SUBSTITUTE INFORMATION PACKET

Substitutes are paid on the 30th of each month. Certified substitutes are paid $65 per day. Non-certified substitutes are paid $55 per day. Cafeteria substitutes are paid $7.25 per hour (minimum wage). All documents must be completed and returned to the business office of the district before being called for work. Payment will not be paid to substitutes if documents are not complete.

COMPLETED SUBSTITUTE PACKETS MUST INCLUDE:

1. Application
2. W-4
3. Form I-9
4. Copy of Drivers License
5. Copy of Social Security Card
6. Current copy of teaching certificate (if certified teacher)
7. OSBI/Fingerprint form/National Criminal History Record Check form
8. IdentoGo paperwork (Verification of fingerprints)
9. Records Investigation Consent form
10. Substitute Teaching Agreement Form

FINGERPRINTING AND BACKGROUND CHECKS:

Anyone applying to substitute for Heavener Public Schools must have a National Criminal Felony Search completed. This is State Law. Once your background check has been approved it will remain in the district files for 5 years as long as you substitute during each school year.

If you have completed a background check with another school district during the current school year, we will accept a copy from that district and you will not be required to complete fingerprints at this time. OSBI background checks are good for all districts in the State of Oklahoma.

You will need to get fingerprinted for the National Criminal History Record Check. We use IdentoGO and the closest location is at 1501 Clayton Avenue - Oaks Health Care Center - Poteau. To complete your fingerprinting you must schedule an appointment with Identigo. Use this link to schedule your appointment:https://ok.state.identogo.com/ . (Select the green box on the left for In-State Digital Fingerprinting Services) **Use code 2B7KRR. The cost is $58.25**. You will need to show your driver's license and will need to pay by credit card at the fingerprint site. After you complete the screening, bring the receipt to the business office with your paperwork. Once your paperwork is completed and turned in to the Business office you will be temporarily added to our list of substitutes and will be allowed to substitute for up to 60 days or until we receive your background check. If your background check is clear, you will be added to our list for the current school year.

Return all completed forms to Sabrina Dyer at the Glenn Scott Educational Center @ 500 West 2nd Street. Any questions regarding the attached forms, please call 918.653.7223.

Heavener Public Schools
Application for Substitutes

Name:_____

Address: _____
City: _____State: _____ Zip: _____

Length of residence at above address:_____
Previous residence if less than 3 years: _____

Social Security Number: _____ Date of Birth: _____

Phone # _____ Email address: _____

Check the buildings you would like to substitute at:
_____ Elementary _____ Middle School _____ High School _____ Cafeteria

Do you have a High School Diploma or GED	YES	NO
Do you have a current Oklahoma teaching license?	YES	NO
(if yes, provide a copy of current certificate with application)		
Are you retired, drawing from OK Teachers Retirement System	YES	NO

Conviction of a felony offense prohibits an individual from serving as a school employee in the State of Oklahoma.

Have you ever been convicted of a state or federal felony offense?	YES	NO
Have you been charged with a state or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty?	YES	NO
Have you ever been involuntarily terminated from employment of any School District?	YES	NO
Have you plead guilty or been convicted of a state or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?	YES	NO
Have you ever entered into a deferred prosecution agreement with a state or federal prosecutor?	YES	NO
Do you have a relative who works for Heavener Public Schools or who serves as a member of the Board of Education?	YES	NO
(If yes, list name and relationship)_____		

A new application must be submitted each year to be considered for any substitute.

_____ _____
Signature Date

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

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

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*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

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

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

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

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

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

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

Exempt from withholding

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

Step 5: Sign Here

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

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any) _____

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
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)					

Additional Information

☐ 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)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

OKLAHOMA Education

Service code options:
- School District Employment—2B7KRR
- Teacher Certification—2B7KS5
- Dual Processing (*at OSDE ONLY*)—2B7KTN

Lindel Fields
State Superintendent of Public Instruction
Oklahoma State Department of Education
Teacher Certification Section
(405) 521-3337

APPLICATION FOR NATIONAL CRIMINAL HISTORY RECORD CHECK

➤ Part I: PERSONAL INFORMATION OF APPLICANT *Valid photo ID required at Time of Live Scan *Cash Not Accepted

In accordance with 70 O.S. § 5-142, the State Board of Education requests criminal history information on:
Please type or print plainly in ink.

