TEMPORARY EMPLOYEE PACKETS FOR SCHOOL YEAR 2021-22

ALL TEMPORARY EMPLOYEES ARE REQUIRED TO BE FINGERPRINTED

PACKETS NEED TO BE COMPLETED AND FINGERPRINTS DONE BEFORE IT CAN BE APPROVED BY FRANK CRAYTON, DIRECTOR FOR AUXILIARY HUMAN RESOURCES.

PLEASE INCLUDE WITH PACKET:

- TEMPORARY EMPLOYEE REQUEST FORM (MAKE SURE ALL SECTIONS ARE COMPLETED OR THE REQUEST WILL NOT BE PROCESSED). ELECTRONIC REQUESTS ARE TO BE COMPLETED UNDER FORMSPACE > HR FORMS > TEMPORARY EMPLOYEE REQUEST.

WHEN FINGERPRINTS ARE COMPLETED A COPY OF THE RECEIPT WILL NEED TO BE BROUGHT TO AUXILIARY HUMAN RESOURCES. ALSO BRING SOCIAL SECURITY CARD AND PICTURE ID. ONCE WE HAVE COPY OF THE RECEIPT THE STARTING DATE WILL ALSO BE APPROVED.

MAKE COPIES OF PACKETS AS NEEDED.

PLEASE FORWARD ALL REQUESTS TO FRANK CRAYTON DIRECTOR FOR AUXILIARY HUMAN RESOURCES.

IF YOU HAVE ANY QUESTIONS REGARDING FINGERPRINTS OR TEMPORARY EMPLOYEES YOU MAY CONTACT MARY MASON IN AUXILIARY HUMAN RESOURCES @ 336-2758.
INFORMATION REQUIRED FOR FINGERPRINTING PROCESS-PLEASE PRINT

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

E-MAIL ADDRESS

PHONE NUMBER (INCLUDE AREA CODE)
First Name _______________________________
Last Name ______________________________
Previous Name __________________________
Date of Birth ____________________________
SS# _________________________________
DL# _________________________________
Former or Current Substitute ______

_______ HUMAN RESOURCES SPECIALIST

SID # ________________________________
KILLEEN ISD EMPLOYEE DATA SHEET

SOCIAL SECURITY NUMBER ____________________________

NAME ____________________________

PREVIOUS NAME(S) ____________________________
(including maiden name)

HOME ADDRESS ____________________________

MAILING ADDRESS, IF DIFFERENT ____________________________

TELEPHONE ____________________________ (home) ____________________________ (mobile)

Marital Status: Married or Single  Former KISD Employee: Yes or No
If yes, position held ____________________________

Please circle your preference for withholding/releasing information requested under the Texas Public Information Act and for the district’s employee directory:
Withhold Release

__________________________ ____________________________
Employee Signature Date

EMERGENCY CONTACT INFORMATION

1. ____________________________ ____________________________
   Name Relationship
   Address
   Home Phone Number Work Phone Number

2. ____________________________ ____________________________
   Name Relationship
   Address
   Home Phone Number Work Phone Number

Please notify the Human Resources Office of any name or address changes as soon as possible. State and federal agencies require that we maintain up-to-date information.

4/2/2015
Texas Education Agency
Texas Public School Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on your ethnicity and race.

**Part 1. Ethnicity: (Choose only one)**

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

☐ Not Hispanic/Latino

**Part 2. Race: (Choose one or more)**

☐ American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a 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.

__________________________________________  ____________________________
Staff Name (please print)  Staff Signature

__________________________________________
Staff ID Number or SSN  ____________________________
Date
Re: Letter of Reasonable Assurance / Intent to Continue Employment

Dear Employee,

This letter provides notice of reasonable assurance of continued employment with our district. If you do not typically work over the summer, then please know that this assurance also extends to the fall of 2021.

By virtue of this notice, please understand that you may not be eligible for unemployment compensation benefits during any scheduled school breaks including, but not limited to, summer and holiday breaks. This assurance is contingent upon continued school operations and will not apply in the event of any disruption that is beyond the control of the district (e.g. lack of school funding, natural disasters, court orders, public insurrections, war, etc.).

Nothing contained herein constitutes an employment contract. Your continued employment is on an at-will basis. At-will employees are free to resign at any time for any reason or for no reason. Please acknowledge receipt of this letter through the Employee Service Center.

Your services on behalf of the children of the district are appreciated, and we hope that you will be able to continue your association with the district next fall.

Sincerely,

Frank Crayton
Director for Auxiliary Human Resources

X
Signature

X
Date
Do you have a relative who is either a member of the Killeen Board of Trustees or who is employed in any capacity in Killeen ISD? If yes, please explain:
The Killeen Independent School District reserves the right to conduct background checks of students for employment purposes. All information will be kept strictly confidential.

