

Request for Substitute Teacher Pay

SUBSTITUTE TEACHER

_____ **W-4** Complete and sign the W-4 below.

_____ **I-9** Complete an I-9. An updated I-9 must be filed with the Alaska Conference each school year. The form is available on-line at www.alaskaconference.org. The principal must view your passport or driver's license and and social security card, attach copies of the documents to the I-9, complete the I-9 and sign it.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2011
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2011)

PRINCIPAL

Complete this section; retain a copy for your records. Send the form to the Alaska Conference Office of Education. An updated I-9 must be filed with the Treasury Department each school year.

SCHOOL: _____

TEACHER SUBSTITUTED FOR: _____

REASON FOR SUBSTITUTION: _____

DATES TAUGHT: _____ NUMBER OF DAYS TAUGHT: _____

AUTHORIZAING SIGNATURE: _____ DATE: _____

OFFICE OF EDUCATION

_____ Approved _____ Not Approved

APPROVING SIGNATURE: _____ DATE: _____