

LAFOURCHE PARISH SCHOOL BOARD SUBSTITUTE TEACHER APPLICATION

Thank you for your interest in substitute teaching in Lafourche Parish! Below are the qualifications required for all substitute teachers. Any one of these must be met:

- **Passing of TABE Test – certificate required – Test is administered by Fletcher Technical College, 985-448-5926. Contact the school for test dates and fees.**
- **Passing of all three parts of the Praxis I exam – score report/LDOE verification attached**
- **60 hours of successful college credit - this must include 9 hours of ELA/Reading & 6 hours of Math, remedial courses not counted, requires official transcript**
- **Associate's or Bachelor's Degree – requires official transcript showing degree conferral**
- **Certified teacher – copy of valid teaching certificate**

Please complete the attached Substitute Teacher Application and additional forms in this packet. You will need your drivers license, social security card, and a voided check or direct deposit authorization from your bank. You must have documentation of the above listed qualification for the criteria that you have met.

Once you have your application and forms completed and have all documentation required (copies can be made here), please contact Renee Blanchard at 985-435-4606 in Human Resources to schedule an appointment to review paperwork and complete the required background check.

ANY PERSON HAVING PREVIOUSLY BEEN EMPLOYED WITH ANY SCHOOL DISTRICT MUST COMPLETE THE ATTACHED REQUEST FOR INFORMATION FORM AND SEND IT TO THEIR PREVIOUS DISTRICT(S).

MUST be included with packet when turned in:

Copy of Driver's License
Copy of Social Security Card

Voided Check or Direct Deposit Authorization
form from your bank
Documentation of Substitute Criteria Met

Substitute Teacher Rate of Pay:

Certified Teacher	\$150 per day
Certified Teacher	\$180 per day (after 10 consecutive days with long-term authorization)
Teacher w/Bachelor's or higher	\$105 per day
Non-degreed Teacher	\$75 per day

OFFICE OF
LAFOURCHE PARISH SCHOOL BOARD
Thibodaux, Louisiana

APPLICATION FOR EMPLOYMENT AS A
SUBSTITUTE TEACHER

PLEASE PRINT OR TYPE

Date: _____

I. PERSONAL:

Name: _____
Last First Middle Maiden

Race: _____ (For Statistical Purposes Only) Male ___ Female ___

Mailing Address: _____
Street & No. City State Zip Code

Date of Birth: _____ Social Security Number: _____ Phone Number: _____

II. PREPARATION:

	School Attended and City and State	Date of Graduation Year	Diploma or Degree
High School	_____	_____	_____
College(s)	_____	_____	_____

If you attended college but did not earn a degree, list total number of semester hours _____

FOR OFFICE USE ONLY

Substitute Method/Qualification

- ___ TABE Test Passed – Certificate Attached
- ___ Praxis I Passed – Score Report/LDOE Verification Attached
- ___ 60 hrs College Credit – must include 9 hrs ELA/Read & 6 hrs Math – Transcript Attached
- ___ Associate's Degree – Transcript Attached
- ___ Bachelor's Degree – Transcript Attached
- ___ Certified Teacher – Certificate/LDOE Verification Attached

III. RECORD OF PREVIOUS EMPLOYMENT: (List all prior experience, including experience with the Lafourche Parish School Board.)

<u>Name and Address of Employer</u>	<u>Position (Kind of Work)</u>	<u>Length of Employment (Date, Month and Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. References

(Please list as references prior employers, supervisors, or other individuals.)

<u>Name and Title</u>	<u>Street & No.</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

V. DISCLAIMERS AND AFFIRMATION:

Have you ever been arrested for any law violation? _____

Are you currently employed by another school district, public or private?

Circle One: Yes or No

Have you ever been employed by a public or private school system? If yes, please list all previous school district employers.

Circle One: Yes or No

<u>District</u>	<u>State</u>	<u>Supervisor</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

****If your answer to any of the above questions was yes, the attached request for information form must be submitted to the previous employing school district for completion****

I affirm that all information set forth in this application is accurate, truthful and complete. If I am employed by the School District, I will abide by all Board of Education and school policies. I hereby grant permission to the Lafourche Parish School Board to contact those persons necessary to confirm any of the information hereinabove contained and to authorize verification of information to be released to the Lafourche Parish School Board.