Permanent Address:

Name________________________________________________________

First /Middle /Last

Address____________________________________________________________________

Street/ City/ State/ Zip

Date of Birth: _________________________________________________

Social Security #: ________________________________________________

Have you ever been arrested or convicted of any criminal offenses? _______

If yes, please explain ____________________________________________

____________________________________________________________________

____________________________________________________________________

Note: answering “yes” to any of these questions does not automatically disqualify you as a student worker nor does it automatically disqualify you from employment with Killeen ISD.

I hereby authorize the Killeen Independent School District to make an independent investigation of my background and criminal or police records. I release the Killeen Independent School District, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. I agree to waive any right to bring legal action against the Killeen Independent School District or the background check agency for the disclosure of such information. The information contained in this form is correct to the best of my knowledge.

Signature________________________________________________________

Date__________________________________________________________

Parent/ Guardian Signature________________________________________

Date__________________________________________________________
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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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 boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
  - [ ]
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  - [ ]

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
- An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: __________________________

OR

2. Form I-94 Admission Number: __________________________

OR

3. Foreign Passport Number: __________________________

   Country of Issuance: __________________________

Signature of Employee: __________________________

Today’s Date (mm/dd/yyyy): __________________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.  
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: __________________________

Today’s Date (mm/dd/yyyy): __________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Employment Eligibility Verification**
**Department of Homeland Security**
**U.S. Citizenship and Immigration Services**

### 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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
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<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Information

**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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Torres</td>
<td>First Name of Employer or Authorized Representative</td>
<td></td>
</tr>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>Vanessa</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>2301 Atkinson Ave</td>
<td>Killeen</td>
<td>TX</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable) | B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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 | Today’s Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td></td>
<td>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</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td></td>
<td>3. School ID card with a photograph</td>
<td></td>
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<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td></td>
<td>4. Voter’s registration card</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td>5. U.S. Military card or draft record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td>6. Military dependent’s ID card</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
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<td></td>
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<td></td>
<td>8. Native American tribal document</td>
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<td></td>
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<td></td>
<td>9. Driver’s license issued by a Canadian government authority</td>
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</tr>
</tbody>
</table>

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

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

Refer to the instructions for more information about acceptable receipts.
## Employee's Withholding Certificate

**W-4**

(Rev. December 2020)  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0074  
2021

**Step 1:**  
Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
</tr>
</tbody>
</table>

(c)  
- Single or Married filing separately  
- Married filing jointly or Qualifying widower(er)  
- 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.)

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Step 3:**  
Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000  
- Multiply the number of other dependents by $500

Add the amounts above and enter the total here:

| 3 $ |

**Step 4 (optional):**  
Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

| 4(a) $ |

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

| 4(b) $ |

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

| 4(c) $ |

**Step 5:**  
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)

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For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q  
Form W-4 (2021)
General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(d), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   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 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   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 (along with any other additional amount you want withheld).

   4 $

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

1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1 $

   • $25,100 if you’re married filing jointly or qualifying widow(er)

2 Enter:

   • $18,800 if you’re head of household
   • $12,550 if you’re single or married filing separately

   2 $

3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".

   3 $

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

   4 $

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $

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(b)(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 possessions 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 Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
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</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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DIRECT DEPOSIT AUTHORIZATION

You may have your net payroll check directly deposited into any ONE local or out-of-town financial banking institution. To use this service, please complete this form. Please be sure to read the information thoroughly before signing.

Once you have completed, read, and signed the form you must attach an account card or voided check. Please return it the Payroll Services office. Payroll Services will process the forms received by the 10th of the month for the current month’s payroll. However, forms received after the 10th are not guaranteed to be processed for the current. Therefore, it is important to verify, whenever starting or changing direct deposit, that your monies were properly credited to your account.

Attach a voided check or copy of an account card, either of which the name must be preprinted, account number, and routing number. (Temporary checks or handwritten cards are not acceptable).

______________________________  ______________________________
Employee Name (print)           Employee ID Number

______________________________  ______________________________
Name of Bank (print)             Account Number

Check one:  ( ) Checking  ( ) Savings

With my signature below, I am authorizing Killeen Independent School District (KISD) to transfer my monthly or semi-monthly payroll check to the financial institution named above, and I have read and understand the following:

☐ I authorize Killeen Independent School District to make withdrawals from this account in the event that a credit entry is made in error.

☐ It is my responsibility to verify with my financial institution that the Direct Deposit or PaySource card funds have been credited to my account.

☐ This Direct Deposit authorization will remain in effect until I submit either a new Direct Deposit Authorization that will supersedes this one, a Direct Deposit Cancellation Form or a PaySource card authorization form. Both forms are available online or in the Payroll Services office.

______________________________  ______________________________
Employee Signature             Date
Re: Killeen Independent School District 3121 FICA Alternative Plan for Substitutes and Temporary Employees

Dear Temporary Employee,

Killeen Independent School District has selected MidAmerica Administrative & Retirement Solutions LLC ("MidAmerica") to provide administrative services for the district’s new 3121 FICA Alternative Plan. Effective January 1, 2019, the district will begin to deposit pre-tax contributions of 7.5% into your individual 3121 FICA Alternative account, replacing the previous post-tax Social Security contributions of 6.2%.

