LOWER TOWNSHIP ELEMENTARY
SCHOOL DISTRICT

EVERY STUDENT, EVERY DAY
LEARNING TEACHING EXPLORING SUCCEEDING

DISTRICT OFFICE ✦ 905 SEASHORE ROAD, CAPE MAY, NJ 08204 ✦ (P)609-884-9400 ✦
(F)609-884-1821 ✦ WWW.LOWERTWPSCHOOLS.COM

SUBSTITUTE APPLICATION PROCESS

Vision Statement:

Every Student, Every Day, Learning, Teaching, Exploring, Succeeding

District Mission Statement:

"Dedicated to academic excellence, Lower Township Elementary Schools will nurture and challenge all students in a safe and innovative learning community. By encouraging respect and responsibility, students become self-directed, passionate, lifelong learners who will reach their potential. We are dedicated to supporting all students in exceeding the New Jersey Student Learning Standards."

If you are interested in an On-Call Substitute position, please complete the attached paperwork and return to the Board Office, located at 905 Seashore Road, Cape May, NJ 08204, behind the Carl T. Mitnick School. If you have any questions, please contact Patti Jacob at pjacob@lowertwpschools.com.

CERTIFIED POSITIONS

Lower Township Elementary School District may advertise certified positions on online and printed media platforms, including:

- ☐ *The Cape May County Herald*
- ☐ *The Press of Atlantic City*
- ☐ *Social Media Pages*

FINGERPRINT AND BACKGROUND PROCESS: Must be completed prior to submitting application.

Fingerprint and Background Check application process can be found at https://www.nj.gov/education/crimhist/.

If:

- *You have never worked for a school district; or*
- *You were fingerprinted by Office of Student Protection before March 2003 or and are changing school districts; or*
- *Then you are a **NEW APPLICANT**. $67.20 plus $11 convenience fee.*
- *Follow the instructions for File Authorization and Make Electronic Payment and choose -*
  - *"New Administration Fee Request"*
  - *County Code: 09*
  - *District Code: 2840*
  - *Service Code 2F1FB1 "Public School Employee"*
  -

If:

- *You were fingerprinted and approved by the Office of Student Protection after February 2003, and are changing school districts and have had a break in employment from your district...then you are an **ARCHIVE APPLICANT**. $32.00 plus $1 convenience fee*
- *Follow instructions for File Authorization and Make Electronic Payment and choose*
    - *"Archive"*
    - *County Code: 09*
    - *District Code: 2840*
    - *Service Code: 2F1FB1*
    -

If:

- *You were fingerprinted and approved by Office of Student Protection after March 2003; and*
- *You were fingerprinted for a substitute; and*
- *You have been employed in a substitute position continuously by a school since the first year your criminal history approval was issued, and are now desiring to work in additional districts then you are a **TRANSFER APPLICANT.** $5 plus $1 convenience fee*
- *Follow the instructions for File Authorization and Make Electronic Payment:*
- *"Transfer Request"*
- *County Code: 09*
- *District Code: 2840*
- *Service Code 2F1FB1*

Fingerprint approval report can be retrieved by returning to https://www.nj.gov/education/crimhist/

Choose "Applicant Approval Employment History"

Save approval as a pdf to include in Ed Cert Application and print approval to include in the substitute application packet.

Your application will not be presented for board approval until the State of NJ Criminal History Review Unit has completed your background check.

We will also need all attached paperwork completed and a copy of your driver's license and social security card when you return your application.

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(F)609-884-1821 ✦ WWW.LOWERTWPSCHOOLS.COM

SUBSTITUTE APPLICATION

FIRST NAME:_____M.I.:_____LAST NAME:_____

ADDRESS:_____

CITY:_____ZIP CODE:_____

HOME/CELL PHONE:_____EMAIL:_____

SOCIAL SECURITY #:_____DATE OF BIRTH:_____

GENDER:___FEMALE____MALE___OTHER / MARITAL STATUS:____SINGLE____MARRIED

RACE/ETHNICITY:_____

ADDITIONAL LANGUAGES:_____

SUBSTITUTE POSITIONS APPLYING FOR (please circle all that apply): SUBSTITUTE TEACHER / CLASSROOM AIDE / FOOD SERVICE / CAFETERIA AIDE / BUS AIDE / BUS DRIVER / DAYCARE AIDE / CUSTODIAN / NURSE / SECRETARY/CLERK

EDUCATION

HIGH SCHOOL NAME:_____

CITY AND STATE:_____

DID YOU GRADUATE?___YES___NO YEARS COMPLETED:_____

COLLEGE/UNIVERSITY NAME:_____

CITY AND STATE:_____

DID YOU GRADUATE?___YES___NO YEARS COMPLETED:_____

COURSES:_____

HIGHEST LEVEL OF EDUCATION:_____

IF APPLICABLE, TEACHER PREP/COLLEGE ROUTE:___ALTERNATE ROUTE OR

___TRADITIONAL ROUTE

COLLEGE/UNIVERSITY ROUTE PROGRAM:_____

*If applicable, each applicant is required to submit copies of college transcripts and NJ Certification.

