



Welcome!

The Educational Service Center Council of Governments
has been notified that you are being hired.

Completion of this eForm is required to finalize employment.
The eForm must be completed **10 business days** prior to the start date.

**Until the eForm has been received and processed,
you are not authorized to work or to receive compensation.**

As the requested data is entered, click the the **Save as Draft** button found at the bottom of this eForm periodically. This will save the data and permit access to return later. The eForm will not submit until all required fields and documents have been completed and/or uploaded.

If you have any questions while completing this eForm, contact:

- ESC-COG Substitutes: Substitute@escoco.org
- ESC Employees: HumanResources@escoco.org

EMPLOYEE INFORMATION

Title:

* Legal First Name:

Middle Name or Initial

* Legal Last Name:

Suffix:

Other name(s) under which you may be listed
(If applicable)

* Permanent Address Line 1

Address Line 2

* City:

* State:

* Zip Code:

* Primary Phone Number:

* Primary Email Address:

DEMOGRAPHICS

* Social Security Number:

* Date of Birth:

* Marital Status:

M = Married S = Single

* Gender:

M = Male F = Female

* Ethnicity:

H = Hispanic N = Non-Hispanic

* Race:

*See below for explanation of letters in dropdown

- If you select Multiracial please list all that apply:

- | | |
|-------------------------|---|
| A - Asian | B - Black or African American (Non-Hispanic) |
| H - Hispanic | I - American Indian or Alaskan Native |
| M - Multiracial | N - Not Specified |
| W - White, Non-Hispanic | P - Native Hawaiian or Other Pacific Islander |

EMERGENCY CONTACT

* Contact Name:

* Preferred contact number:

REMINDER - SAVE YOUR PROGRESS

EDUCATION and DEGREE INFORMATION

Directions: In the fields below, please list each of the degrees you have received starting with the **lowest** level of degrees (e.g. high school) and ending with the **highest**.

For each degree:

- Enter the 6 digit school code
 - Follow the link provided to find your school code
 - Copy and Paste school code into the field
- Enter your graduation date.
 - If you do not know the day of graduation, please use the 1st day of the month.
- Select the level of degree received.
 - Reference the table below to select the appropriate level.

DEGREE TYPE	LEVEL
Non-Degree	0
Associates	1
Bachelors	2
Masters	3
Education Specialist	4
Doctorate	5
Other	6
Less than High School	7
High School Diploma	8
GED	9

HIGH SCHOOL

* High School Education:

* Degree Level:
(Refer to table above)

* Graduation Date:

Is this your highest degree earned?
If so please select the asterick ().*

COLLEGE (#1)

College or University

School Code:
[Click Here for School Code](#)

Degree Level:
(Refer to table above)

Graduation Date:

Is this your highest degree earned?
If so indicate with an asterick ().*

COLLEGE (#2)

College or University

School Code:
[Click Here for School Code](#)

Degree Level:
(Refer to table above)

Graduation Date:

Is this your highest degree earned?
If so indicate with an asterick ().*

COLLEGE (#3)

College or University
School Code:
[Click Here for School Code](#)

Degree Level:
(Refer to table above)

Graduation Date:

Is this your highest degree earned?
If so indicate with an asterick ().*

COLLEGE (#4)

College or University
School Code:
[Click Here for School Code](#)

Degree Level:
(Refer to table above)

Graduation Date:

Is this your highest degree earned?
If so indicate with an asterick ().*

COLLEGE (#5)

College or University
School Code:
[Click Here for School Code](#)

Degree Level:
(Refer to table above)

Graduation Date:

Is this your highest degree earned?
If so indicate with an asterick ().*

STATE LICENSE or CREDENTIALS

State Educator ID Number:
(e.g. OH1234567)
<https://education.ohio.gov>

FEDERAL W-4 FORM - EMPLOYEE WITHHOLDING ALLOWANCE

Please read the instructions carefully before completing this section. You may refer to the instructions and worksheets for the W-4 for assistance .

- [Form W-4, Employee's Withholding Allowance Certificate - instructions and worksheets](#)

* Is your last name different from that shown on your social security card? Yes No
If you check YES, you must call 1-800-772-1213 for a replacement card.

* Federal Marital Status:
M = Married S = Single

* Total number of allowances you are claiming:
(see W-4 Instructions for more information)

Additional Federal amount, if any, you want withheld from each paycheck:


I claim exemption from withholding, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

* To confirm these statements are accurate, please click in the box and type your name.

Signature: (Please enter your full name)

REMINDER - SAVE YOUR PROGRESS

 **OH | EMPLOYEE WITHHOLDING EXEMPTION CERTIFICATE OH-IT-4**

When completing the following section refer to the instructions for the OH-IT-4. Please read the instructions carefully before completing this section.

