

NEWBURGH ENLARGED CITY SCHOOL DISTRICT

DEPARTMENT OF HUMAN RESOURCES

124 GRAND STREET, NEWBURGH, NEW YORK 12550

845-563-3460/www.newburghschools.org

SUBSTITUTE TEACHER INFORMATION

ENTIRE APPLICATION MUST BE COMPLETED BEFORE PROCESSING

Dear Applicant,

Below is the procedure to become a Substitute-Teacher for the Newburgh Enlarged City School District. When submitting the application the following items are required:

1. Please bring in two forms of identification. A copy of Social Security Card, Driver's License **or** a U.S. passport is acceptable.
2. **OFFICIAL COLLEGE TRANSCRIPT** with 60 college credits. A copy of your NYSED certifications or official letter from the college showing you are in the process of getting certification; Master's, Bachelor's or Associate's Degree.
3. Three (3) current references with complete mailing addresses. We need to verify credentials and/or character, therefore we need this information to be completed.
4. If you do not already have a fingerprint application on file with the New York State Education Department, you will need to get fingerprinted before you can substitute teach. Instructions for fingerprinting are attached. If you have already been fingerprinted, you will need to fill out the **OSPRA 102 FORM** enclosed in the packet. Please note, if you had your fingerprints processed through any other organization *other than* the New York State Education Department, they cannot be accepted.

Please return your completed application and all requested documentation to:

- The Board of Education, Department of Human Resources, 124 Grand Street, Newburgh NY 12550 **OR**
- Email your completed application and all requested documentation to:

Renee George, Dept. of Human Resources: rgeorge@necsd.net

Your paperwork will be reviewed by the Human Resources department and then you will be contacted. **NO PARTIAL PAPERWORK WILL BE ACCEPTED, ONLY FULLY COMPLETED PACKETS WILL BE ACCEPTED.**

Thank you for your interest in the Newburgh Enlarged City School District. If you have any questions, please contact the Human Resources Office at (845) 563-3460.

CERT:

NEWBURGH ENLARGED CITY SCHOOL DISTRICT

124 GRAND STREET * * NEWBURGH, NEW YORK 12550

FP's:

APPLICATION FOR SUBSTITUTE TEACHING

PLEASE RETURN THIS FORM IN PERSON WITH A COPY OF DEGREE OR CERTIFICATION

The Newburgh Enlarged City School District operates all programs in compliance with federal law which prohibits discrimination because of race, color religion, sex, age, national origin, marital status or disability.

(Last Name First)

Please provide any additional information regarding change of name, use of an assumed name or nickname which is necessary to enable a check of your work or school records

Address

Social Security No.

Telephone

Educational preparation - graduated from:

Date of
GraduationDiploma or
Degree Earned

High School

College or University

EDUCATIONAL EXPERIENCE:

School District

Grade or Subject Taught

Dates Employed

Do you have N.Y.S. Certification? (If yes, list below)

CERTIFICATION AREA

TYPE (PERM/PROV/CQ)

CERT #

DATE

REFERENCES: (Preferably those who know of your training and teaching ability) (not relatives)

Name

Title

Address

Telephone #

Do you belong to N.Y.S. Retirement? If so, state number

Have you ever been convicted of a crime (misdemeanor or felony)
other than minor traffic violations?

Yes

No

Can we request under Public Law 91-508
a copy of criminal records?

Yes

No

TE

SIGNATURE



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial	Last name	Your Social Security number
Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code
		Married, but withhold at higher single rate <input type="checkbox"/>
Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.		

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes ☐ No ☐Are you a resident of Yonkers? Yes ☐ No ☐**Before making any entries, see Note, and if applicable, complete the worksheet in the instructions.**

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet)	1
2 Total number of allowances for New York City (from line 31, if using worksheet)	2

Use lines 3, 4, and 5 to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3
4 New York City amount	4
5 Yonkers amount	5

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

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

Employee's signature	Date
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.**Note:** Single taxpayers with one job and zero dependents, enter **0** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.**Employer: Keep this certificate with your records.**If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit our website at www.tax.ny.gov (search: *it-2104-i*) or scan the QR code.A Employee claimed more than 14 exemption allowances for New York State A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mmddyyyy) (see Box B instructions):You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com/#/login.**Note:** Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website www.nynewhire.com/#/login, **not** Form IT-2104.Are dependent health insurance benefits available for this employee? Yes ☐ No ☐

If Yes, enter the date the employee qualifies (mmddyyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
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www.tax.ny.gov/it2104i-2026

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.