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN DISMISSED FROM A POSITION:___YES___NO

IF YES, PLEASE EXPLAIN:_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME:___YES___NO

IF YES, PLEASE EXPLAIN:_____

HAVE YOU EVER, OR CURRENTLY SERVE IN THE MILITARY___YES___NO

IF YES, WHICH MILITARY BRANCH:_____

EMPLOYMENT HISTORY

Below, please describe past and present employment positions. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

ARE YOU CURRENTLY EMPLOYED?___YES___NO

EMPLOYER:_____

NAME OF SUPERVISOR:_____

PHONE NUMBER:_____CITY AND STATE:_____

EMPLOYMENT DATES:_____TO_____

POSITION:_____

REASON FOR LEAVING:_____

MAY WE CONTACT THIS EMPLOYER:____YES____NO

EMPLOYER:_____

NAME OF SUPERVISOR:_____

PHONE NUMBER:_____CITY AND STATE:_____

EMPLOYMENT DATES:_____TO_____

POSITION:_____

REASON FOR LEAVING:_____

MAY WE CONTACT THIS EMPLOYER:____YES____NO

EMPLOYER:_____

NAME OF SUPERVISOR:_____

PHONE NUMBER:_____CITY AND STATE:_____

EMPLOYMENT DATES:_____TO_____

POSITION:_____

REASON FOR LEAVING:_____

MAY WE CONTACT THIS EMPLOYER:____YES____NO

EMPLOYER:_____

NAME OF SUPERVISOR:_____

PHONE NUMBER:_____CITY AND STATE:_____

EMPLOYMENT DATES:_____TO_____

POSITION:_____

REASON FOR LEAVING:_____

MAY WE CONTACT THIS EMPLOYER:____YES____NO

REFERENCES

List below three persons who have knowledge of your work performance. Please Do Not include relatives.

NAME:_____RELATIONSHIP:_____

PHONE:_____NUMBER OF YEARS ACQUAINTED_____

NAME:_____RELATIONSHIP:_____

PHONE:_____NUMBER OF YEARS ACQUAINTED_____

NAME:_____RELATIONSHIP:_____

PHONE:_____NUMBER OF YEARS ACQUAINTED_____

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address	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):

☐ A citizen of the United States

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

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

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write In This Space

Signature of Employee:	Date *(mm/dd/yyyy)*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			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

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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)*:				

3-D Barcode
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	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative EMPLOYER
Last Name *(Family Name)* First Name *(Given Name)*		Employer's Business or Organization Name
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State / Zip Code

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date *(mm/dd/yyyy)*	Print Name of Employer or Authorized Representative:

State of New Jersey
Department of Education
Affirmative Action Information Form

To be completed by applicant
Not for interview purposes
To be filed separately with Affirmative Action Officer

The State of New Jersey seeks to increase the richness and diversity of its workforce and in doing so become the employer of choice for all people seeking to work in State government. In order to judge the effectiveness of our efforts to attract and employ a diverse workforce, as well as comply with Federal and State reporting requirements, we ask that you take the time to answer a few brief questions.

This form is not part of your application for employment and will not be considered in any hiring decision. Any information submitted on this form will be considered confidential and will be filed separately by the agency's affirmative action officer.

The State of New Jersey is an equal opportunity employer. The New Jersey State Policy Prohibiting Discrimination in the Workplace provides that applicants for employment are considered without regard to race, creed, color, national origin, nationality, ancestry, sex/gender, affectional or sexual orientation, gender identity or expression, age, marital status, civil union status, domestic partnership status, familial status, religion, atypical heredity cellular or blood trait, genetic information, liability for service in the Armed Forces of the United States or disability.

If you require an accommodation for the interview process please advise the HR representative at the department where you are applying for the job.

