

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

TO: Classified Substitute
FROM: Dan Beckenhaupt, 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**)
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

2022

► **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 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ► \$		
	Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

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

► **Employee's signature** (This form is not valid unless you sign it.) Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
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**Department of
Taxation****IT 4**
Rev. 12/20**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

☐ MALE
☐ FEMALE

CITY

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

E-MAIL
ADDRESS

PHONE NUMBER ()

☐ SINGLE
☐ MARRIED

☐ DIVORCED
☐ WIDOWED

FAMILY DATA

LAST NAME

FIRST

MIDDLE OR MAIDEN

DATE OF BIRTH
MONTH/DAY/YEAR

SPOUSE

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:

School Employees Retirement System of Ohio
State Teachers Retirement System of Ohio
Ohio Public Employees Retirement System
Ohio Police & Fire Pension Fund
Ohio State Highway Patrol Retirement System
Cincinnati Municipal Retirement System

MEMBER
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No
☐ Yes ☐ No

BENEFIT
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ Survivor
☐ None ☐ Service ☐ Disability ☐ 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

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COUNTY

--	--	--

DISTRICT NO.

SCHOOL DISTRICT

COUNTY

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. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.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 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on 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 10/31/2022

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page



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.

<p align="center">LIST A</p> <p align="center">Documents that Establish Both Identity and Employment Authorization</p>	<p align="center">LIST B</p> <p align="center">Documents that Establish Identity</p>	<p align="center">LIST C</p> <p align="center">Documents that Establish Employment Authorization</p>
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p> a. Foreign passport; and</p> <p> b. Form I-94 or Form I-94A that has the following:</p> <p> (1) The same name as the passport; and</p> <p> (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.</p> <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 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> <p> (1) NOT VALID FOR EMPLOYMENT</p> <p> (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p> (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <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>

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

Refer to the instructions for more information about acceptable receipts.

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) _____

SOCIAL SECURITY # _____

SIGNATURE _____

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.