Who is MidAmerica?

MidAmerica is a third-party administrator specializing in the administration of health care and retirement benefits for public sector employers. Their job is to process your transaction requests accurately and timely, make sure that the funding for your plan is held properly, and answer any questions you have about your 3121 FICA Alternative account.

What is the 3121 FICA Alternative Plan?

The 3121 FICA Alternative Plan is intended to replace your contributions into Social Security, and instead place them into a meaningful, tax-deferred 457(b) retirement account. Participation in the plan is required for all part-time, temporary and seasonal employees. If you are a member of a state retirement plan, participation in the 3121 FICA Alternative plan is optional, and not required. The funds in your account will earn a market rate of interest, and you are 100% vested in your full account value immediately. Therefore, there is no penalty for withdrawal upon termination of employment, regardless of age.

Investment 101

Your funds are invested in a fixed annuity with American United Life Insurance Company® ("AUL"), a OneAmerica® company. The fixed annuity is currently earning you a rate of return of 1.3% in 2018, and is guaranteed to never drop below the standard NAIC rate. AUL has an A+ rating with A.M. Best. To learn more about AUL, visit www.oneamerica.com.

How can I view my account balance and transaction history?

After MidAmerica has received your first contribution into the plan, you will be able to log in to your secure online account at www.myMidAmerica.com. Your initial username is your Social Security Number ("SSN") and your initial password is the last four digits of your SSN. If you have questions regarding your plan, please contact MidAmerica at (800) 430-7999 or email accountservices@myMidAmerica.com.

For questions regarding deductions, please contact the Payroll department at 336-0025.
TO COMPLETE FINGERPRINTS:

- You will receive and EMAIL from IDENTOGO to the email address you provided us.
- Click the LINK or call the PHONE NUMBER in the EMAIL to schedule your fingerprinting appointment.
- Once your fingerprinting appointment is scheduled you will call Ms. Vanessa Torres to tell her when your fingerprinting appointment is. **254-336-2758**
- Once your fingerprinting appointment is complete, you will bring us your receipt so we can give you a start date.

If you do not receive an email in the next 3 BUSINESS DAYS, please call Ms. Vanessa Torres 254-336-2758.

Before you call please make sure you have check your INBOX, and your JUNK/SPAM folders first. Use your email search bar to search for IDENTOGO.

Thank you!
Enter your Service Code to get started.

Don't know your Service Code?
Contact your agency or click here.

IdentoGO has a growing number of convenient locations across the U.S. to meet your identity-related needs.

11G134 - Texas TEA Non-Certified (NC, NE, NS)

Enter a Postal Code, City, Airport Code or Special Location Access Code to search for a location.

Search for an Enrollment Center by Postal Code, City and State, or Airport Code.

Location: KILLEEN
Address: This Enrollment Center is located behind Gateway Hight/Middle School
Killeen ISD Fingerprinting Location = SP-KILLEEN (all caps)
ORI code = TX9222702 Service Code= 11G134
Killeen Independent School District
200 North W.S. Young Drive • Killeen Texas 76543

You must provide the information on the attached form (see page 4) and RETURN ASAP to the Killeen Independent School District to ensure issuance of the Compass PaySource Card®. The card will be in your mail within 15 days; please open immediately and activate your card (the last 4 digits of the telephone number you provided and your zip code will be required for activation.) Your pay check will be made to the card.

Instructions and Frequently Asked Questions are detailed below:

Compass PaySource Card® Benefits:
- Avoid long check cashing lines
- Eliminate check cashing fees
- Make purchases anywhere Visa® Check Cards are accepted
- Get cash at ATMs worldwide

Get paid faster
Your pay is immediately available on the Compass PaySource Card® each payday — no matter where you are. You do not have to wait for your paycheck to arrive in the mail.

Save money
Because your pay is automatically loaded to a Compass PaySource Card®, you no longer have pay check cashing fees or waste time standing in line to cash your check.

Enjoy greater security
With a Compass PaySource Card®, there's no need to carry cash, plus you have greater protection if your card is ever lost or stolen.

Keep track of your money
When you make a purchase or cash withdrawal with your Compass PaySource Card®, the amount is automatically deducted from the card's balance. You'll receive a personal register to keep track of your transactions. You will also receive a statement each month detailing your transactions, including the amount and date, along with the merchant or ATM location.

Make purchases and get cash easily
Use your card for everyday needs — groceries, gas, goodies, clothes, lunch. You can also use it to make phone, mail-order, and Internet purchases because your Compass PaySource Card® is accepted everywhere Visa® Check Cards are accepted. In addition, you can use your card to get cash at all BBVA Compass ATMs or to get cash worldwide at ATMs with the Visa/Plus® sign.