Applicant Name (Last, First, M): _____

Applicant Address: _____

Position(s) Applied For: _____

Date (mm/dd/yy): _____ Division: _____

Gender: Male ☐ Female ☐ Non-binary ☐

A. Ethnicity:

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic or Latino**

B. Race: (Please select one. If you are more than one race, please go to **C** on page 2.)

☐ **American Indian or Alaska Native**: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.

☐ **Asian**: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **Black or African American**: A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander**: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White**: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

he EEOC has recently updated its data collection requirements to allow employees who may be of two or more races) identify themselves. If you are of more than one race please identify them below.

. Two or More Races: (If applicable, select the two or more races with which you identify)

☐ American Indian or Alaska Native ☐ Black or African American ☐ White

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

eferral Source: How did you learn of this position?

Supplemental Information Sheet (Optional)

Jse this space to add additional information such as volunteer work that you did not report in other parts of this pplication.

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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
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. Native American tribal document
		6. Military dependent's ID card		6. U S Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
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		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		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A: 17-56.61) requires all New Jersey employers, both public and private, to report to the State of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: **www.njcsesp.com**

Send completed forms to:
New Jersey Child Support Employer Services Center
PO Box 8995 Trenton, NJ 08650-4901
Toll-free fax: 800-304-4901

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C

1	2	3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN): *(Please enter the same FEIN used to report the employee's quarterly wages)*

__ - _____

Employer Name: LOWER TOWNSHIP BOE

Employer Address: 905 SEASHORE RD

Employer City: CAPE MAY State: NJ Zip Code: 08204

Employer Phone (optional): 6098849400 Extension: Employer Fax (optional):

Email Address:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN): ___ - __ - ____

Is this employee an Independent Contractor? Yes ☐ No ☐

Employee First Name: Middle Initial

Employee Last Name:

Employee Address:

Employee City: State: Zip Code:

Date of Hire (MMDDYY):* Date of Birth (MMDDYY):

*Date of Hire is defined as the date an employee first performed services for pay.

Reports must be submitted within 20 days of hire or rehire date. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us toll-free at (877) NJ-HIRES

Rev 11/25

Lower Township School District
Cape May, New Jersey

Revised 12/4/06

Employee Health History Form

Name: _____ Age: _____
Last First

Address: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Person to be notified in case of an emergency:

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____

Health History: Please check all that apply.

__ Serious Injury	__ Fainting Spells	__ Nervous Disorder	__ Orthopedic Defects
__ Earaches	__ Eye Problems	__ Allergies	__ Headaches
__ Mental Disorder	__ High Blood Pressure	__ Asthma	__ Heart Condition
__ Convulsive Disorder	__ Substance Abuse	__ Diabetes	__ Hernia
__ Operations (Serious)	__ Kidney Disease	__ Rheumatic Fever	__ Other

Please indicate any pertinent information concerning the above checked items:

_____

_____

Record of Immunizations: Please check all that apply:

__ Diphtheria	__ Mumps	__ Hepatitis
__ Tetanus	__ Rubella	__ Influenza
__ Measles	__ Polio	__ Other

List any other health problems that you have _____

_____

Optional – Additional health information, including medications, which may be of value to medical personnel in the event of an emergency requiring treatment; for example, medications for cardiac/diabetes/pulmonary conditions:

_____

_____

Confidentiality: In accordance with NJAC 6:29-7.4 (g), all employee medical records, including computerized records, shall be secured and shall be stored and maintained in the Superintendent's office separate from other personnel files. Only the employee, the Superintendent and the school medical inspectors shall have access to the medical information in that employee's file. The section of the medical record which contains the health history may be shared with the building principal and/or the school nurse to assure ready access in a medical emergency with the consent of the employee.

Statement of Assurance

I have completed the above and certify that all of the information given is true to the best of my knowledge, or I am certifying that there are no changes in my health history that are different from the form previously submitted.

_____ _____
Signature Date

The principal (may/may not) have access to this information. circle one

The school nurse (may/may not) have access to this information. circle one

PLEASE NOTE: If your health history changes during the year, it will be necessary for you to update this form.

Sandman Consolidated School
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

Maud Abrams School
714 Townbank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204
BOARD OFFICE
TELEPHONE: (609) 884-9400
FAX: (609) 884-1821

Memorial School
2600 Bayshore Road
Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

TO: *New Staff*

FROM: *Lower Township Elementary School District*

DATE: *2025-2026 School Year*

RE: *Tuberculosis Testing*

The New Jersey Department of Education requires all newly hired employees to be tested for tuberculosis. Any new employee with a documented negative Mantoux test performed previously within the last six months or a documented positive Mantoux tuberculosis skin test does not need to be retested.

