Lemont-Bromberek Combined School District 113A
Substitute Support (Non-Certified) Checklist

District 113A Administrative Center
16100 W 127th Street
Lemont, Illinois 60439
Telephone: 630/257-2286
Fax: 630/243-5199

NAME: _____ **POSITION:** _____ **DATE:** _____

Submit the documents listed below to the district office (address noted above). If you have any questions, contact Katie Krop at 630-257-2286, extension 4604 or kkrop@sd113a.org.

_____ submit a completed on-line District 113A application (www.sd113a.org)

_____ Certificate of Authorization from South Cook ISC4 Region 07
You will be fingerprinted at the South Cook ISC4 AND you will take a copy of your physical/tb test to the South Cook. Once your fingerprint results are back, you will receive an Authorization form from the South Cook ISC4. If you have not been fingerprinted by the South Cook ISC4, call 708/754-6600 and make an appointment.

You are entitled to obtain a paper copy of your background check that was conducted. Initial either yes or no.
_____ Yes. I would like a copy of my background check.
_____ No. I would not like a copy of my background check.

_____ Educator license or educator license with stipulations registered in South Cook ISC4 Region 07
(If you do not have an educator license or an educator license with stipulations, contact the South Cook ISC4 at 708-754-6600.)

_____ record of physical examination and documentation of freedom from tuberculosis (conducted not more than 90 days preceding date of application) For a list of free or sliding-scale clinics, visit https://www.freeclinics.com/

_____ Proof of Covid-19 vaccination

_____ DCFS 2 forms _____ Date submitted _____ Date received

_____ emergency information form

_____ I-9 form, Employment Eligibility Verification *See page 3 for acceptable documents to bring to District Office.*

_____ IMRF form

_____ job description

_____ new hire reporting form

_____ race/ethnicity form

_____ sexual harassment policy receipt

_____ W-4 ***(2 forms - State and Federal)*** forms

Note: You will only be added to our District's substitute pool after all of the above documents have been submitted, references have been checked, and you have been interviewed.

For office use only:

_____ Add to Aesop _____ Notify Schools _____ Emergency Sheet

_____ License Sheet _____ Infinitec _____ Infinitec Completed

SOUTH COOK
INTERMEDIATE
SERVICE CENTER

Health Exam Authorization Form

Last Name:_____ First Name:_____ Middle Name:_____

City/State/Zip:_____ Telephone Number:_____

Position:_____ Email:_____

Public Act 098-0716 states that as a condition for employment as a Substitute Teacher in the state of Illinois, you must provide evidence of physical fitness to perform duties assigned and freedom from communicable disease. Such evidence shall consist of a physical examination by a physician licensed in Illinois or any other state to practice medicine and surgery in all its branches, an advanced practice nurse who has a written collaborative agreement with a collaborating physician that authorizes the advanced practice nurse to perform health examinations, or a physician assistant who has been delegated the authority to perform health examinations by his or her supervising physician. These results must be within the last 90 days to be in compliance with the Illinois School Code.

This portion to be completed by the Physician or Nurse Practitioner:

I hereby certify and state that _____ (Substitute Teacher) is in good physical health to perform the essential functions of the position of substitute teacher and is free from communicable disease.

Print Name:_____ Medical License #:_____

Phone Number:_____

Signature of Physician or Nurse Practitioner:_____ Date:_____

SOUTH COOK
INTERMEDIATE
SERVICE CENTER

Substitute License Sign-Off

I understand that it is my responsibility to submit all required documentation to South Cook ISC in order for me to receive a substitute authorization letter from South Cook ISC.

Date	Initials	*Please read carefully*
_____	_____	I understand that it is my responsibility to submit documentation from my physician showing that I am free from communicable disease and physically fit to perform the duties of a substitute teacher.
_____	_____	I understand that I must hold at least a bachelor's degree and be issued a valid educator license from the State Board of Education and that I must register my license in Region 07–South Cook.
_____	_____	I understand that if my background check comes back with a hit, I may be required to submit the certified court disposition and that the review process will significantly delay, and may prohibit, the issuance of my substitute authorization letter.
_____	_____	I understand that all fees for fingerprinting and licensing are non-refundable and non-transferable.
_____	_____	I understand that while we normally receive background results within two weeks, occasionally it can take longer during peak times.
_____	_____	I understand that the fingerprint technician must take a photograph along with my digital fingerprints.