2026**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
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)

SUBSTITUTE QUESTIONNAIRE

NAME: _____ Tel#: _____

Cell #: _____

Please circle:

1) Do you have your NYS teaching certification? Yes/No Which area(s)? _____

2) Are you working toward your certification? Yes/No (If yes, please provide proof)

3) Do you have a Masters' Degree? Yes/No (If yes, please provide proof)

4) Have you been fingerprinted for the NYS Education Department? Yes/No
If yes, please complete the attached OSPRA 102 form. If not, please make an appointment to do so in the Department of Human Resources.

5) When is the best time in the evening to call? _____

6) What days are you available to substitute? _____

7) Do you substitute for other districts? Yes/No _____

8) Do you have any preferences or limitations in your assignments? _____

9) Are you fluent in Spanish? _____ in any other language(s)? _____

Please circle:

9) Which list would you like to be put on? Elementary/Secondary/Both

10) In an emergency, would you sub for the other list? Yes/No

Preferred subjects: _____



Payroll Department
124 Grand Street
Newburgh, NY 12550
(845) 563 - 3440

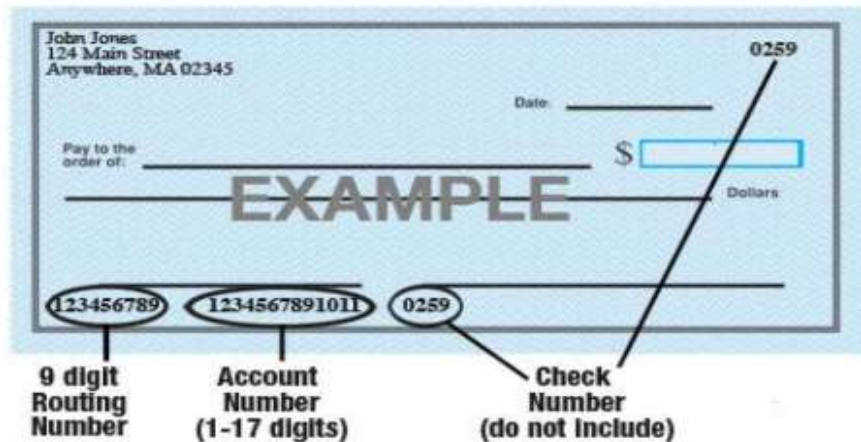
Direct Deposit Authorization Form

Name: _____ ID # _____

Address: _____
City, State Zip

Phone: _____

*** You Must Attach A Voided Check or Printout From Your Bank ***



Primary Deposit Account:

Check One -

☐ Checking

☐ Savings

Name of Bank: _____

Routing Number

Account Number

Full Net Amount

Employee Signature: _____ **Date:** _____

Payroll Use Only:

Verification Method

Employee's Initials _____

☐ Phone

☐ In Person-ID

☐ HR Onboarding

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED BY THE NEWBURGH BOARD OF EDUCATION, MY EMPLOYER, THAT AS A "TEACHER" NOT CURRENTLY A MEMBER OF THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM WHO IS OR WILL BE RENDERING LESS THAN FULL-TIME SERVICE FOR THE SCHOOL YEAR, I MAY, AS A MATTER OF RIGHT, JOIN THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM. I FURTHER ACKNOWLEDGE THAT I UNDERSTAND UNDER PRESENT LAW IF I ELECT TO JOIN THE NEW YORK STATE TEACHERS' RETIREMENT SYSTEM, I MUST COMPLETE A RETIREMENT SYSTEM MEMBERSHIP APPLICATION WHICH MUST BE FILED WITH THE RETIREMENT SYSTEM IN ORDER TO BE EFFECTIVE. AS A RESULT OF JOINING THE RETIREMENT SYSTEM, I WILL BE REQUIRED TO CONTRIBUTE, PURSUANT TO ARTICLE 15 OF THE RSSL, 3.5% OF MY SALARY TO SAID RETIREMENT SYSTEM AND, FURTHERMORE, AS A MEMBER OF SAID RETIREMENT SYSTEM, I WILL BE REQUIRED TO CONTRIBUTE TO SOCIAL SECURITY.

SIGNATURE

DATE

CHANGE OF ADDRESS/INFORMATION & EMERGENCY CONTACT FORM

PLEASE PRINT

Please return to Human Resources

NAME:

MAIDEN NAME:

ADDRESS: (IF CHANGED WITHIN THE PAST YEAR)

STREET: _____

CITY & ZIP CODE: _____

☐ **HOME PHONE:** _____

☐ **CELL PHONE:** _____

Please indicate by checking in the box above, which contact number you would like to be your preference to receive District notifications. *Please note only one contact number may be chosen.