Name (Print) _____

Also Known As (AKA) or Maiden Name (if applicable) _____

Date of Birth ___ / ___ / ___ Race _____ Sex _____ Social Security Number _____ - _____ - _____

Height _____ Weight ____ Eye Color _____ Hair Color _____ Place of Birth _____ Citizenship _____

Enrollment ID: _____ Registration ID: _____ Phone #: (_____) _____-_____

➤ PART II: SUPERINTENDENT'S REQUEST FOR CRIMINAL HISTORY RECORD CHECK

_____
(Position Sought or Held)

_____
(School District)

_____
(School District Address)

_____
(City, State, Zip Code)

_____
(Superintendent or Designated Personnel)

_____
(School District Telephone Number) (Date)

Sex Offender Check

SDE or OSBI USE ONLY

Violent Offender Check

SDE or OSBI USE ONLY

➤ PART III: SUBMISSION TYPE AND PAYMENT – CHOOSE OPTION 1, 2 OR 3 (CASH NOT ACCEPTED)

☐ **OPTION 1 Electronic Livescan at OSDE Satellite Sites – $58.25 ➤ 7 Business Days ➤**

Please have this form available and visit https://ok.state.identogo.com/. or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment will be due at the time of fingerprinting.

- ☐ Credit Card, Money Order or Check (certified, business or personal - payable to "Idemia")
- ☐ Idemia coupon code : _____

☐ **OPTION 2 Electronic Livescan at OSDE– $58.25 ➤ 7 Business Days ➤**

Please have this form available and visit https://ok.state.identogo.com/. or call (877) 219-0197 to schedule your fingerprint appointment at a nearby enrollment center. Payment will be due at the time of fingerprinting.

- ☐ Credit card, Money Order or Check (attach a certified, business or personal check - payable to "Idemia")
- ☐ Idemia coupon code : _____

☐ **OPTION 3 Ink Card Submission to OSBI – $45 ➤ Up to 6 Weeks ➤ (For School Employment Only)**

- ☐ Money Order or Check (attach a certified, business or cashier check – payable to "OSBI")
- ☐ OSBI Approved PO number : _____

➤ PART IV: STATE DEPARTMENT OF EDUCATION USE ONLY

Revised February 2026

The undersigned certifies the State Board of Education has received this application from an approved requester.

Background Check Programs Manager, Teacher Certification DATE

Criminal Charges (Felonies and Misdemeanors)

SDE or OSBI ONLY

INSTRUCTIONS

National Criminal History Record Check for Employment Purposes

A board of education shall request such information for any person seeking employment with the school. Districts are required to have designated staff for requesting and reviewing such information on file at the Oklahoma State Department of Education. Applications not completely and legibly filled out will be returned to the school district for corrections. The applicant gives consent for background check by filing out and submitting this application.

OPTIONS FOR NATIONAL CRIMINAL HISTORY RECORD CHECK

OPTION 1 - OSDE SCANNING OF FINGERPRINTS IN PERSON AT SATELLITE SITES

➤ 7 Business Days to Process ➤

➤ Satellite Sites are Appointment Only Locations ➤

$58.25 payable by credit card, school check, personal check or money order.

- Please have this form available and visit https://ok.state.identogo.com/ or call (877) 219-0197 to register for your fingerprinting appointment at a nearby enrollment center. Payment will be due at the time of fingerprinting. After you have fingerprinted, please return this form to your school or email it in to us at backgroundchecks@sde.ok.gov .

OPTION 2 - OSDE SCANNING OF FINGERPRINTS IN PERSON

➤ 7 Business Days to Process ➤

➤ Appointments at OSDE for "Dual" Livescan ONLY➤

$58.25 payable by credit card, school check, personal check or money order.

- You must now register before you can do your background check. Please go to Idemia's website at https://ok.state.identogo.com/ to register. You will need to provide that registration ID & UE ID with you at the time of printing.
- Money order, school check or personal check payable to Idemia. Credit card payable at the time of printing. If the credit card holder is different than the person fingerprinting, the card holder MUST be present to sign for the transaction.
- A valid picture ID required at time of live scan. Hours of operation for fingerprinting are 8:10am-3:40pm Monday-Friday. The office is closed during all major holidays.

OPTION 3 - SERVICE CHARGE FOR OSBI FINGERPRINT CARD PROCESSING

➤ 4 to 6 Weeks to Process ➤

$45 payable by school purchase order number, certified check, school check, cashier's check, or money order payable to the Oklahoma State Bureau of Investigation. Only public schools with approved billing accounts at the OSBI may use school purchase orders. **THE OSBI WILL NOT ACCEPT PERSONAL CHECKS OR CASH.**

- If paying by school purchase order, please include the purchase order number on the line provided in **Part III**. School districts using a purchase order number will receive a monthly billing statement from the Oklahoma State Bureau of Investigation; do not include payment with the search requests.
- The local school district has the option of reimbursing employees the cost of the background check. However, if a person is already employed by a district at the time the background check request is made, the district shall promptly reimburse the employee in full for the fee unless the person was employed pending receipt of the criminal history information check.

1. **Applicant Notification:**

   - I understand that my fingerprints will be used to check the criminal history records of the OSBI and FBI.
   - https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/compact-council/privacy-act-statement
   - I will be provided the opportunity to complete, or challenge the accuracy of any Criminal History information found.
     - The procedure for obtaining a change, correction or updating a FBI identification record is set forth in Title 28, CFR, 16.34. For information on updating the national criminal history visit https://www.edo.cjis.gov/#/ .
   - If there is a criminal history in question I will be given the opportunity to change, correct or update any information by notifying the appropriate arresting agency or court clerk.

