

DUNKIRK CITY SCHOOL DISTRICT

620 Marauder Drive  
Dunkirk, New York 14048  
(716) 366-9300

Substitute Teacher/Home Tutor Application

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Education:

College/University	City/State	Degree/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification:

New York State Teaching Certification: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, State of Certification \_\_\_\_\_ Date of Issue \_\_\_\_\_

Status (check one):

Certificate of Qualification \_\_\_\_\_ Provisional \_\_\_\_\_ Permanent \_\_\_\_\_

Other Certification \_\_\_\_\_

N.Y.S. Retirement System:

Are you a member? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What Tier \_\_\_\_\_

Retirement Number \_\_\_\_\_

Previous Teaching Experience (most recent first):

- Organization \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Subject(s) \_\_\_\_\_  
Phone No. \_\_\_\_\_ Supervisor \_\_\_\_\_
- Organization \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Subject(s) \_\_\_\_\_  
Phone No. \_\_\_\_\_ Supervisor \_\_\_\_\_
- Organization \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Subject(s) \_\_\_\_\_  
Phone No. \_\_\_\_\_ Supervisor \_\_\_\_\_

References: Three Professional references who can evaluate your teaching ability.

1. Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_
2. Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_
3. Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization \_\_\_\_\_  
Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Subject area(s) or grade(s) of preference (list in order):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to teach homebound or hospitalized students? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

Availability:

(Days, Dates, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

1. This form is to be returned to the Superintendent's office along with a copy of your teaching certificate, a copy of your resume and the forms that are attached for your completion.
2. It is the policy of the District to advertise permanent teaching positions and to fill them competitively with the best teacher available. Substitute teaching in the District should not be construed as assurance of preference in filling a permanent position.

\_\_\_\_\_

Office Use

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_



DUNKIRK CITY SCHOOL DISTRICT

620 Marauder Drive  
Dunkirk, New York 14048  
Telephone (716) 366-9300  
Fax (716) 366-9399

MR. ROOSEVELT HAYNES  
*President*  
Board of Education  
MR. GARY CERNE  
*Superintendent*

TO: Part-Time Instructional Employee

RE: Retirement Membership Option

I hereby acknowledge that I have been informed by the Dunkirk City School District, that as a 'teacher/instructor' not currently a member of the NYS Teachers' Retirement System who is or will be rendering less than full-time service for the current school year, I may, as a matter of right, join the NYSTRS (New York State Teachers' Retirement System).

I must complete a Retirement Membership application which must be filed with the NYSTRS in order to be effective.

I understand if I do elect to join, I will be required to contribute, pursuant to Article 15 of the RSSL, 3% of my salary to the Retirement System.



Please acknowledge receipt of this form by indicating your option below.

Electing no at this time does not prevent you from joining later.

- I Do elect the Retirement Option
- I Do Not elect the Retirement Option

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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MR. ROOSEVELT HAYNES  
*President*  
Board of Education

MR. GARY CERNE  
*Superintendent*

## OATH OF ALLEGIANCE

“I do hereby pledge and declare that I will support the Constitution of the State of New York and that I will faithfully discharge the duties of the position of ... \_\_\_\_\_ according to the best of my ability.”

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee's Address



# Employee's Withholding Allowance Certificate

# IT-2104

New York State • New York City • Yonkers

First name and middle initial	Last name	Your social security number
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
		Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the Single or Head of household box.		
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Complete the worksheet on page 3 before making any entries.</b>		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) .....	1	
2 Total number of allowances for New York City (from line 28) .....	2	
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>		
3 New York State amount .....	3	
4 New York City amount .....	4	
5 Yonkers amount .....	5	

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

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employers only:** Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instr.):

A Employee claimed more than 14 exemption allowances for NYS ..... A

B Employee is a new hire or a rehire... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer, complete this section only if you are sending a copy of this form to the NYS Tax Department.) Dunkirk City School District 620 Marauder Dr., Dunkirk, NY 14048	Employer identification number
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## Instructions

### Changes effective for 2013

Form IT-2104 has been revised for tax year 2013. The worksheet on page 3 used to compute your withholding allowances and the charts beginning on page 4 used to enter an additional dollar amount of withholding have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2013 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$102,900 or more during the tax year.
- The total income of you and your spouse has increased to \$102,900 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

**Exemption from withholding**

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,050.

