or Savings	Amount Percentage or Remainder	Institution City, State	Account #	TO BE FILLED OUT BY BANK	
				ABA	Authorized Bank Signature
#1					
#2					
#3					

This authority is to remain in full force and effect until Oak Hills Local School District has received written notification from me of its termination in such time and in such manner to afford the Oak Hills Local School District and financial institution a reasonable opportunity to act upon it.
Notification of such will need to be to the Payroll Department fifteen (15) days prior to a pay date to insure timely processing.

NAME (Please Print) _____

SIGNATURE _____

SOCIAL SECURITY # _____

DATE _____

BCII & FBI FINGERPRINTING

State law requires a criminal record check (fingerprinting) of applicants receiving “final considerations” for a position in the schools of Ohio (full time, part time, substitute or coach). All applicants are required to do both the BCII and the FBI background checks. The results of these checks are confidential and will not be shared outside of the Oak Hills Local School District.

BCII and FBI fingerprints are “current” for one year from the date that you had them done. If you are hired and you have been fingerprinted in another school district within a year, you will not need to be fingerprinted again by the Oak Hills Local School District, but you will need to provide the district with a copy of the “No Record Verification” result sheets for both the BCII and FBI. These will be kept in your personnel file. If you do not have the “No Record Verification” result sheets, you will be required to be reprinted.

If you have not had the prints done prior to working at the Oak Hills Local School District, we are able to do them at the district office when you bring in your hiring paperwork. If you have them done outside of the school district, make sure to ask for a copy of the results.

Oak Hills Local School District – Board of Education Administrative Office, 6325 Rapid Run Road, Cincinnati, OH, 45233. Fingerprinting is done by appointment only. The cost is \$26.00 for the FBI and \$25.00 for the BCII. You can pay by check, cash or credit card.

You can be employed conditionally, pending the outcome of the records check. When the satisfactory records check is returned to us by the Bureau, your employment is normalized. If an unsatisfactory check is received, the law states that we must release you.