I release individuals listed as references and current or former employers from any liability for information given in response to a request for an employment reference. I understand that I will be required to take a drug and alcohol test and physical exam prior to assuming any position for which I may be employed. In the event that I am employed by the District and in the further event that I have provided false or misleading information in this application or in subsequent employment interviews, I understand that my employment may be terminated at any time after the discovery of the false or misleading information. I understand that this application will be considered active for one year from date of submission.

(Signature of Applicant)

LAFOURCHE PARISH SCHOOL BOARD
EMPLOYEE DATA SHEET

TO BE COMPLETED BY EMPLOYEE

PLEASE PRINT OR TYPE

Are you currently a substitute? _____ If yes, area substituting: _____

SOCIAL SECURITY#/EMPLOYEE ID: _____ OFFICE/SCHOOL: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PLEASE CIRCLE:

SEX: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED HEAD OF HOUSEHOLD WIDOW/WIDOWER

RACE (CIRCLE ALL THAT APPLY): WHITE BLACK INDIAN HISPANIC ASIAN OTHER

DATE OF BIRTH: ____ / ____ / ____ EMAIL: _____

PRIMARY PHONE: _____ TYPE: ____ SECONDARY PHONE: _____ TYPE: ____

HIGHEST EDUCATION LEVEL: _____ HIGHEST DEGREE: _____

ARE YOU A CERTIFIED TEACHER? YES NO

CURRENT/FORMER MEMBER OF ANY RETIREMENT SYSTEM? YES NO SYSTEM: _____

ARE YOU A RETIREE? YES NO

OFFICE USE ONLY – ID# _____

NEW EMPLOYEE _____ REHIRE _____ CURRENT EMPLOYEE _____ PAYROLL CHANGE _____

JOB CLASS _____ SUB TYPE: _____ PAY TYPE/TYPES _____

POSITION _____ GROUP _____ LOCATION _____

SUPERVISOR: _____ PARAPROFESSIONAL HQ METHOD: _____

START DATE: _____ END DATE: _____

ALLOCATION: _____

FUND/ACCOUNT: _____

EFFECTIVE DATE (IF DIFFERENT FROM START DATE): _____

GRADE: _____ STEP: _____ CALENDAR: _____

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2024

Your withholding is subject to review by the IRS.

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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, and when to use the estimator at www.irs.gov/W4App.

Step 2: 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.

Multiple Jobs or Spouse Works 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). If you or your spouse have self-employment income, use this option; or

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

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

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. 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: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

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)
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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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2024 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.
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.
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.
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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).

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 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.
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-".
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.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

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 territories 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 Surviving Spouse

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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Employee Withholding Exemption Certificate (L-4)

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "No exemptions or dependents claimed" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "Single" under number 3 below if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. If you will file as head of household, enter "1" to claim one personal exemption and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

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

Form **L-4**
Louisiana
Department of
Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
----------------------	------

The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
--------------------------------	---



1001 North 23rd Street
Post Office Box 44187
Baton Rouge, LA 70804-4187

(O) 225-342-7866
800-201-2493
(F) 225-219-5968

Bobby Jindal, Governor
Curt Eysink, Executive Director

Office of Workers' Compensation Administration
Second Injury Board

LA OWCA Second Injury Board Knowledge Questionnaire

The following questionnaire should only be completed by individuals that have been hired for employment. Your employer may ask that you complete this questionnaire following your initial hire and periodically thereafter.

The questionnaire may be used in the establishment of prior knowledge for the purpose of obtaining Second Injury Fund relief from the Second Injury Board. The Second Injury Board may reimburse your employer for workers' compensation claims that meet certain criteria should you become injured on the job. This reimbursement in no way affects the benefits owed to you by your employer or their insurance company under the Louisiana Workers' Compensation Act, La. R.S. 23:1021-1361.

WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1.

Employer: Lafourche Parish School Board

Employee Name: _____

Date of Birth (mm/dd/yyyy): _____ Male: Female:

Soc. Sec. # (last 4 digits only): _____

Home Address: _____

Telephone Number: (____) _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

Please place a check in the appropriate box next to each medical condition listed below. Each illness or condition requires a Yes (Y) or No (N) answer. For all conditions that you check yes, write a brief explanation on the Explanation Page.