Tips for Using your Compass PaySource Card®

1. Confirm that the merchant accepts Visa® Check Cards.
2. Select what you would like to buy.
3. Present your card for payment. If there is a sales terminal, swipe the card and press “Credit” or the merchant will swipe the card through an authorization machine. Your purchase will be authorized if you have sufficient funds on your Compass PaySource Card® at the time of the transaction.*
If you elect to swipe your Compass PaySource Card® at a fuel pump, the authorization amount will be established by Visa® regardless of how much fuel you plan to pump. The actual amount of the purchase at the pump will be charged to your account when that transaction is presented to BBVA Compass for payment, but until that item is received, we will place a hold on your account. For the amount established by Visa® the current amount of the transaction authorization can be obtained by calling 1-866-416-5689.

4. Sign the merchant's purchase receipt. The merchant will ask you to sign a paper receipt. Look at the amount on the receipt to see if it is correct before signing since this is the purchase amount that will be subtracted from your Compass PaySource Card®. After you've signed, the merchant will keep the original and you will receive a copy of the receipt.

5. Record the purchase amount and the date from your receipt in your Personal Register. Be sure to subtract this amount from the last balance in your register.

Using an ATM
1. Insert your card in the ATM. There is usually a picture printed near the card slot that shows which side of the card to insert.

2. Follow the steps on the screen. First, you may be given the choice of instructions in English or Spanish. You may then be asked if you would like to withdraw from your checking or savings account. You can choose either option, but only your Compass PaySource Card® account will be debited. Follow the instructions for entering your Personal Identification Number (PIN)® and selecting the amount of cash that you would like to withdraw.

*Your PIN is the secret code (four numbers) you select after your card is delivered to you. Select your PIN online at www.bbbacomp.com/paysource or call 1-866-416-5689. You will be asked to set up a PIN when you activate your card.

3. Take your cash, card, and receipt. After you have entered the amount of cash you want, the machine will dispense the cash (generally in $20 bills), a printed receipt for your records and return your card to you.

4. Record your ATM withdrawal amount and date in your Compass PaySource Card® Personal Register and subtract the withdrawal amount from the balance.

Frequently Asked Questions about the Compass PaySource Card®

1. What happens once I sign up for a Compass PaySource Card®?
   - Your Compass PaySource Card® will be delivered to the address you provided.
   - Activate your card and select a password for future access online at www.bbbacomp.com/paysource or call 1-866-416-5689 from your home phone number or the phone number you provided to your company. You do not need your PIN to activate the card.
   - Select your PIN online at www.bbbacomp.com/paysource or call 1-866-416-5689.

2. When will I be able to use my Compass PaySource Card® for the first time?
   Once your card has been ordered, your next payroll check will be deposited to the card. Once your pay has been deposited and your card has been activated, you can begin using your card.

3. Can I only use my card at BBVA Compass ATMs?
   You can use your Compass PaySource Card® worldwide at ATMs with the Visa/Plus® signs. You may be charged an ATM surcharge fee by the ATM owner (in addition to any BBVA Compass surcharges, if applicable) if you use another bank's ATM.

4. How many free transactions am I allowed?
   You are allowed one free ATM withdrawal per pay period at any BBVA Compass ATM. You are also allowed one free cash withdrawal per pay period at a teller window of a bank branch displaying the Visa® logo. You will be charged for additional ATM withdrawals and cash withdrawals at a teller window. Purchases are always free.
5. Will I be charged fees to use my Compass PaySource Card®?
   You may incur fees for any of the following:
   • ATM Withdrawals
   • Cash Withdrawals at a teller window
   • Overdrafts
   • Additional Card Issuance ($5 fee to be deducted from card)
   • Other fees may apply

6. Is this a credit card?
   The Compass PaySource Card® is not a credit card. It is your pay that is deposited to the card.

7. How do I know how much I’ve spent?
   A Compass PaySource Card® Personal Register will be sent to you. Use this register to record your pay,
purchases, cash withdrawals, and any fees you may be charged. You will receive a monthly activity
statement and can also check your balance at any BBVA Compass ATM.

8. Can I check my balance online?
   View your balance and transactions at www.bbvacompass.com/paysource.

9. Can I check my balance by phone?
   Call 1-866-416-5689 to check your current balance and transactions. You will be asked to enter your
   Compass PaySource Card® number when you call.

10. May I speak with a customer service representative?
    When you call 1-866-416-5689, you will be given an option to press “0” to speak with a customer service
    representative. You may speak with a representative Monday through Saturday 8:00 AM — 7:00 PM
    Central Time about any question you have about your Compass PaySource Card.

11. How do I get a new Personal Identification Number (PIN) if I have forgotten my old one or want to change
    the number?
    Visit www.bbvacompass.com/paysource or call 1-866-416-5689.

12. What do I do if a merchant tells me the card was declined?
    Declines generally occur when the purchase amount is more than the available funds on your card. You
    may offer to pay the merchant with part in cash and part with your Compass PaySource Card. To avoid
    declines, be sure to check the balance in your Personal Register before making a purchase.

13. What do I do if my card is lost or stolen?
    Call 1-866-416-5689 immediately any time of the day if your card has been lost or stolen. You will be
    issued a new card. Your card is protected, so you will not lose your money if someone uses your lost or
    stolen card.

