

POLYTECH SCHOOL DISTRICT CHECKLIST FOR COACHES

The following items must be completed and submitted to Sandra Brown in the District Office before an individual can begin any type of employment or volunteer work. Prospective employees will not receive a State of Delaware paycheck until all items are received.

NAME

POSITION

EMPLOYEE ID (this section is completed by the District Office)

DATE OF HIRE

REQUIRED

APPLICATION (**COMPLETE ON BOTH SIDES/SIGN&DATE**)

SOCIAL SECURITY CARD

DRIVER'S LICENSE

W-4 (**COMPLETE BOTTOM SECTION, SIGN AND DATE**)

I-9 (**COMPLETE EMPLOYEE INFORMATION ON PAGE 7**)

DIRECT DEPOSIT – COMPLETE FORM (**ATTACH A VOIDED BLANK CHECK**)

HEALTH CERTIFICATE (**TO BE COMPLETED BY DOCTOR**)

MANTOUX TUBERCULIN SKIN TEST REPORT

(The Delaware Department of Education Regulation 805² requires all school employees to provide Mantoux tuberculosis (TB) skin results during the first 15 days of employment.)

CRIMINAL BACKGROUND CHECK

SCHEDULE TO HAVE BACKGROUND CHECK DONE AND HAVE THE RESULTS SENT TO POLYTECH SCHOOL DISTRICT (Fee applies- form in packet)

CHILD PROTECTION REGISTRY REQUEST FORM (**PLEASE COMPLETE ONLINE. \$14 FEE APPLIES**)

TOBACCO USE POLICY (**SIGN, PRINT NAME & DATE**)

DRUG & ALCOHOL POLICY (**SIGN, PRINT NAME & DATE**)

POLYTECH EMPLOYEE CODE OF CONDUCT (**SIGN, PRINT NAME & DATE**)

POLYTECH AUP/SOCIAL NETWORKING POLICY (**SIGN, PRINT NAME & DATE**)

THE TWO INFORMATIONAL DOCUMENTS LISTED BELOW ARE FOR YOU TO KEEP:

EPAY DIRECTIONS

NOTICE FOR NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

EEO/POLICY AGAINST HARASSMENT BOARD POLICY (FOR YOU TO KEEP)

**Delaware Sexual Harassment Notice/711A Unlawful employment practices:
sexual harassment**

SEXUAL HARASSMENT TRAINING (DATE ATTENDED)

Please go to www.polytechschooldistrict.com and click on the Human Resources tab, choose staff resources from the drop-down menu, and click on the POLYTECH Employee Handbook link to view the POLYTECH Employee Handbook. Once you have viewed the employee handbook, please acknowledge by signing the attached acknowledgment and receipt form.

SIGNED CONTRACT

POLYTECH SCHOOL DISTRICT

PO Box 22
823 Walnut Shade Road
Woodside, DE 19980

APPLICATION

(Other than Teaching or Administration)

Applicant's Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip

Contact Number: _____ County: _____

Position Desired: _____ Email Address: _____

EDUCATION			
	School Name & Address	Dates Attended	Degree
High School			
High School Equivalency or GED			
Business / Technical School			
College			

EXPERIENCE (work and coaching experience)				
Firm or Agency (Name and Address)	Name of Supervisor	Dates Worked	Job Title/Work Performed	Reason for Leaving

(Attach a sheet if more space is needed)

	Yes	No
Have you ever worked for a public school in Delaware?		
Have you ever been convicted of a felony (other than a minor traffic violation)?		
If so please describe:		
May we contact your past employers?		

List all qualifications which you believe specifically qualify you for the position _____

REFERENCES (at least two must be professional)		
Name	Address	Phone Number

I hereby certify that the above statements are true and correct to the best of my knowledge, and hereby agree that any contract based upon this application is not valid unless all conditions for employment have been fulfilled, and that any deliberate falsification of facts may be ground for dismissal from employment. I authorize the release of any information from previous employers or character references.

I understand that if I am hired by the State of Delaware, the State shall require verification of my identity and eligibility for employment in the United States.