EMAIL ADDRESS: _____

EMERGENCY CONTACT

NAME: _____

CONTACT NUMBER: _____

RELATIONSHIP TO YOU: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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, sex, 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, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		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	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">Receipt for a replacement of a lost, stolen, or damaged List A document.Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Educator Integrity

Fingerprinting

[Fingerprint Process](#)[Who Must Be Fingerprinted
Charts](#)[New York City
Fingerprinting for School
Employment](#)[Fingerprinting Forms](#)[Fingerprint Frequently
Asked Questions \(FAQs\)](#)[Due Process Procedures
and Rights](#)[Law and Regulations](#)[Chapter 100 of the Laws
of 2003](#)[Chapter 147 of the Laws
of 2001](#)[Chapter 179 of the Laws
of 2009](#)[Chapter 180 of the Laws
of 2000](#)[Chapter 380 of the Laws
of 2001](#)[Chapter 621 of the Laws
of 2003](#)[Chapter 630 of the Laws
of 2006](#)[Chapter 90 of the Laws of
2007](#)[Correction Law Sections
752 and 753](#)[Executive Law Section
296\(16\)](#)[Teacher Discipline](#)[Contact Us](#)

Fingerprinting

New Procedures for
Fingerprinting Effective of July 1, 2020

On July 14, 2017, the ORI TEACH will no longer be in use. You must use one of the URLs below or call MorphoTrust/IDEMIA to schedule your fingerprinting appointment.

Enter the appropriate service code from this table:

APPLICANT FOR	SERVICE CODE
Certification	14ZGQT
Employee	14ZGR7

1. Click on the appropriate URL from this table below:
2. You may call MorphoTrust/IDEMIA at: 877-472-6915 to schedule an appointment.

The fingerprint application fee as of January 1, 2022 is:
Total Fee \$101.75

APPLICANT FOR	URL
Certification	https://uenroll.identogo.com/workflows/14ZGQT
Employee	https://uenroll.identogo.com/workflows/14ZGR7



OSPRA 102
(Updated: 04/09/2024)

**Consent Form for
Clearance for Employment Request**
(To be retained by Covered School)

**Office of School Personnel Review and
Accountability (OSPRA)**
New York State Education Department
Website: <https://www.nysed.gov/educator-integrity>

******* IMPORTANT NOTICE *******

Covered Schools: The OSPRA 102 Consent Form for Clearance for Employment Request ensures that the prospective employee, who has been fingerprinted before for NYSED or NYCDOE purposes, has been provided with and reviewed the OSPRA 100 Form which includes the FBI's Privacy Act Statement. This form is to be retained by the covered school for their own records as proof of same. Do not send this form to OSPRA. All requests for clearance for employment are done through the Department's TEACH system. Covered schools must use the online TEACH system to request clearances for employment for their own prospective employees and prospective employees of their contract service providers in accordance with 8 NYCRR Part 87. Covered schools may only submit fingerprint clearance requests for prospective employees.

**Instructions
for
Applicants:**

- Please **completely** fill out sections 1 and 2 of this form which will be retained by your prospective employer. Type or print all information and sign and date at the end.

SECTION 1

Social Security Number:		Date of Birth: (mm/dd/yyyy)	Applicant's Full Name (First, Middle, Last, and Suffix if any):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address:			
<input type="text"/>			
City:	State:	Zip:	Telephone number & area code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Covered School:			Position Applied for:
<input type="text"/>			<input type="text"/>

SECTION 2

1. I am applying for Clearance for Employment in a covered school and have been fingerprinted before for New York State Education Department or New York City Education Department purposes, and I understand this form will be retained by the covered school as part of my application.
2. I have read and been provided with a copy of the "Fingerprinting Information and Instructions" (OSPRA 100 Form) issued by the State Education Department.

I have read this consent form and hereby authorize and consent for the Commissioner of Education to review my criminal history record as secured from DCJS and the FBI for the purposes of a determination on a Clearance for Employment as a condition of my new employment. I understand that the Commissioner will forward such final determination to my prospective employer in accordance with Part 87 of the Department's regulations. I further understand that once the Clearance for Employment is issued, the Commissioner of Education is authorized to forward certain information regarding any subsequent criminal history notifications from DCJS to my new employer.

Applicant Signature: _____ Date: _____

Covered School's
Fingerprint Coordinator: _____ Date: _____