**Withholding allowances**

You may not claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, enter 0 and see *Additional dollar amount(s)* below.

**Income from sources other than wages** – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

**Other credits** (Worksheet line 13) – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$205,850	Less than \$257,300	Less than \$308,750	66
Between \$205,850 and \$1,029,250	Between \$257,300 and \$1,543,900	Between \$308,750 and \$2,058,550	68
Over \$1,029,250	Over \$1,543,900	Over \$2,058,550	88

**Example:** You are married and expect your New York adjusted gross income to be less than \$308,750. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66.  $160/66 = 2.4242$ . The additional withholding allowance(s) would be 2. Enter 2 on line 13.

**Married couples with both spouses working** – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. Do not claim more total allowances than you are entitled to. If your combined wages are:

- less than \$102,900, you should each mark an X in the box *Married*, but withhold at higher single rate on the certificate front, and divide the total number of allowances that you compute on line 17 and line 28 (if applicable) between you and your working spouse.
- \$102,900 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

**Taxpayers with more than one job** – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$102,900, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$102,900 and \$2,161,527, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$102,900 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job for Higher earner's wages* within the chart).

**Dependents** – If you are a dependent of another taxpayer and expect your income to exceed \$3,050, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

**Heads of households with only one job** – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

**Additional dollar amount(s)**

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 15% (.15) of the New York State amount for additional withholding for Yonkers on line 5.

**Note:** If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 4 or Part 5, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

**Avoid underwithholding**

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

# Substitute Employee Profile

Please PRINT clearly

Name \_\_\_\_\_

SS # \_\_\_\_\_

Address \_\_\_\_\_

Gender Male  Female

City \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Zip \_\_\_\_\_

e-mail address \_\_\_\_\_

## Multiple Districts:

Please indicate if you are employed at any of the following school districts that have the automated substitute service Aesop:

- Depew  Dunkirk  E1B Exception Ed  East Aurora  Eden  Frontier  Grand Island  
 Hamburg  Jamestown  Lancaster  North Collins  Orchard Park  Sweet Home

## Academic and Certification/License Background:

Degree(s) Received:  Bachelor's  Master's  No Degree

### New York State Teacher Certification (s):

#### Type of Certificate:

- No Teaching Certification
- Permanent Effective \_\_\_\_\_  Provisional Expiration \_\_\_\_\_
- Provisional Renewal Expiration \_\_\_\_\_
- Professional Expiration \_\_\_\_\_  Initial Expiration \_\_\_\_\_
- Conditional Initial Expiration \_\_\_\_\_  Pending Certification

Certification Title (s) \_\_\_\_\_  
\_\_\_\_\_

Teaching Assistant  Level \_\_\_\_\_ Expiration \_\_\_\_\_

### New York State License:

Name of Profession (e.g. LPN, RPN, Occupational Therapist) \_\_\_\_\_

Expires/Registered through last day \_\_\_\_\_

Your New York State Certification may be verified through the NYS Department of Education Teaching Initiatives (TEACH), <http://www.highered.nysed.gov/tcert/teach/> and New York State Licensure through the New York State Department of Education Office of the Professionals, <http://www.op.nysed.gov/opsearches.htm>.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### School District Only – please indicate your district below:

- Depew  Dunkirk  E1B Exception Ed  East Aurora  Eden  Frontier  Grand Island  Hamburg  Jamestown  
 Lancaster  North Collins  Orchard Park  Sweet Home

Employee # \_\_\_\_\_ OR  Alpha ID  Random Pin # OR  Assign Pin # \_\_\_\_\_

Pay Code Description \_\_\_\_\_

Skills Description(s) \_\_\_\_\_

Aesop Entry Date \_\_\_\_\_