Disease and Other Medical Conditions [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

Y N	Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> Diabetes	<input type="checkbox"/> <input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> <input type="checkbox"/> Arthritis	<input type="checkbox"/> <input type="checkbox"/> Heart Disease/Heart Attack
<input type="checkbox"/> <input type="checkbox"/> Silicosis	<input type="checkbox"/> <input type="checkbox"/> Tuberculosis	<input type="checkbox"/> <input type="checkbox"/> Parkinson's	<input type="checkbox"/> <input type="checkbox"/> Congestive Heart Failure
<input type="checkbox"/> <input type="checkbox"/> Varicose Veins	<input type="checkbox"/> <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> <input type="checkbox"/> Brain Damage	<input type="checkbox"/> <input type="checkbox"/> Vision Loss, one or both eyes
<input type="checkbox"/> <input type="checkbox"/> Asbestosis	<input type="checkbox"/> <input type="checkbox"/> Post Traumatic Stress	<input type="checkbox"/> <input type="checkbox"/> Asthma	<input type="checkbox"/> <input type="checkbox"/> Disability from Polio
<input type="checkbox"/> <input type="checkbox"/> Hyperinsulinism	<input type="checkbox"/> <input type="checkbox"/> Osteomyelitis	<input type="checkbox"/> <input type="checkbox"/> Dementia	<input type="checkbox"/> <input type="checkbox"/> Psychoneurotic Disability
<input type="checkbox"/> <input type="checkbox"/> Alzheimer's	<input type="checkbox"/> <input type="checkbox"/> Nervous Disorder	<input type="checkbox"/> <input type="checkbox"/> Thrombophlebitis	<input type="checkbox"/> <input type="checkbox"/> Ruptured or Herniated Disc
<input type="checkbox"/> <input type="checkbox"/> Emphysema	<input type="checkbox"/> <input type="checkbox"/> Muscular Dystrophy	<input type="checkbox"/> <input type="checkbox"/> Arteriosclerosis	<input type="checkbox"/> <input type="checkbox"/> Ankylosis or Joint Stiffening
<input type="checkbox"/> <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> <input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> <input type="checkbox"/> Hodgkin's	<input type="checkbox"/> <input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> <input type="checkbox"/> COPD	<input type="checkbox"/> <input type="checkbox"/> Mental Retardation	<input type="checkbox"/> <input type="checkbox"/> Cancer	<input type="checkbox"/> <input type="checkbox"/> Carpal Tunnel Syndrome
<input type="checkbox"/> <input type="checkbox"/> Hypertention	<input type="checkbox"/> <input type="checkbox"/> Kidney Disorder	<input type="checkbox"/> <input type="checkbox"/> Double Vision	<input type="checkbox"/> <input type="checkbox"/> Compressed Air Sequelae
<input type="checkbox"/> <input type="checkbox"/> Head Injury	<input type="checkbox"/> <input type="checkbox"/> Loss of Use of Limb	<input type="checkbox"/> <input type="checkbox"/> Mental Disorders	<input type="checkbox"/> <input type="checkbox"/> Disease of the Lung
<input type="checkbox"/> <input type="checkbox"/> Epilepsy	<input type="checkbox"/> <input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> <input type="checkbox"/> Hemophilia	<input type="checkbox"/> <input type="checkbox"/> Coronary Artery Disease
<input type="checkbox"/> <input type="checkbox"/> Stroke	<input type="checkbox"/> <input type="checkbox"/> Sickle Cell Disease	<input type="checkbox"/> <input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> <input type="checkbox"/> Heavy Metal Poisoning

Surgical Treatment [Please check the appropriate box. Each illness/injury requires a Yes (Y) or No (N) answer.]

Y N

- Spinal Disc Surgery Year (approximate if unsure) _____
- Spinal Fusion Surgery Year (approximate if unsure) _____
- Amputated Foot Left Right Year (approx. if unsure) _____
- Amputated Leg Left Right Year (approx. if unsure) _____
- Amputated Arm Left Right Year (approx. if unsure) _____
- Amputated Hand Left Right Year (approx. if unsure) _____
- Knee Replacement Left Right Year (approx. if unsure) _____
- Hip Replacement Left Right Year (approx. if unsure) _____
- Other Joint Replacement Joint _____ Year _____
- Other Surgical Procedure Procedure _____ Year _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

EXPLANATION PAGE

Please use the space below to explain the illnesses and/or conditions that you checked a Yes (Y) or any other medical conditions that may not be listed on this form. Ask your employer for additional copies of this page if needed.