If you have not had a Mantoux tuberculosis skin test, AtlantiCare Urgent Care will be administering them at no charge in their office during office hours. You must call to make an appointment (609)677-7200, and bring the attached form for proper documentation. The address of AtlantiCare Urgent Care is 2500 English Creek Ave., Building 900, Suite 908, Egg Harbor Township, NJ. 08234. You may have this test done at your private physician's office if you prefer and the district will reimburse you.

The skin test result will then need to be checked by AtlantiCare Urgent Care within 48 to 72 hours. Please return the documentation of the test to Patti Jacob, Superintendent's Secretary, at the Lower Township Elementary School Board Office.

Thank you in advance for your cooperation.

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Cape May, NJ 08204
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Fax: (609) 884-9412

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Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

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714 Townbank Road
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Telephone: (609) 884-9420
Fax: (609) 884-9421

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
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LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
BOARD OFFICE
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
www.lowertwpschools.com

This document certifies that the person named below was administered a Mantoux Test (for TB) for the Lower Township Elementary School District.

Name: _____

Date Given: _____

Date Read: _____

Results: (mm) _____

Chest X-Ray Date: _____

Result: Normal Abnormal

_____ _____
Administered by Date

_____ _____
Read by Date

Sandman Consolidated School
Grades 5 - 6
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

Maud Abrams School
Grades 3 - 4
714 Town Bank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

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TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
www.lowertwpschools.com

Memorial School
Grades Pre-K - K
2600 Bayshore Road
Cape May, NJ 08204
Telephone: (609) 884-9430
Fax: (609) 884-0515

Carl T. Mitnick
Grades 1 - 2
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

TO: All Employees

RE: Direct Deposit Form

Please be advised, in accordance with P.L.2013c.28 (Direct Deposit Law), all employees ***must be enrolled*** *in direct deposit in order to receive a paycheck from our district. No paper checks will be issued.*

A blank copy of the direct deposit form is attached for you to complete. Please contact me in the Payroll Office, for any questions.

Thank you,

Sue Nelson
Payroll Clerk
Lower Township Board of Education
Phone: (609) 884-9400 ext. 2612
Email: snelson@lowertwpschools.com

Lower Township Elementary School District

905 Seashore Road, Cape May NJ 08204

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

Employee Name: _____

Social Security #: _____

Employee address: _____

_____

(PLEASE CHECK ONE BOX)

- ☐ **INITIAL ENROLLMENT**
- ☐ **CHANGE IN CURRENT ENROLLMENT**

BANK NAME: _____

BANK ADDRESS: _____

BANK ROUTING #: _____

(PLEASE CHECK ONE BOX ONLY)

- ☐ **CHECKING ACCOUNT** CHECKING ACCOUNT #: _____
- ☐ **SAVINGS ACCOUNT** SAVINGS ACCOUNT #: _____

****Note: You may select either checking or savings, NOT BOTH****

I authorize my employer to deposit my paycheck directly into the account listed below. I further give my employer authorization to reverse any incorrect entries into the same account. This authority will remain in force until I provide written notification that I have terminated it. I understand that a reasonable amount of time must be allowed for the implementation and termination of this service.

EMPLOYEE SIGNATURE: _____ ***DATE:*** _____

CANCELLATION OF AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

- ☐ I hereby cancel the previously submitted Authorization for Direct Deposit of Payroll

EMPLOYEE SIGNATURE: _____ ***DATE:*** _____

* Can only access after 1st Direct Deposit

DOCULIVERY
Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

Getting Started

1. Point your internet browser to the following url:

   www.Doculivery.com/Systems3000-Lower

2. Enter your User ID. 1

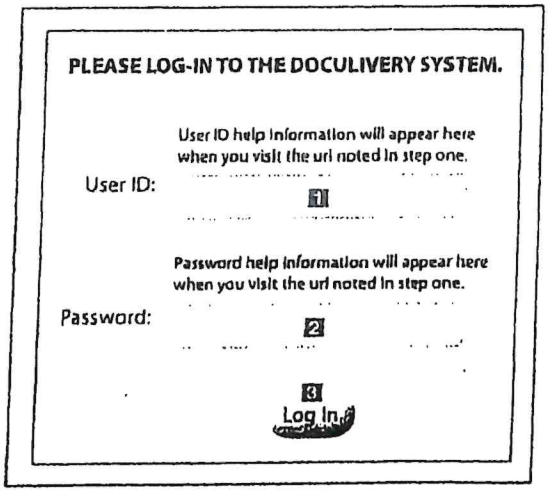
   Your USER ID is:

   Your last name plus the last four digits of your SSN.