14. What do I do when the merchant’s sales terminal asks me to press the “Debit” or “Credit” button?
    You should press the “Credit” button and sign the receipt. The amount is automatically deducted from
    the funds on your Compass PaySource Card. You will not receive a bill. If you would like cash back, you
    should press “Debit” and enter your PIN.

15. May I have additional cards with my account for family members?
    You may designate up to three additional Authorized Users on your Compass PaySource Card online at
    www.bbvacompass.com/paysource or by calling 1-866-416-5689. The cards will be mailed to you with
    the names of the users embossed on the cards.
PaySource® Card Required Information

ONCE YOU HAVE YOUR CARD AND IT IS ACTIVATED, ALL PAYCHECKS WILL BE DEPOSITED ON THE COMPASS PAYSOURCE CARD.®

Please provide the information requested below and RETURN ASAP to the Killeen Independent School District Payroll Department (you may return by email, or you may drop it off in person) to ensure issuance of the Compass PaySource Card® before your next paycheck due date.

The card will be in your mail within 15 days after submission; please open immediately and activate your card (the last 4 digits of the telephone number you provided and your zip code will be required for activation.)

<table>
<thead>
<tr>
<th>Name:</th>
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</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
</tr>
<tr>
<td>City, State, *Zip:</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>*Telephone Number:</td>
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<tr>
<td>Email Address:</td>
</tr>
</tbody>
</table>

*Please Note: You will be required to activate the card using the last 4 digits of your telephone number and the zip code you provide on this form.
PaySource Authorization

Employee Name: ____________________________

Employee Number: ________________________

I hereby authorize Killeen Independent School District to deposit my net payroll directly to my assigned BBVA Compass PaySource Card (which is not a credit card or a line of credit). The deposit will be made on each payday unless I notify Killeen Independent School District Payroll Services in writing of my intent to cancel the PaySource Card and begin direct deposit to a financial institution. Upon Killeen Independent School District Payroll Services’ receipt of a request to cancel the PaySource Card, the direct deposit to a financial institution shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my PaySource Card account, I authorize Killeen Independent School District to debit my account not to exceed the original amount of the credit.

I have received the packet with the fee schedule and terms and conditions for the BBVA PaySource Card and agree to all terms and conditions.

Employee Signature: ______________________ Date: __________________

BBVA Compass Bank PaySource Card (for payroll use only)

Routing Number: _________________________ Account Number: ________________

This form should be completed and returned to the Controller at
200 N W. S. Young Drive, Killeen, TX 76540
Make payday even better.

Compass PaySource Card: The easy way to get your pay.

Now there's a way to get your pay that's even easier than picking up a paycheck. The Compass PaySource Card is a safe and convenient way to get your pay. And since there's no check to cash, you avoid check cashing fees — so you can save money, too.

The Compass PaySource Card looks and works just like a Visa® Check Card. But it's actually your paycheck in the form of a convenient card. Which means you don't need credit approval to get it.

Get Your Pay Faster

Your pay is immediately available on the Compass PaySource Card each payday — no matter where you are. You no longer need to pick up your paycheck or wait for it to arrive in the mail.

Save Time and Money

You no longer have to pay check cashing fees or waste time standing in line to cash your checks, because your pay is on the Compass PaySource Card and is ready to use.

Make Purchases and Get Cash Easily

Use your card for everyday needs — gas, groceries, goodies, clothes, lunch. You can also use it to make phone, mail order, and Internet purchases because your Compass PaySource Card is accepted everywhere Visa Check Cards are accepted. In addition, you can use your card to get cash at all BBVA Compass ATMs, or get cash worldwide at ATMs with the Visa® Plus® signs. Also you can make ATM withdrawals or check your balances at over 43,000 surcharge-free AllPoint network ATMs. See: http://www.bbvacompass.com/locations/.

Enjoy Greater Security

Leave your worries behind. With the Compass PaySource Card, there's no need to carry cash. Plus you have greater protection if your card is lost or stolen.

Keep Track of Your Money

When you make a purchase or cash withdrawal with your Compass PaySource Card, the amount is automatically deducted from your card's balance. You'll be able to manage your money better because you'll receive a Personal Register to keep track of your transactions. You'll also receive a confidential statement each month with a record of your card activity.

If you'd like to experience the power and convenience of the Compass PaySource Card, contact your Human Resources Department.

Enroll today!
BBVA Compass charges the following fees for use of the Compass PaySource Card:

- **Transactions at BBVA Compass ATMs in the United States:** $1.50 each*
- **Transactions at non-Compass ATMs in the United States:** $2 each*
- **Transactions at ATMs outside the United States:** $3 each
- **Transactions at any teller window of a bank or bank branch displaying the Visa logo:** $3 each*
- **Replacement card fee:** $5 per request (including, but not limited to, re-issuance of cards at expiration)
- **Fee for request for additional card(s)**:** $5 per request
- **Fee for expedited delivery of replacement or additional card(s):** $20 per card
- **Stop payment fee:** $20 per request (whether or not we are able to stop payment)
- **Garnishments/Levies/Court Orders:** $75

*For each period that a payment is scheduled to be made on your Compass PaySource Card, you will be entitled to make one cash withdrawal free of any transaction fee imposed by us at any teller window of a bank or bank branch displaying the Visa logo and at an ATM located in the United States. If the withdrawal is conducted at an ATM or bank branch not owned by BBVA Compass, the owner or operator of the ATM or bank branch may impose fees in connection with the transaction.