Applicant's Signature

Date

The POLYTECH School District does not discriminate in employment, educational programs, services or activities on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. The Director of Personnel and Student Supports has been designated to handle inquiries regarding employment policies, Special Education, English Learners, and Section 504 inquiries. The Supervisor of Student Services responds to Title VI/Title IX inquiries. All staff can be reached at (302) 697-2170; POLYTECH School District, 823 Walnut Shade Road, Woodside, DE 19980

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

City or town, state, and ZIP code

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

- (c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate ☐

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

Step 3:**Claim
Dependent
and Other
Credits**

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

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

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

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

Step 4:**Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a) \$**

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

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

**Exempt from
withholding**

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

Step 5:**Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers
Only**

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

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

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

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

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 1 \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a 2a \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 2c \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3 _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) 4 \$ _____

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

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

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

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

1a \$ _____

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

1b \$ _____

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

1c \$ _____

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

2 \$ _____

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

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

3a \$ _____

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

3b \$ _____

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

4 \$ _____

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

5 \$ _____

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

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

6a \$ _____

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

6b \$ _____

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

6c \$ _____

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

6d \$ _____

e Other itemized deductions. Enter the amount for other itemized deductions

6e \$ _____

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

7 \$ _____

8 Limitation on itemized deductions.

a Enter your total income

8a \$ _____

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

8b \$ _____

9 Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$

9 \$ _____

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

10 \$ _____

11 Standard deduction.

Enter: $\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$

11 \$ _____

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

12 \$ _____

13 Add lines 11 and 12. Enter the result here

13 \$ _____

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

14 \$ _____

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

15 \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



DELAWARE F O R M
DIVISION OF REVENUE **DE-W4**
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



1. FIRST NAME AND MIDDLE INITIAL LAST NAME 2. TAXPAYER ID

HOME ADDRESS (NUMBER AND STREET OR RURAL ROUTE) 3. MARITAL STATUS

☐ Single ☐ Married

CITY OR TOWN STATE ZIP CODE

- 4 Total number of dependents you can claim on your return
5 Additional amount, if any, you want withheld from each paycheck

4
5

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

EMPLOYEE SIGNATURE (This form is not valid unless signed)

DATE

6. EMPLOYER'S NAME AND ADDRESS

7. FIRST DAY OF EMPLOYMENT

8. TAXPAYER ID (EMPLOYER IDENTIFICATION NUMBER)



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.):							
		☐ 1. A citizen of the United States							
		☐ 2. A noncitizen national of the United States (See Instructions.)							
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		☐ 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)		☐ Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority						
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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 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. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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	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. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 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.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• 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 .
--	--	---

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.
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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 (if applicable)		New Name (if applicable)	
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 (if applicable)		New Name (if applicable)	
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 (if applicable)		New Name (if applicable)	
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.			

PHRST Direct Deposit Authorization Form Instructions

This form is to be completed and submitted by the employee only. Please complete all information requested on the Direct Deposit Authorization Form.

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on the form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. Incorrect or illegible routing and/or account numbers may result in your pay being delayed.

State of Delaware employees may contribute to the Fidelity College Investment Plan (Section 529 accounts) with direct deposit. Employees are required to complete a **Fidelity College Investing Plan Direct Deposit Form** AND the **State of Delaware Direct Deposit Authorization Form**.

If you designate only one account

Complete **Section A –Balance Account** only, sign, and date the form. All of your net pay will be direct deposited to the designated account.

If you have multiple direct deposit accounts

Complete **Section A –Balance Account** and **Section B - Additional Accounts for Multiple Direct Deposits**. Indicate the priority (beginning with 100, 200, etc.) and the **flat amount** to be deposited into each account. The remaining balance will be deposited into the account listed in **Section A**.

A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the PHRST system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one pay period. Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions.

If you change or close any Direct Deposit account(s), you must notify your employer immediately and complete an authorization form with your new account information so it can be entered into the PHRST system before the next pay period. This will prevent your Direct Deposit from being transmitted to a “closed account” on payday. Failure to promptly notify your employer of changes to your Direct Deposit information may cause a delay in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

To sign up for Direct Deposit, make a change, or if you have any questions, please contact your Human Resource or Payroll Representative.

PHRST DIRECT DEPOSIT AUTHORIZATION FORM

This form is to be completed and submitted by the employee **ONLY**. Please return directly to your Human Resource or Payroll Department.

Date: _____

Employee Name: _____

Empl ID: _____

Work Phone: _____

Direct Deposit Instructions:

If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as **Flat Amount** and shall be designated by Priority beginning with 100, 200, etc. in Section B.

Section A: Balance Account: The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

999

Balance

Priority

Amount

Transit # _____

Account # _____

☐ Checking

☐ Savings

Bank Name: _____

Bank Address: _____

Section B: Additional Accounts For Multiple Direct Deposits

Priority

Flat Amount

Transit # _____

Account # _____

☐ Checking

☐ Savings

Bank Name: _____

Bank Address: _____

Priority

Flat Amount

Transit # _____

Account # _____

☐ Checking

☐ Savings

Bank Name: _____

Bank Address: _____

Priority

Flat Amount

Transit # _____

Account # _____

☐ Checking

☐ Savings

Bank Name: _____

Bank Address: _____

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: _____

Date: _____

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on this form are correct.