3. Enter your Initial Password. 2
   You will be required to change your password upon initial log in.

   Your initial PASSWORD is:

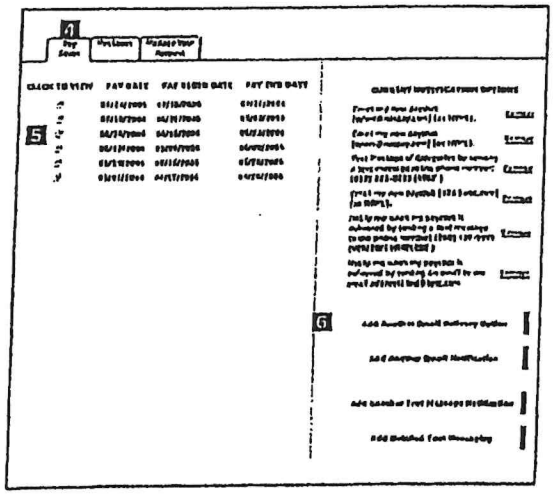
   The last four digits of your SSN.



4. Click the Log In button. 3

5. Once you have logged in and changed your password, please make a note of your new password for future reference.

6. Once logged in, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab 4 to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. 5



Setting Up Notification Options

1. Click on the Pay Stubs tab 4. On the right side of the screen, select the appropriate bar 6 to setup email or text message notifications.

Sandman Consolidated School
Grades 5 - 6
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

Maud Abrams School
Grades 3 - 4
714 Town Bank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
BOARD OFFICE
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204
TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
www.lowertwpschools.com

Memorial School
Grades Pre-K - K
2600 Bayshore Road
Cape May, NJ 08204
Telephone: (609) 884-9430
Fax: (609) 884-0515

Carl T. Milnick
Grades 1 - 2
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

Employee Acknowledgement Form

Post-Retirement Employment Restrictions For Individuals covered by New Jersey State Retirement System

I acknowledge that I have received this notification of "Post-Retirement Employment Restrictions for Individuals covered by New Jersey State Retirement System". New Jersey State-administered retirement systems requires a "bona fide severance from employment." N.J.A.C. 17:1-17.14.2(a) states that a "Bona Fide severance from employment means a complete termination of the employee's employment relationship with the employer for a period of at least 180 days."

Check One Box:

☐ NO, I have *NOT* retired from a New Jersey retirement system.

☐ YES, I have retired from a New Jersey retirement system.

If Yes, Date of Retirement: _____ /_____ /_____

Retirement System: _____

Employer at Retirement: _____

NAME (Print): _____

SIGNATURE: _____ DATE: _____

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

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

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*.

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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: 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 the 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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)

***Date of Birth: _____ / _____ / _____ ***

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

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

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

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . . 4 $

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . 1a $

b **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . 1b $

c **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 1c $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . 2 $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

a Enter $6,000 if you are age 65 or older before the end of the year . . . . . 3a $

b Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . 3b $

4 Add lines 3a and 3b. Enter the result here . . . . . 4 $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . 5 $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . 6a $

b **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . 6b $

c **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) 6c $

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income 6d $

e **Other itemized deductions.** Enter the amount for other itemized deductions 6e $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . 7 $

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . 8a $

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 8b $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . 9 $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . 10 $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . 11 $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . 12 $

13 Add lines 11 and 12. Enter the result here . . . . . 13 $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . 14 $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . 15 $

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	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Sandman Consolidated School
838 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9410
Fax: (609) 884-9412

Maud Abrams School
714 Townbank Road
Cape May, NJ 08204
Telephone: (609) 884-9420
Fax: (609) 884-9421

LOWER TOWNSHIP ELEMENTARY SCHOOL DISTRICT
BOARD OFFICE
905 SEASHORE ROAD
CAPE MAY, NEW JERSEY 08204

TELEPHONE: (609) 884-9400
FAX: (609) 884-1821
www.lowertwpschools.com

Memorial School
2600 Bayshore Road
Villas, NJ 08251
Telephone: (609) 884-9430
Fax: (609) 886-0515

Carl T. Mitnick School
905 Seashore Road
Cape May, NJ 08204
Telephone: (609) 884-9470
Fax: (609) 884-9481

BLOODBORNE PATHOGEN INFORMATION FOR TEMPORARY WORKERS

In keeping with the OSHA standards and our desire to keep every employee safe and healthy on the job, please take a moment to review this information.