**Up to three (3) additional Compass PaySource Cards for use by Authorized Users may be issued upon your request. BBVA Compass may change these fees by providing prior notice to you as described in the Compass PaySource Card Terms and Conditions.

This document has been translated to Spanish as a courtesy to our clients. The English version is the official and binding version of these materials.

BBVA Compass is a trade name of Compass Bank, Compass Bank, Member FDIC.
BBVA Compass cobra los siguientes cargos por el uso de Compass PaySource Card:

- Transacciones en cajeros automáticos (ATM) de BBVA Compass en los Estados Unidos: $1.50 cada una*
- Transacciones en cajeros automáticos (ATM) que no sean de Compass en los Estados Unidos: $2 cada una*
- Transacciones en cajeros automáticos (ATM) fuera de los Estados Unidos: $3 cada una
- Transacciones en cualquier ventana de cajero de un banco o sucursal bancaria que exhiba el logotipo de Visa: $3 cada una*
- Comisión por reemplazo de tarjeta: $5 por solicitud (incluso pero no se limita a la reemisión de tarjetas después del vencimiento)
- Cargo por solicitud de tarjeta(s) adicional(es)**: $5 por solicitud
- Comisión por entrega acelerada de reemplazo(s) de tarjeta(s) o de tarjeta(s) adicionales(s): $20 por tarjeta
- Cargo por suspensión de pago: $20 por solicitud (independientemente de que podamos suspender el pago o no)
- Embargos, gravámenes, órdenes judiciales: $75

*Por cada período en el que se programe un pago en su Compass PaySource Card, usted tendrá derecho a realizar un retiro de efectivo sin tener que pagar ningún cargo por transacción impuesto por nosotros, en cualquier ventana de una sucursal bancaria que exhiba el logotipo de Visa o en un cajero automático (ATM) en los Estados Unidos. Si el retiro se realiza en un cajero automático (ATM) o en una sucursal bancaria que no pertenece a BBVA Compass, el propietario, el operador del cajero automático o la sucursal bancaria pueden cobrar cargos relacionados con la transacción.

**Si usted NO solicita, se pueden emitir hasta tres (3) tarjetas adicionales Compass PaySource para que las utilicen usuarios autorizados.

BBVA Compass puede cambiar estas comisiones mediante previa notificación a usted, tal como se establece en los Términos y condiciones de Compass PaySource Card.

Este documento se ha traducido al español como cortesía a nuestros clientes. La versión oficial y obligatoria de estos materiales será la versión en inglés.

BBVA Compass es una marca registrada de Compass Bank. Compass Bank, Member FDIC.
The District has made the decision to change the frequency of pay checks for hourly employees on a 260 day calendar, student workers, and temporary employees. The change will increase the number of pay checks. Instead of being paid once per month, you will be paid twice per month. The change will be a benefit to existing employees as well as new employees. The decision was made based on several factors including the results of the employee survey that was conducted in May, 2016.

Please note that this is a major undertaking for the staff responsible for processing payroll. However, we are willing to take on this challenge to benefit employees.

The District understands that this is a major change for current employees. This letter provides the new pay schedule and deduction explanation to help you prepare for the transition. The change will be effective January, 2017. For questions regarding the new pay schedule or deductions, please contact Payroll at 336-0025. For questions regarding benefits, please contact Employee Benefits at 336-0165. For all other questions, please contact Auxiliary Human Resources at 336-0058.

Frank Crayton
Director for Auxiliary Human Resources

Attachments
1. New Pay Schedule
2. Deduction Examples/Explanation
DEDUCTION EXAMPLES/EXPLANATION

Q. How will this change affect my monthly insurance premiums?

All monthly insurance premiums and deductions for benefit selections will continue to be deducted from payroll checks. However, with the change in the frequency of pay periods the monthly insurance premiums and deductions will be divided by two with an equal amount being deducted each pay period in most cases. If the monthly premium is an odd amount, the payment schedules will build with a penny difference on each so that the net monthly amount is not overstated. Chart A below illustrates how monthly insurance premiums are deducted from payroll checks and Chart B illustrates how the same insurance premiums will be deducted when the payroll frequency becomes twice per month.

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Semi-Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td></td>
<td>Medical</td>
<td>$68.85 $68.85</td>
</tr>
<tr>
<td>$137.70</td>
<td>Dental</td>
<td>$2.77 $2.78</td>
</tr>
<tr>
<td>$5.55</td>
<td>Vision</td>
<td>$2.79 $2.80</td>
</tr>
<tr>
<td>$148.84</td>
<td>Total</td>
<td>$74.41 $74.43</td>
</tr>
</tbody>
</table>

Q. How will this impact my legal deductions? (Child Support, Student Loans, Tax Levy’s, Wage Garnishments, Bankruptcy, etc.)