2. **Results of Criminal History Check.** Results are returned to the State Department of Education. Each set of results will be forwarded to the designated personnel of the local school district by the Teacher Certification Section. According to Senate Bill 1673, personnel

authorized by the district to receive and review a National Criminal History Record Check (NCHRC) must have a NCHRC on file with the district and a compliance form on file with the Oklahoma State Department of Education.

3. **Employment Decisions Based on Criminal History Information.** State law authorizes the State Department of Education to request from the OSBI and/or FBI criminal history information on applicants for school employment on behalf of a local school district. Once information is forwarded to the local school district, the local board of education is responsible for researching any arrests, charges, and/or convictions that may appear on the reports received from the OSBI and/or the FBI, and for making hiring decisions based upon the information received. Per HB 1418, temporary employment of a prospective employee shall terminate after 60 days unless the district receives results of the NCHRC.

4. **Substitute Teachers.** Any person applying for employment as a substitute teacher shall be required to have a NCHRC for the school year. However, a district may choose whether to require a NCHRC if the person was employed by the district in the last year. Any person applying to substitute teach in more than one district shall, upon that person's request, have the NCHRC sent to any other districts where they have applied to substitute teach. Any person employed as a full-time teacher in an Oklahoma school district in five years preceding their application to substitute teach may not be required to have a NCHRC, if the teacher produces a copy of a NCHRC completed within the preceding five years and a letter from the district where the teacher was last employed stating the teacher left in good standing.

Mail information to: Oklahoma State Department of Education
Teacher Certification Section, Room 111
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
Telephone: (405) 521-3337
Email: backgroundchecks@sde.ok.gov

Revised February 2026

Heavener Public Schools
Records Investigation Consent

The name and fingerprints of an applicant for employment with this school district will be submitted to the Oklahoma State Bureau of Investigation for a national felony records search. Such search will require that you be fingerprinted and that you will pay the cost of fingerprinting.

I state that I have read the above requirements and do consent to being fingerprinted. I will pay the fee for an OSBI felony records search.

Signed this _____ day of _____, 2024.

_____
Applicant Name

_____
Mailing Address

_____
City

_____
Signature of Applicant

I understand that as a substitute teacher for Heavener Public Schools, I am to follow the directions either verbally or in writing provided by the teacher, principal and/or superintendent. Particularly in the area of confidentiality, I understand that I have to comply with practice, policy and law. Any incident of now following directions or breaching confidentiality regarding a student or staff member may warrant immediate action to include, but not limited to, removal from the school site.

_____ _____
Name of Substitute Signature of Substitute

Dated:_____

Heavener Public Schools
Substitute Teaching Agreement

This agreement is made between Heavener Public Schools and the undersigned Substitute Teacher, hereinafter referred to as "Substitute."

Purpose:

This agreement outlines the expectations, responsibilities, and requirements of substitute teachers employed by Heavener Public Schools to ensure continuity of instruction and student safety in the absence of regular classroom teachers.

General Expectations:

1. Professionalism
   - Arrive on time and remain on duty throughout the scheduled assignment.
   - Dress appropriately in accordance with district policy.
   - Maintain confidentiality regarding student and staff information.
2. Classroom Management
   - Maintain a safe, respectful, and orderly environment.
   - Follow the classroom teacher's lesson plans and behavior expectations.
   - Document and report any major behavioral issues or incidents.
3. Instructional Duties
   - Deliver provided lesson plans to the best of your ability.
   - Leave notes for the classroom teacher summarizing the day.
   - Do not introduce new material unless directed.
4. Handling of Money
   - Substitutes are not permitted to collect, count, or handle any student money.
   - Students should be instructed to give money to another designated staff member (e.g., team teacher, office staff), or wait until their regular teacher returns.
   - This includes lunch money, fundraising, field trip fees, or any other payments.
5. School Procedures
   - Follow all school safety, emergency, and discipline procedures.
   - Check in with the main office upon arrival and before leaving.
   - Use provided materials and technology responsibly and as instructed.
6. Attendance & Punctuality
   - Notify the district as early as possible if you are unable to report for an assignment.
   - Remain with students at all times unless another staff member is present.
7. Communication
   - Maintain positive communication with staff, students, and administrators.
   - Ask questions or seek support from neighboring teachers or administration when needed.
8. Technology & Records
   - Do not use personal devices during instructional time.
   - Do not access student records unless directed and authorized.

Agreement Acknowledgment:

I understand and agree to uphold the expectations listed above. I acknowledge that failure to comply with these expectations may result in removal from the substitute list.

Substitute Name (Printed): _____

Signature: _____

Date: _____