If you have any questions, please either call our licensure staff at 708-754-6600, or email licensure@s-cook.org.

Signature of Applicant:_____ Date:_____

SOUTH COOK
INTERMEDIATE
SERVICE CENTER

Substitute Teacher Background Check Authorization Form

Section 10-21.9 of Illinois School Code requires all applicants for employment with a school district including persons who or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses, and a check of criminal databases. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated.

I authorize South Cook Intermediate Service Center to submit fingerprints, photo ID and other necessary information electronically to the Illinois State Police (ISP) and the Federal Bureau of Investigation (FBI) to conduct a criminal background check.

I further authorize South Cook Intermediate Service Center to check for my name on the Statewide Illinois Sex Offender Database.

I further authorize South Cook Intermediate Service Center to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database.

I understand that conviction on any of the offenses enumerated in the school code or the presence of my name on any of these reports will exclude me from substitute teaching in South Cook County and could result in the suspension, revocation, or surrender of my teaching certificate(s).

I understand that the South Cook Intermediate Service Center Executive Director shall share criminal history reports with the Superintendent (or his or her designee) of a School District, other Regional Superintendents, the State Superintendent of Schools, and the State Teacher Certification Board. I further understand that a copy of the criminal history check shall be provided to me if requested.

I understand that I am responsible for the payment of the cost of the criminal history check and checks of the Statewide Sex Offender Database and Statewide Child Murderer and Violent Offender Against Youth Database.

I understand that receiving a South Cook Intermediate Service Center Substitute Authorization certificate does not guarantee that I will be hired as a substitute teacher in South Cook County.

Name (Please Print)	Date
Signature	IEIN or Social Security Number

SOUTH COOK
INTERMEDIATE
SERVICE CENTER

Fingerprint Authorization & Release

Section 10-21.9 of the Illinois School Code requires all applicants for employment with a school district including persons or firms holding contracts with the district, who have direct daily contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses. A school board shall not knowingly employ a person for whom a criminal background investigation has not been initiated. By completing and signing this form I authorize South Cook Intermediate Service Center – Region 7 to submit fingerprints and other necessary information electronically to the Illinois State Police (ISP) & the Federal Bureau of Investigation (FBI).

To Be Completed By Applicant (photo ID required):

Last Name:_____ First Name:_____ Middle Name:_____

City/State/Zip:_____ Telephone Number:_____

Email Address:_____

Date of Birth:____/____/____ Place of Birth:_____ US Citizen: ❑ Yes ❑ No

Social Security Number: ___ ___ ___-___ ___-___ ___ ___ ___ Drivers License Number:_____ State: Illinois

Please use the following codes when completing this form:

SEX	RACE	HAIR	EYES
M = Male	**W** = White	**BAL** = Bald	**BLK** = Black
F = Female	**B** = Black	**GRY** = Gray	**BLU** = Blue
U = Unknown	**H** = Hispanic	**BRO** = Brown	**BRO** = Brown
	A = Asian/PI	**BLK** = Black	**GRN** = Green
	I = Native American	**BLN** = Blonde	**MUL** = Multi
	U = Unknown	**RED** = Red	**PNK** = Pink
		SDY = Sandy	**U** = Unknown
		WHI = White	**GRY** = Gray
		OTH = Other	**HZL** = Hazel

*Sex:_____

*Race:_____

*Eyes:_____

*Hair:_____

Height: _____*Fe* _____*Inches*

Weight (pounds):_____

I authorize South Cook ISC – Region 7 to submit the above information, that I acknowledge being true and accurate, to the best of my knowledge, to the Illinois State Police (ISP) and the FBI. The ISP shall conduct a fingerprint-based criminal history records check and shall furnish to the president of the school board of the receiving school district the applicant's records of convictions, until expunged. The president of the school board shall keep a conviction record confidential and share it only with the Superintendent, the appropriate Regional Superintendent/Executive Director, the State Superintendent of Schools, the State Teacher Certification Board, or any other person necessary to the hiring decision. **A copy of the record of convictions shall be provided to the applicant for employment.**