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

CONDITION: _____ Year Diagnosed (approx): _____

Are you still treating for this condition? Yes No

Are you taking medication for this condition? Yes No

Do you have any permanent restrictions for this condition? Yes No

Brief Explanation: _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

Please answer the following questions.

1. Has any doctor ever restricted your activities? Yes No
If "Yes," please list the restrictions: _____
Were the restrictions: Permanent ____ Temporary ____
Are you currently restricted? Yes No
What is the medical condition for which you are restricted? _____

2. Are you presently treating with a doctor, chiropractor, psychiatrist, psychologist or other health-care provider? Yes No
Please list the medical condition being treated: _____
Doctor's Name: _____ Specialty: _____
Doctor's Address: _____

3. If you are presently taking prescription medication other than those listed on the Explanation Page, please complete the requested information below.
Medication: _____ Prescribing Doctor: _____
Medication: _____ Prescribing Doctor: _____

4. Have you ever had an on the job accident? Yes No
If you answered "YES," please provide the date for each injury and the nature of the injury:

How long were you on compensation? _____
Name of Employer: _____

5. Has a doctor recommended a surgical procedure, which has not been completed prior to this date, including but not limited to knee, hip or shoulder replacement? Yes No
If you answered YES, please provide:
Recommended surgery: _____
Approximate date of recommendation: _____
Doctor's Name: _____ Specialty: _____
Doctor's Address: _____

Employee Signature: _____ Date: _____

Employer Witness: _____ Date: _____

WARNING

FAILURE TO ANSWER TRUTHFULLY AND/OR CORRECTLY TO ANY OF THE QUESTIONS ON THIS FORM MAY RESULT IN A FORFEITURE OF YOUR WORKERS COMPENSATION BENEFITS UNDER LA R.S. 23:1208.1.

I have completed this form honestly and to the best of my knowledge. I understand that providing false information or omitting pertinent information could result in loss of my workers compensation benefits should I become injured on the job.

Employee Signature: _____ Date: _____

Employee Printed: _____

I am an authorized representative of the employer designated to obtain and review the information provided by the employee on this questionnaire. I have confirmed that the employee understands the consequences associated with providing false information or omitting pertinent information. I have confirmed that the employee is able to read and understand the information provided on this questionnaire or I have personally read the questionnaire to the employee. I have provided the employee with as many copies of the Explanation Page as needed. I have confirmed the number of and labeled the pages of this questionnaire.

Employer Witness: _____ Date: _____

Employer Witness Printed Robby J. Lee

Title: Human Resource Director

PLEASE RETURN THIS SHEET ONLY – PLEASE KEEP POLICIES FOR YOUR RECORDS.

LAFOURCHE PARISH SCHOOL SYSTEM
INTERNET/ELECTRONIC MAIL USE AGREEMENT

EMPLOYEE COMPUTER AND TECHNOLOGY USE (Policy EFA)
ELECTRONIC COMMUNICATIONS BETWEEN EMPLOYEES AND STUDENTS (Policy GAMIA)

I have read, understand, and will abide by the attached policies:

EMPLOYEE COMPUTER AND TECHNOLOGY USE
and
ELECTRONIC COMMUNICATIONS BETWEEN EMPLOYEES AND STUDENTS

I further understand that any violation of the regulations will subject me to appropriate disciplinary actions up to and including termination of employment.

Employee Name (please print): _____

Employee Signature: _____

Social Security Number: _____



Book District Policies - Lafourche Parish Public Schools
Section E: Business Management
Title Employee Computer And Technology Use
Number EFA
Status Active
Legal La. Rev. Stat. Ann. §17:81.17:106.7

Proper and ethical use of computers and the internet is a job responsibility of all employees of the Lafourche Parish School Board. Each employee granted access to data and other information holds a position of trust and must preserve the security and confidentiality of the information he/she uses. Any employee using computers or other electronic information resources shall be required to use such equipment and resources in a responsible, legal manner. The School Board retains the right to monitor all computer usage and files for compliance to all regulations and/or procedures. Any usage of data, information and/or computers not in accordance with district regulations and procedures shall subject the user/employee to appropriate disciplinary action up to and including termination.