Bloodborne pathogens are germs that are carried in the blood. Some of these pathogens such as Hepatitis and HIV are deadly. Any body fluid or excretion is potentially tainted with blood. For this reason, we must assume that ALL body secretions from EVERY person can harm you. By using Universal Precautions (that is assuming every body fluid is dangerous) you can keep yourself and others safe.

Specific Techniques for On the Job Safety:

Always wear gloves before touching any body fluid. Each classroom is equipped with a ziplock bag that contains equipment (gloves, gauze, band aids, germicidal wipes) and guidelines for how to handle body fluids. If you cannot locate this bag, send a student to the nurse for a replacement.

If possible, assist the injured party to control the bleeding themselves. Hand the person paper towels or gauze and give direction to apply direct pressure over the area.

Always wash your hands with warm soapy water after exposure to body fluids. The most effective hand washing uses friction, scrubs all surfaces from the wrists down and lasts for at least 30 seconds.

Contaminated articles of clothing or other objects need to be cleansed with an OSHA approved disinfectant and/or double bagged. The custodial staff are available to perform decontamination and clean up duties.

If you are unfortunately exposed to another person's body fluids without protection, you must report it to the school nurse.

Additional information regarding Bloodborne Pathogens and the use of Universal Precautions is available from the school nurse or on the website:
http://.osha-slc.gov/SLTC/bloodbornepathogens/standards.html.

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TO: Full-Time Applicant

FROM: Jeff Samaniego, Superintendent

RE: Sexual Misconduct/Child Abuse Disclosure Release Form (P.L. 2018, c5)

Effective June 1, 2018, the state statute (P.L. 2018, c.5), requires that all school districts, charter schools, nonpublic schools, and contracted service providers make certain inquiries regarding child abuse and sexual misconduct of prospective employees who will have regular contact with students. Newly hired/or rehired applicants, who have been employed by, or in a school in a position having regular contact with students for the last 20 years, must provide the information requested of the applicant's ***current*** and ***former employers***.

STEP 1- Applicants must provide the information requested in Section I of this form for the applicant's current and former employers for the last 20 years that were school entities or where the applicant was employed in a position having direct contact with children. Please be sure that the mailing address to prior employers is accurate. Applicant must sign the authorization for the disclosure on page 2 of the disclosure form.

*Note: A SEPARATE form must be completed by EACH current and EACH former employer where the position had regular contact with students. For Example: If applicant worked for two separate school districts, either currently or in the past, then a separate form must be completed for each school district.

STEP 2- Once Section I is completed, the applicant will submit this form in its entirety, with the information on Page 1 and Section I completed, to the Lower Twp. Board of Education, Attention: Patti Jacob at the Administration Building, 905 Seashore Rd, Cape May, NJ 08204.

-You can access the Sexual Misconduct/Child Abuse Disclosure form online at NJDOE website https://www.state.nj.us/education/educators/crimhist/preemployment/. If completing this online, use the following information on page 3 of 5 of application.

Hiring Entity: LOWER TOWNSHIP SCHOOL DISTRICT

Address: 905 SEASHORE ROAD, CAPE MAY NJ 08204

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release
***P.L.* 2018, *c.* 5**
Effective June 1, 2018

P.L. 2018, *c.* 5 concerns school employees and supplements chapter 6 of Title 18A of the New Jersey Statues. This law prohibits a school district, charter school, nonpublic school, or contracted service provider holding a contract with a school district, charter school, or nonpublic school (collectively referred to as "hiring entity") from employing a person serving in a position which involves regular contact with students unless the hiring entity conducts a review of the employment history of the applicant by contacting former and current employers and requesting information regarding child abuse and sexual misconduct.

The applicant must submit this form for (1) *all* current employers and (2) to former employers within the last 20 years that were school entities or where the applicant was employed in a position that involved direct contact with children. The applicant will submit completed copies of this form to the hiring entity. The hiring entity will then submit this form to each of the current or former employers for completion of Section 2.

Applicant, please complete the information immediately below and Section 1 of this form and return it to the hiring entity. Please complete additional forms as necessary for each of your current and former employers for the last 20 years that were school entities or where you were employed in a position that involved direct contact with children.

To:

Name of Current or Former Employer: _____ ☐ No applicable employment

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

_____, is under consideration for a position with Lower Twp Board of Ed. The individual whose name appears herein has reported previous employment with your entity. As required by *P.L.* 2018, *c.* 5, please provide the information requested in Section 2 of this form within 20 days of receipt.

