

# 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](http://www.alaskaconference.org). The principal must provide forms of identification as indicated by the Internal Revenue Service ([click here for list](#)), attach copies of the documents to the I-9, complete the I-9 and sign it.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>
▶ <b>Whether you're 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.</b>				
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
<b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				<b>5</b>
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .				<b>6</b> \$
<b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶				<b>7</b>
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶				
<b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		<b>9</b> First date of employment		<b>10</b> Employer identification number (EIN)
		<b>Date ▶</b>		

## 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: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE OF EDUCATION:

Approved

Not Approved

APPROVING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_