The Lafourche Parish School Board shall authorize the Superintendent and staff to establish appropriate guidelines for using Internet resources within the school district to enhance learning and teaching activities. Acceptable use of these resources shall be consistent with the philosophy, goals, and objectives of the Lafourche Parish School Board. Any employee who wishes to use school district computers, including the Internet and/or e-mail services, must acknowledge that he/she has received and will abide by District policy.

The School Board shall incorporate the use of computer-related technology or the use of Internet service provider technology designed to block access or exposure to any harmful materials or information, such as sites that contain obscene, pornographic, pervasively vulgar, excessively violent, or sexually harassing information or material. Nevertheless, the use of this technology is not infallible and an employee must report any access to unacceptable content immediately to his/her supervisor. Sites which contain information on the manufacturing of bombs or other incendiary devices shall also be prohibited. However, the School Board does not prohibit authorized employees or students from having unfiltered or unrestricted access to Internet or online services, including online services of newspapers with daily circulation of at least 1,000, for legitimate scientific or educational purposes approved by the Board.

TECHNOLOGY USAGE

Any use of technology by instructional staff during classroom and planning time shall be school or curriculum related and shall not be personal in nature. All instructional material should be pre-reviewed to insure that it is content appropriate and curriculum related. The use of technology by support personnel and non-instructional staff shall be only permitted during break or lunch times or shall be school related if during work time. Any access to the Lafourche Parish School Board Data shall be solely in order to perform the employee's job responsibilities.

The School Board may suspend or terminate any privilege to use the Internet at any time solely at the School Board's discretion. Any policies and/or regulations of the School Board defining use of technology serve as guidelines but do not warrant or guarantee access to or use of the Internet. Consequently, the School Board may, at any time and in its sole discretion, end the privilege of any individual to use technology without notice, cause, or reason.

ACCOUNTABILITY

Faculty and staff shall be held strictly accountable for their use of school computers or use of technology provided by the District. Teacher or class files on the district network are district property subject to control and inspection by

School Board personnel. Employees shall communicate and utilize technology in a professional pedagogical manner consistent with state laws and district policies governing the behavior of school employees and with federal laws governing copyright and conduct with juveniles.

UNAUTHORIZED AND ILLEGAL USE

The following are considered unauthorized and/or illegal use and are prohibited:

- a. Tampering with selection menus, procedures, or icons for the purpose of misleading or confusing other users.
- b. Use by any employee of the district's internal network that incurs expenses to the school other than the monthly user fees and rates.
- c. Usage which promotes a commercial enterprise, or promotes individual political or religious views.
- d. Tampering with computer hardware or software
- e. Unauthorized entry into computers and files (hacking)
- f. Vandalism or destruction of equipment. Vandalism is defined generally as any attempted or actual harm or destruction of Lafourche Parish School Board computer equipment, or the attempted or actual harm to data of another user or other networks connected to the District's network. This includes, but is not limited to, the uploading or creation of computer viruses, attempts to tamper with any programs, applications, files, etc.
- g. Providing Lafourche Parish School Board data or files to non-authorized third parties;
- h. With respect to Lafourche Parish School Board records or information, individuals must
 1. Not seek personal benefit or permit others to benefit personally from any data that has come to them throughout their work assignments.
 2. Not make or permit unauthorized use of any information in the Lafourche Parish School Board's information system or records.
 3. Not enter, change, delete or add data to any information system or files outside of the scope of their job responsibilities.
 4. Not include or cause to be included in any record or report, a false, inaccurate or misleading entry known to the user as such.
 5. Not alter or delete or cause to be altered or deleted from any records, report or information system, a true and correct entry.
 6. Not release School Board data other than what is required in completion of job responsibilities.
 7. Not exhibit or divulge the contents of any record, file or information system to any person unless it is necessary for the completion of their job responsibilities.
- i. Accessing uploading, downloading, or distributing pornographic, obscene, or sexually explicit, violent, gambling related, hate oriented, occult, information on making bombs or other incendiary devices, etc. materials;
- j. Transmitting obscene, abusive, sexually explicit, harassing, threatening, or any otherwise objectionable language either in public or private messages;
- k. Intentionally wasting limited resources (examples: printer supplies, network band width, hard drive capacity, etc.);
- l. Cyber-bullying, harassing, insulting, or attacking others and/or posting anonymous messages;
- m. Using or loading personal non-school related software on the Lafourche Parish School Board network or device;