A. These will be processed according to the guidelines of the document provided by the legal entity. The deductions made over the course of the calendar year will be the same as was made under the monthly pay cycle.

Q. How will this impact my deductions for TRS and Federal taxes?

A. These deductions are calculated as a percentage of the semi-monthly gross pay amount.

NOTE: If you want to change the deduction amounts for additional federal tax withholdings from your semi-monthly pay, you will need to complete a new W-4 form.

Q. How will this impact my voluntary deductions (Dues and Uniforms)?

A. These voluntary deductions will continue to be deducted once a month. These will be deducted on second payroll of each month.

403b Deductions

Q. How will this change impact my 403b deductions?

The terms of the salary reduction agreement (SRA) for 403b deduction require that the salary reduction amount be deducted each pay period for 403b participants. Therefore, employees currently making
403b contributions will be required complete a new SRA. In order to continue with the current monthly total, it must be divided by two and that amount should be entered as the new salary reduction amount.
KISD Pay Information

Payday
District employees are paid monthly. Payday is generally the last working day of the month, unless otherwise notified. A school year pay schedule is available online.

Direct Deposit
Direct deposit is required for all new employees. Net pay is direct deposited into one bank account designated by the employee per the Direct Deposit Authorization form. Direct deposit funds are made available to the banks on the work day before payday. Please check with your bank the first month after authorizing direct deposit to ensure that the direct deposit took effect.

Killeen ISD strongly encourages district employees to be paid via direct deposit. Beginning Fall 2016 the district will no longer issue manual pay checks for payroll payments. The district will issue a debit card to any employee that is not signed up for direct deposit. Employee pay will be loaded to the debit card. The employee will have the ability to withdrawal their pay from the debit card at an ATM or use the card for purchases.

When you terminate employment, the direct deposit authorization will be automatically canceled and your last paycheck will be mailed to the address on file.

W-4 Employee's Withholding Allowance Certificate
Employees complete a W-4 at the time of employment and can file a new W-4 at any time during the year to change withholding allowances. A withholding adjustment should be made if there are changes in marital status, deductions, or number of exemptions.

Accessing Your Payroll Stub
Employees access their pay information and paycheck details at the Employee Service Center (from the district's home page, select "Staff", then "Employee Service Center"). You will use your district user name and password to login. Select "My Payroll Information" for links to both "My Pay Information" for salary/wage information and "My Paychecks" for paycheck details. Paycheck statements are normally available the day before the scheduled payday.

Employee's Responsibility
It is your responsibility to examine each paycheck statement for accuracy and immediately notify Payroll Services if a discrepancy is noted. Please allow reasonable time for the discrepancy to be researched and corrected, if necessary.

Retirement Benefits
Teacher Retirement System (TRS). Non-temporary district employees who work 15 hours or more a week, with the exception of returning TRS retirees, participate in TRS.

TRS is deducted from standard gross pay at a percentage rate set by the Texas Legislature. The retirement portion accumulates in a retirement fund for the employee and is tax sheltered. The TRS medical insurance portion is not tax sheltered. These two amounts are shown separately on the pay stub. After resigning, your retirement funds may be withdrawn or left in your retirement account until a later date. These options can be explained to you by Human Resources or TRS. Details concerning the TRS plan are at www.trs.state.tx.us.

Medicare/Social Security. All employees hired after 3/31/1986 are subject to Medicare tax (1.45%). Employees not eligible for TRS are subject to a social security deduction. The current rate for social security is 6.2%. Returning TRS retirees are only subject to the Medicare portion.

Deductions for Benefit Plans
A flexible benefit plan is offered to qualifying employees. Benefit deductions (employee contributions) may be required based on an employee's benefit selection. The deduction is shown on the employee's paycheck on a pre-tax basis. For more information, please contact the Employee Benefits office at 336-0177.
Supplemental Pay
Supplemental pay is generally any pay earned other than the regular monthly salary. It includes pay for such things as working sporting events, tutoring, presenting workshops, etc. A completed Supplemental Pay Card must be submitted to and approved by the Director for Employee Relations prior to the supplemental duties being performed.

Supplemental pay is recorded on blue time cards and processed through Payroll. It is important that the correct budget code is put on the card.

Automated Timekeeping System
Nonexempt employees are required to clock in the automated timekeeping system's time clocks with their scanned fingerprint to record work attendance. The automated timekeeping system is the official documentation for daily work attendance (arrival and departure). Failure to follow procedures for using the automated timekeeping system may subject the employee to disciplinary action.

There may be exceptions to clocking in due to extenuating circumstances which must be approved by the employee's supervisor. If schedules need to be changed due to change in operations or shortages in personnel, supervisors must notify the campus timekeepers of the change. Any additional work performed outside of regular schedules must have the advance approval of the supervisor.