Signature of Applicant:_____ Date:_____

SOUTH COOK
INTERMEDIATE
SERVICE CENTER

Special Notes Regarding Fingerprinting

Unfortunately, in some instances, a person's fingerprint submission contains illegible or insufficient minutia data

As a result:

- Fingerprint images cannot be processed by the Automated Fingerprint Identification System (AFIS)
- If the first attempt at the fingerprint images results in an insufficient result, a second attempt to reprint the applicant must be made, per Illinois State Police (ISP) and Federal Bureau of Investigations (FBI) regulations
- If the ISP/FBI rejects the transaction a second time, a name based inquiry will be required
- The cost for the initial background check is $60 payable by money order or cashier's check
- This fee includes a first and second attempt, if applicable
- If the first two attempts are rejected by the ISP/FBI and the background check does not provide sufficient results, an additional fee of $16 will be charged to the applicant to submit a name based inquiry

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I understand that:

- ❑ If more than one fingerprint attempt is required, my background check results may take at least three months to receive;
- ❑ The first two fingerprint attempts are included in the original $60 fee;
- ❑ If a name check is required, I am responsible for the additional $16 fee, payable via money order/certified check
- ❑ When my authorization is ready, I must pick up the results at South Cook ISC and I must show my driver's license/state id to receive the authorization; we are unable to release your authorization to any third party.

Applicant Name:_____

Signature of Applicant:_____

Date:_____

CFS 689
Rev 7/2012

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK

Child Abuse and Neglect Tracking System (CANTS)

For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: ☐☐ -- ☐☐ -- ☐☐☐☐ Gender: ☐Male ☐Female Race: _____

Current Address: _____
Street/Apt #

_____
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.
OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

_____
Signed Date

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services
406 E. Monroe – Station # 30
Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

630-243-3005 (Submitting Agency Fax Number)
KKROP@SD113A.ORG (Submitting Email Address)

LEMONT-BROMBEREK CSD113A (Agency Name)
KATIE KROP (Contact Person)
16100 W 127TH STREET (Address)
LEMONT, IL 60439 (City/State/Zip)

Print Form

Illinois Department of
DCFS
Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)
Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

_____
Signature of Applicant/Employee

_____
Date

CANTS 22
Rev. 5/2019

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701
www.DCFS.illinois.gov

Lemont-Bromberek Combined School District 113A

STAFF EMERGENCY INFORMATION

PERSONAL INFORMATION – Please print

Name: _____
(First) (Last)

Address: _____
(Street) (City) (Zip Code)

Phone: _____ Birthdate: _____
(Month) (Day) (Year)

Home Email: _____

Significant Other's Name: _____ Maiden Name: _____

EMERGENCY INFORMATION – In case of an emergency, contact:

Name: _____

Phone: _____ Relation to you: _____

MEDICAL INFORMATION

Allergies/Medications:

_____

_____

_____

VEHICLE INFORMATION

Make/Model of car you drive to school: _____ License Plate: _____

All of the above information is personal and kept within our school district files in the event of an emergency situation. Please remember: If any of your information changes, please advise the district office and your school office. Thank you.

_____ _____
(Signature) (Date)

Please Initial Below

_____ I consent to give my address to another District 113A staff member per request for the purpose of sending cards or other written communications that may occur during the year.

_____ I do NOT consent to give my address to another District 113A staff member per request for the purpose of sending cards or other written communications that may occur during the year.

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 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)*

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.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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

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

STOP *Employer Completes Next Page* STOP

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

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents".)

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*		Expiration Date *(if any) (mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
		Lemont-Bromberek CSD 113A

Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State	ZIP Code
16100 W 127th Street	Lemont	IL	60439

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)*			B. Date of Rehire *(if applicable)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any) (mm/dd/yyyy)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.

DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 05/2019)

Questions? Call 1-800-ASK-IMRF (275-4673).

Who can complete this form

We can accept the **signature of the member only** on this form. If someone other than the member signs this form, including an agent under a power of attorney, **the form will not be accepted.**

If you make any corrections on this form

If you make any corrections on this beneficiary form, **you must initial the correction**. If you do not, **the form will not be accepted.**

Benefits payable upon your death

If you die while participating in IMRF, IMRF will pay your beneficiary(ies) a:

a. Lump sum death benefit, which can be equal to one year's salary, plus a refund of the balance in your IMRF member account,
   OR
b. Monthly Surviving Spouse pension, plus $3,000 (if eligible). [A child's pension is payable if you are participating in the Elected County Official plan, you are not married or your spouse is not eligible for a surviving spouse pension, and you have single (unmarried or not in a civil union) children under the age of 18 at the time of your death.]