CONFIDENTIALITY

Employee access to Lafourche Parish School Board data and information systems is for the sole purpose of carrying out job responsibilities. Confidential information is not to be divulged outside of the Lafourche Parish School Board, except as permitted by School Board policy. Breach of confidentiality, including aiding, abetting, or acting in conspiracy with any other person to violate any part of this policy is prohibited.

COPYRIGHTS

All personnel must adhere to the Copyright Law of the United States (P.L. 94-533) and the Congressional Guidelines that delineate it regarding software, authorship, and copying information. The unauthorized copying or transfer of copyrighted materials may result in the loss of network privileges. All persons who willfully violate copyright laws do so without the sanction of the Board and at their own risk and will assume all liability and responsibility.

SECURITY

Any individual with authorized access to the Lafourche Parish School Board's computer information system, records or files (including School Board data hosted by outside companies) is given access to use such data or files solely for the business of the School Board and must not divulge this information outside of the School Board except for approved business requirements. It is the individual's responsibility to report immediately to his/her supervisor any violation of this policy or any other action, which violates confidentiality of data.

Security Procedures

All users of the Lafourche Parish School Board information systems shall be supplied with an individual user name and/or password to access the data necessary for the completion of their job responsibilities. Users of School Board information systems shall be required to follow the procedures outlined below:

1. All transactions, processed by a user ID and password, shall be the responsibility of the person to whom the user ID has been assigned. The user's ID and password must remain confidential and must not be shared with anyone.
 - Using someone else's password is a violation of policy, no matter how it was obtained.
 - Passwords provide access to information that has been granted specifically to the individual user. To reduce the risk of shared passwords, employees should not post passwords on or near workstations or share passwords with anyone.
 - It is the employee's responsibility to change a password immediately if it is believed someone else has obtained it.
2. Access to any student or employee information (in any format) shall be determined based on specific job requirements. The appropriate principal or Supervisor shall be responsible for ensuring that access is granted only to authorized individuals, based on their job responsibilities. Written authorization must be received by the Data Processing and Technology Department prior to granting system access.

Employees shall be prohibited from viewing or accessing additional information (in any format) unless the person has been authorized to do so. Any access obtained without authorization is considered unauthorized access.

In order to prevent unauthorized use, the user shall log off of all applications that are sensitive in nature, such as employee/student personal information, when leaving their workstation. This is especially important during breaks, lunch and at the end of the workday.
3. Generally, temporary employees should not have access to the Lafourche Parish School Board records system. Written approval by the Personnel Supervisor or the Superintendent is required if it is determined that access is required. The temporary employee is to be held to the same standards as all School Board employees, and must be made aware of their responsibilities to protect student and employee privacy rights and data integrity. Written authorization must be received by the Data Processing and Technology Department prior to granting system access.
4. Each employee shall agree to properly secure and dispose of any outputs or files created in a manner that fully protects the confidentiality of records.

Teachers and personnel who have computers in their charge shall be responsible for the security of those computers both hardware and software. To the extent practicable teachers shall monitor student usage.

INDEMNIFICATION

The employee shall agree to indemnify the Lafourche Parish School Board for any loss suffered to the Board by reason of improper use of the system, and to compensate anyone harmed by the improper use of the system.

EMPLOYEE MISCONDUCT

Employees failing to follow this policy while using technology or failing to follow any other policies or guidelines established by School Board administration or the user's supervisor shall be subject to appropriate disciplinary action up to and including termination of employment. It is the responsibility of the employee to immediately report to his/her supervisor or any member of management upon learning of violations of this policy.

Cf: CN, GAK
Cf: IFBGA, II, JR

Revised July, 2014

Board minutes, 7-12-00, 11-7-07, 8-4-10, 8-6-14.