- [Form OH-IT-4 instructions](#)

* Public School District of Residence:

* Public School District Number:

- Find district name and number:
tax.ohio.gov

* Personal Exemption for yourself, enter 1 if claimed:

* If married, personal exemption for your spouse if not separately claimed (enter 1 if claimed):


* Exemptions for dependents:

* Add the exemptions you claimed above and enter the total:

Additional State withholding per pay period under agreement with employer (0 if none):

* Under the penalty of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled. To confirm these statements are accurate, please click in the box and type your name.

Signature: (Please enter your full name)

 **CENTRAL OHIO - LOCAL TAX FORM**

In accordance to Amended Substitute House Bill No. 108, I hereby authorize the Educational Service Center or Educational Service Center Council of Governments to deduct the following city income tax from my earnings:

* City where you will be working:


* County of Residence:

* City of Residence:

* **It will be my responsibility to advise my employer of any change in my address or work location that would alter the information provided above. To confirm these statements are accurate, please click in the box and type your name.**

Signature: (Please enter your full name)

[Click Here to Digitally Sign](#)

 **SOCIAL SECURITY WINDFALL FORM (FORM SSA 1945)**

SECTION 1: EMPLOYEE INFORMATION

SherylTest NevilTest

Social Security #:

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision".

Government Pension Offset Provision Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

* **I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

Signature: (Please enter your full name)

[Click Here to Digitally Sign](#)

REMINDER - SAVE YOUR PROGRESS

SERS OR STRS OHIO RETIREMENT SYSTEM

SCHOOL EMPLOYEES RETIREMENT SYSTEM (SERS) or
STATE TEACHERS RETIREMENT SYSTEM (STRS)

FAMILY DATA

Spouse Information:

First Name:

Middle Name:

Last Name:

Prior Name:
(If applicable)

Children Information

1. First Name:

Middle Name:

Last Name:

2. First Name:

Middle Name:

Last Name:

3. First Name:

Middle Name:

Last Name:

4. First Name:

Middle Name:

Last Name:

5. First Name:

Middle Name:

Last Name:

Parent Information

Father's First Name:

Father's Middle Name or Initial:

Father's Last Name:

Mother's First Name:

Mother's Middle Name or Initial:

Mother's Last Name:

Mother's Maiden Name:

* **JOB CLASSIFICATION**

If other, please describe:

Name of Contract Company:

If an employee of the schools through an outside contract company

MEMBERSHIP IN ANY OTHER OHIO RETIREMENT SYSTEM

For the following, check YES or NO if you were a member of or received benefits from:

SERS - (School Employees Retirement Systems of Ohio)

MEMBER: Yes No

BENEFIT:

***Individuals receiving a Disability Benefit from SERS need to contact SERS before returning to work.*

STRS - State Teachers Retirement System of Ohio

MEMBER: Yes No

BENEFIT:

OPERS - Ohio Public Employees Retirement System

MEMBER: Yes No

BENEFIT:

Ohio Police & Fire Pension Fund

MEMBER: Yes No

BENEFIT:

Ohio State Highway Patrol Retirement System

MEMBER: Yes No

BENEFIT:

Cincinnati Retirement System

MEMBER: Yes No

BENEFIT:

* Are you a retiree returning to the work force? Yes No

If you answered YES, please complete the next group of questions.

Effective Retirement Date:

(Only to be completed by Retirees)

First Date of Service After Retirement:

(Only to be completed by Retirees)

Type of Retirement Benefit:

(Only to be completed by Retirees)

Retirement System Paying the Benefit:

(Only to be completed by Retirees)

ARP Eligible: Yes No

(Alternative Retirement Plan, applies to college and university retirees)

(Only to be completed by Retirees)

SERVICE CREDIT

Do not include Social Security in the following answers. Only include years of service in:

- STRS
- Ohio Police & Fire Pension Fund
- SERS
- Ohio State Highway Patrol Retirement System
- PERS
- Cincinnati Retirement System

* Years of Service Credit earned in Ohio:

* Total Years of Service Credit:

- May include: credit transferred to an Ohio retirement system from another state.
- If you have only worked in the State of Ohio, your total years will be the same as number above.
- This number is typically the same for most employees.

MEMBER CERTIFICATION

* I hereby certify the information given here to be true to the best of my knowledge.

Signature (Please enter your full name)

[Click Here to Digitally Sign](#)

DIRECT DEPOSIT AUTHORIZATION

Please read and complete this section carefully.

- You may select up to three (3) accounts for your direct deposit.
- If you select more than one account, your first bank account must be for the **least** amount, and your second and/or third account(s) must be for the remaining amount owed to you.
- Attach a voided check or copy of a check (not a deposit slip) for each checking account.
- If you are using a savings account, make sure to check with the Bank's Automatic Clearing House Department regarding the correct transit routing and account numbers for purposes of direct deposit.