How to complete this form

Primary Beneficiary(ies)

If you do not have a valid Designation of Beneficiary form on file with IMRF, your estate is automatically your beneficiary.

If you want any other arrangement, you must submit a Designation of Beneficiary form to IMRF. You can name any person, church, trust, charity or organization. If your primary beneficiaries do not survive you, IMRF will pay the benefit to your Secondary Beneficiary(ies). If no Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

Note of caution for married members or members in a civil union

If you want to ensure that your spouse is eligible for a Surviving Spouse pension, you must name your spouse as your ***only*** primary beneficiary. **If you divorce**, your former spouse is no longer your beneficiary. If you want your ex-spouse to be your beneficiary for a lump sum death benefit, you must file a new form after the date of your divorce.

If you name more than one Primary Beneficiary

The persons listed become "co-beneficiaries" and will share the lump sum death benefit according to the percentages you enter. **If you leave the percentages blank and have not checked the "Split Shares Equally" box, or if the shares do not add up to 100%, the form will not be processed.**

Secondary Beneficiary(ies)

Your Secondary Beneficiary(ies) will receive the death benefit payable by IMRF if no Primary Beneficiary survives. You can name any person, church, trust, charity or organization as your Secondary Beneficiary. You may also name more than one Secondary Beneficiary.

continued on next page...

If you are naming someone considered a minor (either under age 18 OR age 21—read below)

You have two options to choose how benefits will be paid to a beneficiary who is considered a minor:

- Name your beneficiary on this form. In this case, if your beneficiary is 18 or older at the time of your death, the benefit payment will be paid directly to him/her. If your beneficiary is under the age of 18, the benefit payment will be paid in care of his/her legal guardian.

- Name a custodian for your beneficiary on this form, under the Illinois Uniform Transfer to Minors Act (IUTMA). The custodian must be 21 years of age or older. In this case, if your beneficiary is 21 or older at the time of your death, the benefit payment will be paid directly to him/her. If your beneficiary is under the age of 21, the benefit payment will be paid in care of the person you named as your beneficiary's custodian. The IUTMA option:

  — Allows you to direct the benefit payment to someone other than the minor's guardian.
  — Prevents your beneficiary from receiving a benefit payment directly until he/she is age 21.

  To name an individual as a custodian under IUTMA, enter the name of the individual on this form, followed by the words "as custodian for (name of minor) under the IUTMA."

If a named beneficiary does not survive

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries you named on this form.

If you are naming a trust

Please provide the number and/or date of the trust.

Signature, date and returning the completed form

You must sign, date, and file this form with IMRF. You can mail or fax the completed form to IMRF directly. The information on this form does not become effective **until your form has been received and approved by IMRF's Oak Brook or Springfield office.**

You can complete this Designation of Beneficiary form online through your Member Access account. Visit **www.imrf.org**.

How to find your IMRF Member ID

To protect your personal information, IMRF has assigned you a unique seven digit identification number for you to use in place of your Social Security Number on all forms you send to IMRF. You can find your IMRF Member ID Number in your Member Access account at www.imrf.org. Your Member ID Number is also printed on all correspondence IMRF sends you, including your annual member statement.

DESIGNATION OF BENEFICIARY

IMRF Form 6.11 (Rev. 05/2019) ***Please print—use black ink***

BOX 1. MEMBER INFORMATION				
Last Name	First Name	Middle Initial	Jr., Sr., II, etc.	IMRF Member ID
Street (Mailing) Address			City, State, and Zip (zip+4 if known)	
Telephone	Cell Phone		Email*	

**If you have an IMRF Member Access account, you must update your email through Member Access*

Birthdate (MM/DD/YYYY)	Marital Status ☐ Single ☐ Married ☐ Civil Union ☐ Divorced ☐ Widowed	Gender of Spouse ☐ Male ☐ Female
Spouse's Last Name First Name Middle Initial Maiden (if applicable)		Marriage/Civil Union Date (MM/DD/YYYY)

Important: **IMRF will NOT process this form** if the total of all shares in Box 2 does not equal 100% and there is more than one primary beneficiary, or if you leave the percentages blank and have not checked the "Split Shares Equally" box. This also applies to Box 3 if you name more than one secondary beneficiary.