Book District Policies - Lafourche Parish Public Schools
Section G: Personnel
Title Electronic Communications Between Employees And Students
Number GAMIA
Status Active
Legal La. Rev. Stat. Ann. §614.4C.3
La. Rev. Stat. Ann. §617.31.17.233

The Lafourche Parish School Board shall require that all communications between employees and students be appropriate and in accordance with state law and School Board policy. All electronic or any other communications by employees to students at any time shall be expected to be professional, acceptable in content to any reasonable person, and limited to information that is school-related or is acceptable to both student and parent.

All electronic communication, including electronic mail, by an employee to any student enrolled in a public school in this school district relative to the educational services provided to the student shall use a means provided by or otherwise made available by the school system for this purpose and the School Board shall prohibit the use of all such system means to electronically communicate with a student for a purpose not related to such educational services, except communication with an immediate family member if such communication is specifically authorized by the School Board.

Any electronic communication made by an employee to any student enrolled in a public school in this school district or that is received by an employee from any student enrolled in a public school in this school district using a means other than one provided by or made available by the school system shall be reported by the employee in a manner deemed appropriate by the School Board. Records of any such reported communication shall be maintained by the School Board for a period of at least one (1) year.

The School Board may authorize a school principal, or his/her designee, to permit an employee at the school to contact one or more specifically identified students enrolled at the school and be contacted by such student or students using a means other than one provided by or made available by the school, provided the employee has requested and received permission from the principal, or his/her designee, to do so and has provided documentation in writing to the principal, or his/her designee, stating the purpose or purposes for such contact. Such purposes may include but need not be limited to necessary communications relative to extracurricular activities, student athletic activities, community-based youth activities such as scouting, and faith-based activities such as a youth group sponsored by a religious organization.

DEFINITIONS

1. *Electronic Communication* includes any direct communication facilitated by voice or text-based telecommunication devices, or both, computers, as well as those devices that facilitate indirect communication using an intermediate method, including but not limited to Internet-based social networks. It shall also include transfer of signs, signals, writing, images, sounds, data, or intelligence of any nature in whole or in part by wire, radio, electromagnetic, photoelectric, or photo-optical system and pertains to both personal and School Board issued devices.
2. *Electronic mail* - the transmission of text-based information or communication by use of the Internet, computers, a facsimile machine, a pager, a cellular telephone, a video recorder, or any other electronic device or means sent to a person identified by a unique address or address number and received by that person.

3. *Computers* – pertains to any and all computers.
4. *Social networks* – locations on the Internet where users may interact with other users -- examples are Facebook, MySpace, YouTube, and other social networks sites available on the internet.
5. *Improper or inappropriate communications* – any communication between employee and student, regardless of who initiates the communication, that may be viewed as derogatory, sexual or lewd in content, threatening or harassing, discriminatory, simple fraternization, or suggestive in nature.

NOTIFICATION

The School Board shall ensure that at the beginning of each school year each employee, student, and parent, or other person responsible for a student's attendance, be notified of the provisions of this policy and any related procedures or practices regarding communications between employees and students.

The parent or other person responsible for a student's attendance shall also be notified of his/her right to request that his/her child not be contacted through electronic communication by any school employee unless the purpose of such communication is directly related to the child's educational services and is sent to and received by more than one student at the school.

INAPPROPRIATE COMMUNICATIONS

The School Board is aware that the reputations and careers of students and educators have been damaged due to inappropriate communications between parties. Therefore, it is the intent of the Lafourche Parish School Board to make all employees and students aware of the expectations and procedures of the school system and the School Board in regard to proper use of all telecommunication devices and computers if used to communicate with one another. The policy is not intended to limit the use of technology as an effective teaching tool.

In addition to reporting communication to or from students not made through the means provided by the school system, employees must report to their supervisor at the first opportunity available, any student-initiated communication that may be construed as inappropriate.

Employees shall be required to comply with all policies, procedures, and practices established by the School Board regarding direct communications with a student, and any failure to do so may result in disciplinary action, up to and including termination of employment. Extreme circumstances may constitute willful neglect of duty. Should an employee's failure to comply also violate state or federal law, the Superintendent or his/her designee shall report such violation to the proper authorities.

Violations

1. Any violation of this policy shall be immediately investigated by the employee's supervisor. The investigation shall include dates, the name of the person reporting the allegation, and the specific allegation made.
2. The supervisor shall meet with the employee to document his/her response to the allegation. The employee shall be required to cooperate fully with the investigation.
3. All information of the investigation shall be provided to the Superintendent and the Personnel Director by the supervisor.