Section 1: Applicant Certification and Release
(to be completed by the applicant even if the applicant has no current or prior employment to disclose)

Applicant Name (First, Middle, Last): _____

Date of Birth: _____

Any former names by which the Applicant has been identified: _____

Last 4 digits of Applicant's Social Security Number: _____

Approximate dates of employment with the entity listed above: _____

Position(s) held: _____

Have you (Applicant) ever:

☐ Yes ☐ No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

☐ Yes ☐ No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

☐ Yes ☐ No Had a license, professional license, or certificate suspended, surrendered, or revoked (1) while allegations of child abuse or sexual misconduct were pending or under investigation, or (2) due to an adjudication or finding of child abuse or sexual misconduct?

By signing this form, I (the applicant) certify under penalty of law that the statements made in this form are true, correct, and complete. I understand that willfully providing false information or willfully failing to disclose information required in Section 1 of this form, as required by *N.J.S.A.* 18A:6-7.7, may subject me to discipline up to, and including, termination or denial of employment; may be a violation of *N.J.S.A.* 2C:28-3; and may subject me to a civil penalty of not more than $500, which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," *P.L.* 1999, *c.* 274.

By signing this form, I also hereby authorize the above-named employer to disclose the information requested in Section 2 and release related records pertaining to the disclosures identified in SECTION 2. I understand that pursuant to *N.J.S.A.* 18A:6-7.7, the above-named employer is released from liability that may arise of the disclosure or release of records.

_____ _____

Signature of Applicant Date

Section 2: Current/Former Employer Verification

(to be completed by the applicant's current employer(s) and all former employers that were school entities or former employers in which the applicant had direct contact with children). Please complete the information below and return this form to the hiring entity.

N.J.S.A. 18A:6-7.7(b) provides that a hiring entity shall not employ for pay or contract for the paid services of any person in a position that involved regular contact with students unless the hiring entity conducts a review of the employment history of applicant by contacting those employers listed by the applicant under the provisions of *N.J.S.A.* 18A:6-7.7(a) and collecting the information requested below.

Employing Entity receipt date: _____ Received by: _____

Applicant's dates of employment: _____ Contact phone #: _____

To the best of your knowledge, has the applicant ever:

☐ Yes ☐ No Been the subject of any child abuse or sexual misconduct investigation by any employer, State licensing agency, law enforcement agency, or the Department of Children and Families (*unless the investigation resulted in a finding that the allegations were false or the alleged incident of child abuse or sexual misconduct was not substantiated)?

☐ Yes ☐ No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from any employment while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

☐ Yes ☐ No Had a license, professional license, or certificate suspended, surrendered, or revoked while allegations of child abuse or sexual misconduct were pending or under investigation, or due to an adjudication or finding of child abuse or sexual misconduct?

Current/Former Employer Representative Signature _____ Date _____

Current/Former Employer Representative Title _____

If a current or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form within 20 days and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Pursuant to *N.J.S.A.* 18A:6-7.11, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

The failure of a current or former employer to provide the information requested in Section 2 within the 20-day timeframe required by *N.J.S.A.* 18A:6-7.9 may be grounds for the automatic disqualification of an applicant from employment with the hiring entity. The hiring entity shall not be liable for any claims brought by an applicant who is not offered employment or whose employment is terminated: (1) because of any information received by the hiring entity from an employer pursuant to *N.J.S.A.* 18A:6-7.7; or (2) due to the inability of the hiring entity to conduct a full review of the applicant's employment history pursuant to *N.J.S.A.* 18A:6-7.7.

Return all completed information to:

Hiring Entity: LOWER TOWNSHIP BOARD OF EDUCATION

Address: 905 SEASHORE ROAD Phone #: 609-884-9400 XT 2603

City: CAPE MAY State: NJ Zip: 08204 Fax or Email: pjacob@lowertwpschools.com

State of New Jersey
Sexual Misconduct/Child Abuse Disclosure Release Instructions
P.L. 2018, C. 5
Effective June 1, 2018

Instructions

This standardized form has been developed by the New Jersey Department of Education, pursuant to *P.L.* 2018, *c.* 5, to be used by hiring entities and by applicants, who would be employed by, or in, a school, in a position involving regular contact with students. This form satisfies the statutory requirement to provide information related to child abuse or sexual misconduct. An applicant who would be employed by or in a school in a position having regular contact with students must provide the information requested in Section 1 of this form and sign the authorization for the disclosure by the applicant's current and former employers of the information requested in Section 2 of this form.