* This is a:

* Email Payroll Voucher

FIRST or ONLY Bank Account I would like my Direct Deposit

*

* Name of Bank:

* Bank Routing Number:

* Bank Account Number:

* Please select one of the following:

* If you selected (B), enter an amount:
Type N/A if not selected

* If you selected (C), enter a %:
Type N/A if not selected

SECOND Bank Account I would like my Direct Deposit

Complete the following: **only** if you are dividing your direct deposit into two or more accounts.

Name of Bank:

Bank Routing Number:

Bank Account Number:

I wish to have the remaining balance of my paycheck deposited: Yes No

I wish to have the following amount deposited:

I wish to have the following % deposited:

THIRD Bank Account I would like my Direct Deposit

Complete the following: **only** if you are dividing your direct deposit into a third account.

Name of Bank:

Bank Routing Number:

Bank Account Number:

I wish to have the remaining balance of my paycheck deposited:

* I hereby authorize my employer, either directly or through its payroll service provider, to deposit any amounts owed me by treating credit entries to my account(s) at the financial institution(s) (hereinafter "Bank(s)") indicated on this form. Further, I authorize the Bank(s) to accept and to credit to my account any credit amounts indicated by my employer, either directly, or through its payroll service provider. In the event that my employer deposits funds erroneously into my accounts, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization will remain in full force and effect until my employer and the Bank have received written notice from me of its termination in such time and manner as to afford my employer and the Bank(s) reasonable opportunity to act on it, or until I am no longer employed by my employer. I understand that it is my responsibility to ensure that the correct amount is deposited in my account each payday.

Signature (Please enter your full name)

Click to Digitally Sign

REMINDER - SAVE YOUR PROGRESS

REQUIRED DOCUMENTS

The following documents are **required** in order to complete your new hire registration:

ODE License or Educational Aide Permit:

To apply for your ODE License or Permit: [CLICK HERE](#)

Who needs an ODE License or Permit: [CLICK HERE](#)

Add a File

*** BCI Background check results:**

(Completed and on file with ODE (if position applicable) within the past 12 months from your start date):

DO NOT UPLOAD BLANK or EXPIRED DOCUMENTS

Add a File

*** FBI Background check results:**

(Completed and on file with ODE (if position applicable) within the past 12 months from your start date):

DO NOT UPLOAD BLANK or EXPIRED DOCUMENTS

Add a File

*** Photocopy of Identification per I-9 Requirements:**

For Acceptable Documents: [CLICK HERE](#)

Add a File

*** Photocopy of Social Security Card:**

(Required per payroll)

Add a File

*** Copy of Transcripts:**

IF YOU DO NOT HAVE COLLEGE CREDIT - Please Upload a Blank Word Document

Add a File

*** Copy of Voided Check or Bank Verification Form for Account #1:**

Add a File

Copy of Voided Check or Bank Verification Form for Account #2:

Add a File

Copy of Voided Check or Bank Verification Form for Account #3:

Add a File

DATA RELEASE FORM

If you are a **current** employee moving from the **ESC to the COG**, please complete the following section. **New Employees DO NOT NEED TO COMPLETE.**

- Moving from: ESC to COG

In compliance with O.R.C. § 149.43, I authorize you to release all documents from my personnel file while I was under employment with the Educational Service Center of Central Ohio to the ESC-Council of Governments for its use.

Signature (Please enter full name)

[Click Here to Digitally Sign](#)

SUBSTITUTE ONLY - NEW HIRE ORIENTATION

THIS ORIENTATION IS FOR SUBSTITUTES ONLY!
ALL new substitutes are required to register
and attend a substitute orientation.

Follow this link to register for substitute orientation:

- Licensed - Substitute Teaching Orientation: [CLICK HERE](#)

Orientation waivers may be granted to:

- A teacher that has retired from one of our ESC-COG substitute consortium member districts.
- If an orientation waiver is granted, please note that to comply with Federal Law, an I-9 must be completed at The ESC main office as part of your employment.

To request a waiver or for general questions please email: Substitute@escoco.org

ESC-COG EMPLOYEE - HR NEW HIRE ORIENTATION (non-sub)

STOP! SUBSTITUTES DO NOT ATTEND THIS ORIENTATION!
Any new employee that is hired directly by a district
is required to attend a HR New-Hire Orientation.

- HR New Hire Orientation: [CLICK HERE](#)

Orientation waivers may be granted to:

- A current employee, transferring positions and non-benefits eligible
- An employee who has received pay from the ESC-COG within the past 12 months

To request a waiver or for general questions please email: HumanResources@escoco.org

Failure to attend new hire orientation may result in a delay in compensation.

ACKNOWLEDGEMENT

* To the best of my knowledge the information provided here is true and correct. I understand that this eForm must be completed and processed a minimum of 10 days prior to my start date. Any delay will impact my employment and compensation.

Yes No

* Signature (Please enter your full name)

[Click Here to Digitally Sign](#)

Save as Draft

Submit Form