Violations of this policy or any implementing regulations or procedures may result in discipline of the employee up to and including termination of employment in accordance with Board policy.

Cf: EFA, GAMC
Cf: IFBGA, JCDAE

Revised: February, 2013

Board minutes, 10-7-09, 11-4-09, 2-6-13.

FOR USE BY PRESENT/FORMER SCHOOL SYSTEM EMPLOYEES ONLY

REVISED 1/31/17

Mailing Date: _____

LAFOURCHE PARISH SCHOOL BOARD

Request for Information on Present/Former School Employee

ATTN: _____

APPLICANT: _____
SS#: _____ DOB: _____
DATES OF EMPLOYMENT: _____ TO _____
POSITION HELD: _____

TO THE APPLICANT: Please fill in the portion of this form above. Type/print the name and mailing address of the Human Resources Director of current or last employer. Type/print your full name, social security number, date of birth, dates of employment, and position held. Type/print date mailed. Sign and date under Authorization for Release of Information. Mail form to Human Resources Director of current or last employer.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the above named employer to provide any and all information requested on this Request for Information Form. I waive any privilege pertaining to the furnishing of such information. I further hold the employer harmless from any liability associated with the disclosure of personal information and employment records to the LAFOURCHE PARISH SCHOOL BOARD. I authorize the disclosure of information from any current or previous employer of mine, if such employer is/was a city, parish, or other local school board, relative to all instances of sexual misconduct with students committed by me, if any. I expressly give consent for the release of such information from any school employee and/or teacher personnel file maintained with respect to me. I release my current or previous employer, if employer is/was a city, parish, or other local school board, and any employee acting on behalf of such employer, from any liability for providing any information relative to all instances of sexual misconduct with students committed by me, if any.

SIGNATURE OF APPLICANT

DATE

TO THE EMPLOYER: Please complete and return this form within ten (10) days of the above mailing date.

The above named individual has applied for employment with the LAFOURCHE PARISH SCHOOL BOARD. The applicant has listed you as his/her current or last employer. The applicant has authorized the above a RELEASE OF INFORMATION into his/her background and has WAIVED any privilege pertaining to the furnishing of such information to the Lafourche Parish School Board. PLEASE REPLY IMMEDIATELY, AS DELAYS MAY PREVENT THE TIMELY PROCESSING OF THE APPLICANT'S APPLICATION.

- 1) Person supplying information on behalf of employer: Name: _____
Position: _____
- 2) Dates the above named applicant was employed by you: From _____ to _____. Based on your knowledge of this applicant and the work he/she performed, would you ever rehire this applicant if a position was available? YES _____ NO _____
If no, please explain (using a separate piece of paper if necessary): _____
- 3) Is applicant currently employed? YES _____ NO _____
If YES, please skip to #5 - "TO YOUR KNOWLEDGE" - section below.
- 4) Please state the reason for applicant's separation from his employment with you (if applicable):
Reduction in force _____ Fired for Cause _____ Resignation _____ Other _____
a) If "Fired for Cause," please describe the cause for termination using a separate sheet if necessary:

b) If employee resigned, please advise whether the resignation was due to alleged misconduct, or if charges were pending against employee, and if so, please explain the nature of the alleged misconduct or charges:

c) If "Other," please explain: _____
- 5) From your knowledge, do you believe this applicant to be trustworthy? Yes _____ No _____

TO YOUR KNOWLEDGE, HAS THE ABOVE NAMED APPLICANT EVER BEEN: (Please check YES or NO. For any YES answers, please explain below in "Personal Comments.")

- YES _____ NO _____ Terminated, suspended, or otherwise disciplined while employed by you?
 YES _____ NO _____ Arrested for or been convicted of a criminal offense other than minor traffic offenses?
 YES _____ NO _____ Accused of any immoral conduct involving students in your school system?

PERSONAL COMMENTS: _____

SIGNATURE: _____ PARISH
(Human Resources Director)

DATE: _____

PLEASE RETURN TO: Human Resources Director, Lafourche Parish School Board, Post Office Box 879, Thibodaux, LA 70302

SUB APP