The applicant shall complete one form for the applicant's current employer(s) and separate forms for each of the applicant's former employers for the last 20 years that were school entities or where the applicant was employed in a position having direct contact with children. The applicant will submit this form in its entirety, with the information on Page 1 and Section 1 completed, to the hiring entity. The applicant must also authorize, by signature, the release of information regarding child abuse and/or sexual misconduct from the current and/or former employers to the hiring entity. The hiring entity is prohibited from hiring an applicant for a position involving regular contact with students if the applicant does not provide the information and authorization required by law.

Upon completion by the applicant, the hiring entity shall submit the form to the applicant's current and former employers to complete Section 2 of this form. A hiring entity may not employ an applicant who does not provide the required information for a position involving regular contact with students.

If a current and/or former employer responds to any Section 2 disclosure in the affirmative, the hiring entity may request additional information regarding the disclosure by requesting that the current and/or former employer complete the Sexual Misconduct/Child Abuse Disclosure Information Request form and attach additional information, including the initial complaint and final report, if any, regarding the incident of child abuse or sexual misconduct. Upon providing documentation due to an affirmative response, every measure should be taken to ensure student privacy and confidentiality. All student identifiers should be redacted prior to release.

Relevant Statutory Definitions Pursuant to N.J.S.A. 18A:6-7.6

Child abuse is defined as any conduct that falls under the purview and reporting requirements of *P.L.* 1971, *c.* 437 (*N.J.S.A.* 9:6-8.8 et seq.) and is directed toward or against a child or student, regardless of the age of the child or student.

Sexual misconduct is defined as any verbal, nonverbal, written, or electronic communication, or any other act directed toward or with a student that is designed to establish a sexual relationship with the student, including a sexual invitation, dating or soliciting a date, engaging in sexual dialogue, making sexually suggestive comments, self-disclosure or physical exposure of a sexual or erotic nature, and any other sexual, indecent or erotic contact with a student.

ADDITIONAL INFORMATION

Per *N.J.S.A.* 18A:6-7.9, a hiring entity shall have the right to immediately terminate an individual's employment or rescind an offer of employment if: (1) the applicant is offered employment or commences employment with the hiring entity following the effective date of this act; and (2) information regarding the applicant's history of sexual misconduct or child abuse is subsequently discovered or obtained by the employer that the employer determines disqualifies the applicant or employee from employment with the hiring entity. The termination of employment pursuant to *N.J.S.A.*

18A:6-7.9 shall not be subject to any grievance or appeals procedures or tenure proceedings pursuant to any collective bargaining agreement or negotiated agreement or any law, rule, or regulation.

Per *N.J.S.A.* 18A:6-7.10, after reviewing the information disclosed in Section 1 and/or Section 2 of this form, and finding an affirmative response to any of the inquiries, the hiring entity, prior to determining to continue with the applicant's job application process, shall make further inquiries of the applicant's current or former employer to ascertain additional details regarding the matter disclosed. The hiring entity should use its discretion, consistent with statute, in the event that a current/former employer is no longer in operation or fails to respond to Section 2 of this form.

The hiring entity may employ or contract with an applicant on a provisional basis for a period not to exceed 90 days pending the hiring entity or independent contractor's review of information received related to Section 1 and/or Section 2 of this form, provided that all of the following conditions are satisfied: (1) the applicant has complied with *N.J.S.A.* 18A:6-7.7; (2) the hiring entity has no knowledge or information pertaining to the applicant that the applicant is required to disclose pursuant to *N.J.S.A.* 18A:6-7.7(a)(3); and (3) the hiring entity determines that special or emergent circumstances exist that justify the temporary employment of the applicant.

The sexual misconduct or child abuse disclosures articulated herein are required in addition to satisfying any pre-existing requirements for employment in a school, including a criminal history review, pursuant to *N.J.S.A.* 18A:6-7.1 and *N.J.A.C.* 6A:9B-4.2.

Open Public Records Act

Pursuant to *N.J.S.A.* 18A:6-7.11, information received by a hiring entity under this Act shall not be deemed a public record under *P.L.* 1963, *c.* 73 or the common law concerning access to public records.

Immunity

Pursuant to *N.J.S.A.* 18A:6-7.11, a current or former employer that provides information or records about a current or former employee or applicant shall be immune from criminal and civil liability for the disclosure of the information, unless the information or records provided were knowingly false. The immunity shall be in addition to, and not in limitation of, any other immunity provided by law.

Contact

For more information, please contact the County Office of Education for the hiring entity.