There is a $5.00 fee should Human Resources need to re-issue an ID badge that has been misplaced or damaged.

Leave
Please refer to the Employee Handbook for information on leave accrual and use. Leave balances can be found on the Employee Service Center at the "My Leave Balances" tab. Note: Sick Leave, Personal Leave, Flex days, and Vacation are given in advance. If an employee leaves the district before the end of their contract/term, they may owe KISD for unearned leave that has been used.

Compensation
Board approved compensation schedules (Teacher Placement, Pay Ranges, Special Pay Rates, and Stipends) are available online at the Employment webpage.

Current Address
It is important that our files contain your most current address. Change of address forms are available on the Employment webpage and should be submitted to Human Resources.

W-2
Your IRS Form W-2, Wage and Tax Statement, will be issued by January 31, in accordance with federal regulations.

Payroll forms (e.g., direct deposit, cancellation of direct deposit, and W-4) and pay schedules are available at the Payroll Services office or online at the Payroll Services department webpage (www.killeenisd.org).

Who to Call
Payroll
Secretary, aides, nonexempt comp time, and wage verifications - 336-0025
Auxiliary staff (except secretaries/aides) and supplemental pay- 336-0024
Substitutes- 336-1173
Teachers and other professional staff- 336-0023
Coordinator for Payroll Services - 336-0022

Human Resources (non-payroll questions concerning annual salary or hourly rates)
Coordinator for Professional Salaries -336-0051/0052
Director for Auxiliary Human Resources - 336-0058
If you are receiving or have received retirement benefits through the Teacher Retirement System of Texas (TRS) or any other retirement program (Retirement Benefits), you acknowledge the following:

1. The District cannot and does not make any guarantees regarding your continued right to receive the Retirement Benefits.

2. You are relying on your own investigation and understanding of the law and upon the guidelines, rules, and regulations regarding employment after retirement of the program(s) under which you retired. You are not relying on any statements made by the District regarding the effect of District employment on your Retirement Benefits.

3. You agree not to sue or otherwise bring any claim against the District, its Board of Trustees, its Superintendent, or any other employee or agent of the District for any loss or reduction in the value of your Retirement Benefits.

4. If you retired under the TRS, the District must report your employment to the TRS. You agree not to sue or otherwise bring any claim against the District, its Board of Trustees, its Superintendent, or any other employee or agent of the District based on such reports.

5. You acknowledge that, because of your retiree status, the District will incur expenses over and above those associated with hiring a non-retiree in a similar position with similar years of experience. You agree that the District may make deductions from your pay to offset these expenses, as appropriate.

Please sign below and return this document to the Superintendent via Human Resources either by email to: personnel.services@Killeenisd.org, or by regular mail. You may use the enclosed self-addressed stamped envelope.

Employee: __________________________ Date signed: __________________________
Change to Your TRS Surcharge and Required Employment Contract Addendum

As you may know, many school districts across the state of Texas require retire-rehires to assume the cost of surcharges paid to the Teacher Retirement System (“TRS”). The law requiring districts to pay a surcharge to TRS does not provide specific guidelines for deducting the surcharge from the employee’s salary. As a result, how and when the deduction occurs is a local decision.

Killeen ISD has historically been extremely generous to retire-rehires by not requiring them to absorb the 15.2% pension surcharge on their wages. Instead, the District has paid this directly to TRS on each employee’s behalf. Furthermore, the District has paid for the TRS-Care surcharge of $535 per month if the retire-rehire is covered under TRS-Care health insurance. The surcharge percentage of 15.2% remains the same for 2020-2021, but then will increase in each subsequent school year through 2024-2025, and so the District finds it financially responsible to change the current practice, and begin to require retire-rehires to absorb this surcharge and TRS-Care costs.

Given this, the District requests that you consider this upcoming change and the following information prior to signing your 2020-2021 employment contract. To help you fully understand the financial impact, the table below explains applicability:

<table>
<thead>
<tr>
<th>Retirement Date Categories – Surcharges</th>
<th>Surcharge Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retired Before September 1, 2005</td>
<td>Retiree may work without limit and receive annuity</td>
</tr>
<tr>
<td>Retired Between September 1, 2005</td>
<td>Retiree may work without limit and receive annuity</td>
</tr>
<tr>
<td>Retired After January 1, 2021</td>
<td>Retiree limited to working one-half time or less or substitute unless there has been a 12 consecutive months break in service</td>
</tr>
</tbody>
</table>

No surcharges due

Surcharges due if retiree works more than amount allowed

Please understand that a district may reduce an employee’s salary in between school years if it provides notice of the salary reduction before the penalty-free resignation deadline, which is 45 days prior to the first day of instruction for the subsequent school year. Therefore, this falls during the first week of July 2020 this year. Yet, as a professional courtesy, the District has chosen to provide you with this notice now, which is obviously well in advance of this July deadline. We anticipate that this will provide you with adequate time to make the best financial decision for you and your family.

Sincerely,

Megan Bradley
Chief Financial Officer

Jessica A. Neyman
Chief Human Resources Officer