BOX 2. PRIMARY BENEFICIARY(IES)

*(For your spouse to be eligible for a Surviving Spouse pension, he/she must be your **ONLY** primary beneficiary.)*

Refer to instructions if naming a minor or a trust.

Last Name	First Name	Middle Initial	Social Security Number *(optional)*	Relationship	Enter the % share to each beneficiary below *OR* check the "Split Shares Equally" box. % Share to each	OR	Split Shares Equally
							☐
				TOTAL	**100%**		**100%**

BOX 3. SECONDARY BENEFICIARY(IES)

*(Will receive IMRF death benefits **if no Primary Beneficiary survives.**)*

Refer to instructions if naming a minor or a trust.

Last Name	First Name	Middle Initial	Social Security Number *(optional)*	Relationship	Enter the % share to each beneficiary below *OR* check the "Split Shares Equally" box. % Share to each	OR	Split Shares Equally
							☐
				TOTAL	**100%**		**100%**

BOX 4. Signature (WRITE, DO NOT TYPE OR PRINT) of **member only.**
(Form **will not be accepted** if someone other than member signs form.)

X Date

Read the conditions on the next page. Completed form may be mailed to:
IMRF, 2211 York Road, Suite 500, Oak Brook, Illinois 60523-2337
Member Services Representatives: 1-800-ASK-IMRF (275-4673) FAX: 630-706-4289

Conditions of IMRF Designation of Beneficiary

This is a brief summary of your IMRF death benefit provisions.
Your rights and obligations as an IMRF member are governed by Article 7 of the Illinois Pension Code.

This designation of beneficiary form:

- Provides for payment of IMRF death benefits and revokes (cancels) any prior beneficiary designation.
- Will be effective when it has been received and approved by IMRF's Oak Brook or Springfield office.
- Is subject to Illinois law and to rules and regulations established by the IMRF Board of Trustees.

IMRF's acceptance of this form does not mean that a death benefit will be payable if your beneficiaries are not otherwise entitled to one.

Whether a benefit is payable, and the amount paid, will be determined at the time of death under applicable laws and regulations.

Who is eligible to be a beneficiary?

You may designate any person, whether or not a relative, or any church, trust, charity or organization as a Primary or Secondary beneficiary.

You may provide the address and telephone number(s) of the beneficiary(ies) you list on this form on a separate sheet of paper and attach it to the form.

You cannot name a creditor (such as a bank, credit union, or loan company) as your beneficiary as a means of providing security for a debt.

Benefits payable

- Lump sum death benefit OR
- Surviving Spouse pension
- Child's pension—Elected County Official (ECO) Plan
  A child's pension is payable to each child of a deceased ECO Plan member if:
  - The member did not have a spouse eligible for a surviving spouse pension.
  - The child is under age 18 and is not married or in a civil union.

Surviving spouse pension

If you want your spouse to be eligible for a Surviving Spouse pension, you must name your spouse as your **only** Primary Beneficiary.

If your spouse is **not** your **only** Primary Beneficiary,

- The right to a Surviving Spouse pension is forfeited (lost).
- Only **a lump sum benefit is payable** (which can be equal to one year's salary, plus a refund of the balance in your IMRF member account). **In the case of the member with many years of service credit, the forfeited Surviving Spouse pension may be of greater value than the lump sum benefit.**

Naming a minor(s) as beneficiary(ies)

Death benefits payable to a minor (under the age of 18) are paid in care of the minor's guardian.

If you want someone other than the minor's guardian to receive the IMRF benefit on behalf of the minor, you may name a custodian (who is 21 years of age or older) under the Illinois Uniform Transfers to Minors Act (IUTMA).

This is done by entering the name of the individual you wish to appoint as custodian followed by "as custodian for _____(name of minor) under the IUTMA." In this case, your beneficiary must be 21 years of age or older to receive the benefit payment directly.

Shares to each named beneficiary

If you name more than one beneficiary and you do not check the "Split Shares Equally" box, you must write in specific shares (percentages). These shares MUST add up to 100% or the form will not be processed.

If a named beneficiary does not survive, his or her shares will be distributed among any surviving beneficiaries you named on this form.

Death benefit payments

IMRF death benefits are paid to your:

- Primary Beneficiary you designated on your most recent valid designation of beneficiary form on file with IMRF.
- Estate if you have no valid designation form on file.

If no Primary Beneficiary(ies) survives, the benefit will be paid to your Secondary Beneficiary(ies).

If no Primary or Secondary Beneficiary(ies) survives, the benefit will be paid to your estate.

If you divorce

If you named your spouse as your primary beneficiary but you later divorce, your former spouse is no longer your beneficiary. If you want your ex-spouse to be your beneficiary for a lump sum death benefit, you must file a new form after the date of your divorce.

Lemont-Bromberek Combined School District 113A Job Description

POSITION:	Professional Nurse Substitute
MINIMUM QUALIFICATIONS:	Registered Nurse license (LPN license does NOT qualify); CPR/AED certified as Healthcare Provider; First Aid trained; Able to use a computer keyboard and to enter, retrieve and transform data; Able to view and read data on a computer monitor; Able to lift, carry and move students and objects weighing over 20 pounds; and Able to perform all essential job functions with or without reasonable accommodations
TYPE:	Professional
CATEGORY:	Non-exempt (Fair Labor Standards Act)
WORK SCHEDULE:	As Assigned
REPORTS TO:	Principal/s and Assistant Principal/s

ESSENTIAL JOB FUNCTIONS:

1. Provides services and implements medical procedures for temporarily ill, chronically ill and injured students and staff.
2. Administers medication to students and/or supervises the students' self administration of medication per District policy.
3. Supports and contributes to a healthy, safe and sanitary educational environment.
4. Implements Board policy on exclusion and readmission of students, as directed by building administrator.
5. Communicates in a positive and effective manner regarding students' health conditions among parents, students, medical professionals, teachers, administrators and other health personnel.
6. Proofreads and checks documents for accuracy.
7. Provides general assistance in the school office, as needed.
8. Provides personal care for students, including diapering and toileting assistance, as needed.
9. Lifts, carries or otherwise physically manages students, as necessary.
10. Uses current available technologies appropriately and effectively for job-related and communication purposes.
11. Notifies the administration immediately of evidence of substance abuse, severe medical or social conditions, potential suicide or individuals appearing to be under the influence of illegal substances.

12. Takes all necessary and reasonable precautions to protect the health and safety of students, staff, equipment, materials and facilities.

13. Complies with all Board of Education policies and administrative procedures; adheres to local, county, state and federal laws and regulations.

14. Develops and maintains positive and active relations and effective communications with students, staff, parents, community members and community organizations.

15. Exhibits ethical behavior and integrity and maintains confidentiality for all school-related responsibilities.

16. Maintains a positive attitude toward job related growth and development.

17. Performs other duties as assigned by supervisor/s or Superintendent.

By signing this job description, I affirm that I have read and understand the contents of this document.

Employee's Name: _____

_____ _____

Signature of Receipt Date

Lemont-Bromberek Combined School District 113A Job Description

POSITION:	Substitute for Secretary/Administrative Assistant
MINIMUM QUALIFICATIONS:	High school diploma or equivalent; Strong oral, written and interpersonal communication skills; Able to effectively operate office machines and use current technology applications such as word processing, spread sheet, database; Previous experience receiving and serving the public strongly preferred; Able to lift, carry and move objects weighing up to 20 pounds; Able to view and read data on a computer monitor; Able to use a computer keyboard to enter, retrieve and transform data; and Able to perform all essential job functions with or without reasonable accommodations
TYPE:	Temporary
CATEGORY:	Non-exempt (Fair Labor Standards Act)
WORK YEAR:	As assigned
REPORTS TO:	Principal and Assistant Principal

ESSENTIAL JOB FUNCTIONS:

1. Uses current available technologies appropriately and effectively for job-related and communication purposes.
2. Completes reports per supervisor's requirements.
3. Conducts student registration, attendance and disenrollment processes, as needed.
4. Performs secretarial functions.
5. Proofreads and checks documents for accuracy.
6. Uses a computer keyboard and monitor to enter, retrieve and transform data.
7. Develops and maintains positive and active relations with effective communications with students, staff, parents, community members and community organizations.
8. Takes all necessary and reasonable precautions to protect the health and safety of students, staff, equipment, materials and facilities.
9. Complies with all assigned duties, Board of Education policies and administrative procedures; adheres to state and federal laws and regulations.
10. Exhibits ethical behavior and integrity and maintains confidentiality for all school-related responsibilities.
11. Maintains a positive attitude toward job related growth and development.

12. Performs other duties as assigned by supervisor/s or Superintendent.

By signing this job description, I affirm that I have read and understand the contents of this document.

Employee's Name: _____

_____ _____

Signature of Receipt Date

Lemont-Bromberek Combined School District 113A Job Description

POSITION:	Substitute for Assistant and Paraprofessional
MINIMUM QUALIFICATIONS:	Valid Illinois Educator License with Stipulations: Paraprofessional Educator; or Valid Illinois Professional Educator License; or Valid Illinois Substitute License; and Able to lift, carry and move students and objects weighing over 20 pounds; and Able to perform all essential job functions with or without reasonable accommodations
TYPE:	Temporary
CATEGORY:	Non-exempt (Fair Labor Standards Act)
WORK YEAR:	As assigned
REPORTS TO:	Principal/s and Assistant Principal/s

ESSENTIAL JOB FUNCTIONS:

1. Under the direction of a certified teacher or administrator, conducts instructional activities designed to increase academic achievement for individuals and small groups of students.
2. Under the direction of a certified teacher or administrator, uses technology and other designated programs and strategies to implement instructional interventions, collect data and report data.
3. Under the direction of a certified teacher or administrator, implements academic and behavioral supports with students.
4. Engages in tasks that support school or District projects or programs.
5. Provides personal care for students, including diapering and toileting assistance, as needed.
6. Lifts carries or otherwise physically manages students, as necessary.
7. Uses a computer keyboard and monitor to enter, retrieve or transform data.
8. Uses current available technologies appropriately and effectively for instructional, job-related and communication purposes.
9. Develops and maintains positive and active relations and effective communications with students, staff, parents, community members and community organizations.
10. Notifies the administration immediately of evidence of substance abuse, severe medical or social conditions, potential suicide or individuals appearing to be under the influence of illegal substances.
11. Takes all necessary and reasonable precautions to protect the health and safety of students, staff, equipment, materials and facilities.

12. Complies with all assigned duties, Board of Education policies and administrative procedures; adheres to state and federal laws and regulations.

13. Exhibits ethical behavior and integrity and maintains confidentiality for all school-related responsibilities.

14. Maintains a positive attitude towards job related growth and development.

15. Performs other duties as assigned by supervisor/s or Superintendent.

By signing this job description, I affirm that I have read and understand the contents of this document.

Employee's Name: _____

_____ _____

Signature of Receipt Date

State of Illinois
Department of Employment Security

New Hire Reporting Form

Employers must report each new hire within 20 days. **Assistance: 1 800 327-HIRE (4473)**

Please print or type

EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN _____ - _____

Company Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address _____

Street Address _____

City _____ *State* _____ *Zip Code* _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) ____ - ____ - ____

First Name _____ *MI* _____ *Last Name* _____

Street Address _____

City _____ *State* _____ *Zip Code* _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) ____ - ____ - ____

First Name _____ *MI* _____ *Last Name* _____

Street Address _____

City _____ *State* _____ *Zip Code* _____ - _____

Report new hires online, or by returning your completed form either by FAX 1-217-557-1947, or by U.S. mail to IDES, P.O. Box 19473, Springfield, IL 62794-9473.

Lemont-Bromberek Combined School District 113A

Sexual Harassment Policy – Documentation of Receipt

By signing this form, I certify that I have received and read the District policies and procedures related to Sexual Harassment (Policy 5:20 – Personnel and Policy 7:20 – Students). I understand the information contained therein and have had the opportunity to ask questions about the contents of the policies.

Further, I have been advised that any employee who wishes to file a complaint related to sexual harassment may file the complaint with any member of the administrative team. With respect to concerns about general work practices, policies and procedures, employees will continue to take the first step to attempt to resolve a concern with their immediate supervisor. However, concerns related to sexual harassment are not limited to the typical progressive steps used to present a grievance; any district administrator will accept a complaint regarding sexual harassment.

If I have any questions about the district's sexual harassment policies, I may contact the Nondiscrimination Coordinator, Daniela Fountain, Assistant Superintendent, at the District Office (630-257-2286 extension 4618).

_____ / _____

Employee's Name Position

_____ / _____

Employee's Signature Date

Illinois Department of Revenue

Form IL-W-4

Employee's and other Payee's Illinois Withholding Allowance Certificate and Instructions

Note: These instructions are written for employees to address withholding from wages. However, this form can also be completed and submitted to a payor if an agreement was made to voluntarily withhold Illinois Income tax from other (non-wage) Illinois income.

Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or a military spouse, see Form W-5-NR, Employee's Statement of Nonresidence in Illinois, to determine if you are exempt.

If you are an Illinois resident who works for an employer in a non-reciprocal state but you work from home or in locations in Illinois for more than 30 working days, you may need to adjust your withholding or begin making estimated payments. For additional information, go to **tax.illinois.gov.**

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I submit this form?

You should complete this form and give it to your employer on or before the date you start work. You must submit Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional allowance for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have submitted takes effect or until your employer is required by the Department to disregard it. Your employer is required to disregard your Form IL-W-4 if

- you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption, or
- the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax that you may claim on your Illinois Income tax return.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (*e.g.*, your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

Note: For tax years beginning on or after January 1, 2017, the personal exemption allowance, and additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind, may **not** be claimed on your Form IL-1040 if your adjusted gross income for the taxable year exceeds $500,000 for returns with a federal filing status of married filing jointly, or $250,000 for all other returns. You may complete a new Form IL-W-4 to update your exemption amounts and increase your Illinois withholding.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

How do I avoid underpaying my tax and owing a penalty?

You can avoid underpayment by reducing the number of allowances or requesting that your employer withhold an additional amount from your pay. Even if your withholding covers the tax you owe on your wages, if you have non-wage income that is taxable, such as interest on a bank account or dividends on an investment, you may have additional tax liability. If you owe more than $500 tax at the end of the year, you may owe a late-payment penalty or will be required to make estimated tax payments. For additional information on penalties see Publication 103, Uniform Penalties and Interest. Visit our website at **tax.illinois.gov** to obtain a copy.

Where do I get help?

- Visit our website at **tax.illinois.gov**
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
  ILLINOIS DEPARTMENT OF REVENUE
  PO BOX 19044
  SPRINGFIELD IL 62794-9044

Illinois Withholding Allowance Worksheet

General Information

Use this worksheet as a guide to figure your total withholding allowances you may enter on your Form IL-W-4.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

☐ No one else can claim me as a dependent.

☐ I can claim my spouse as a dependent.

1 Enter the total number of boxes you checked. 1 _____

2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____

3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. 3 _____

4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

☐ I am 65 or older. ☐ I am legally blind.

☐ My spouse is 65 or older. ☐ My spouse is legally blind.

5 Enter the total number of boxes you checked. 5 _____

6 Enter any amount that you reported on Line 4 of the Deductions Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. 6 _____

7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. 7 _____

8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. 8 _____

9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. 9 _____

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

✂ — — — — — — — — Cut here and give the certificate to your employer. Keep the top portion for your records. — — — — — — — — ✂

Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

___ ___ ___ - ___ ___ - ___ ___ ___ ___
Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____

2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____

3 Enter the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

Printed by the authority of the State of Illinois - PO Number: 2200208 - 500 copies
IL-W-4 (R-05/20)

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

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

2022

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **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)

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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Expect to work only part of the year;

2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;

3. Have self-employment income (see below); or

4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

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.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 2022 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.

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; or, you can use the online withholding estimator at *www.irs.gov/W4App*.

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 2022 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:
- $25,900 if you're married filing jointly or qualifying widow(er)
- $19,400 if you're head of household
- $12,950 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 possessions 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$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 - 9,999	$0	$110	$850	$860	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,770	$1,870
$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$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 - 9,999	$400	$930	$1,020	$1,020	$1,250	$1,870	$1,870	$1,870	$1,870	$1,970	$2,040	$2,040
$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$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 - 9,999	$0	$760	$910	$1,020	$1,020	$1,020	$1,190	$1,870	$1,870	$1,870	$2,040	$2,040
$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730