Please contact your bank to confirm routing/account numbers if you are unsure.

**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS
WILL RESULT IN YOUR PAY BEING DELAYED.**



POLYTECH SCHOOL DISTRICT
823 Walnut Shade Rd., Woodside, DE, 19980-0022
Phone: (302) 697-2170
Fax: (302) 697-6749
<http://www.polytechschooldistrict.com>

W. Duane Hammond, President, Board of Education
Dr. Kevin Dickerson, Superintendent
Nicholas B. Johnson, Director of Operations
Dr. LaTonya Pierce, Director of Personnel & Student Supports

COACH HEALTH CERTIFICATE FORM

This is to certify that I have read the job description for Coach / Assistant Coach on the reverse side of this document and the applicant _____ can perform the essential duties of the job with or without reasonable accommodations.

Accommodation(s) required:

TB Test:

Date Given: _____ **Date Read:** _____ **Results:** _____

Date: _____

***Physician's Signature:** _____

***For identification:** Physician signing this certificate should attach a voided prescription form.

The POLYTECH School District does not discriminate in employment, educational programs, services or activities on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. The Director of Personnel and Student Supports has been designated to handle inquiries regarding employment policies, Special Education, English Learners, and Section 504 inquiries. The Supervisor of Student Services responds to Title VI/Title IX inquiries. All staff can be reached at (302) 697-2170; POLYTECH School District, 823 Walnut Shade Road, Woodside, DE 19980

Position: Coach / Assistant Coach

Position Summary: Assistant coaches will instruct athletes in the fundamental skills, strategy and physical training necessary for them to realize a degree of individual and team success under the direction of the Head Coach. The assistant coach will work with the head coach to support the student-athletes' development of ethical behavior, pride of accomplishment, sportsmanship, self-discipline and self-confidence.

Essential Duties and Responsibilities:

1. Assist with the overall supervision of his/her programs (Varsity, JV, and freshmen teams).
2. Assist with the supervision and conduct at practices, clinics and contests in a safe manner.
3. Assist with the Head Coach in managing uniforms, equipment and facilities in a responsible manner.
4. Teach student athletes ethical behavior, good sportsmanship, cooperative work ethic and responsibility as directed by the Head Coach.
5. Develop positive public relations with the parents, school staff members and administrators, booster club members and the community.
6. Direct injured athletes to the athletic trainer and report injuries to the nurse.

Essential Knowledge, Skills and Behaviors:

- Assist in planning and implementing team practices based on DIAA standards and regulations.
- Establish and maintain effective relationships with students, parents and colleagues.
- Foster a stimulating and accepting team environment.
- Write, speak, and interact clearly and professionally.
- Perform effectively in environments with competing demands.
- Maintain a professional appearance.

Physical Demands:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to walk and talk or hear. The employee frequently is required to stand and sit and may occasionally be required to jog or run. The employee is required to reach with hands and arms; as well as stoop, kneel, crouch or crawl. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, distance vision and depth perception.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise level in this environment is quiet to loud depending upon the activity in the particular part of the day.

Procedures for Criminal History Background Check

- The fee for a combined Delaware and Federal (FBI) Criminal Background Check is **\$85.00**. All applicants will be responsible for payment of the fee. Payment options are credit or debit cards, certified checks, money orders, or company checks made out to Idemia. **American Express, personal checks, or cash are not accepted.**
- A Criminal History Background Check is obtained through fingerprints. You must provide photo identification, such as a valid driver's license or State ID (from any state). You do not need to provide a Social Security card or a birth certificate.
- Certified copies of the criminal history will be forwarded to the applicant **and** the chief personnel director of the district.
- A receipt/verification form of processing will be completed by Delaware State Police personnel and provided to the applicant to return to the personnel office. All background checks must be current within the last 12 months to be considered acceptable.
- **An appointment is needed to obtain your criminal background check.** To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following service codes:
 - **Public School Employment (Full & Part Time), enter 27RZ1X. The cost is \$85.00.**
 - **Public School Volunteer, enter 27RZ29. The cost is 38.00.**
- **If you don't have access to the internet, you can still schedule an appointment by calling 866-761-8069.** There are various locations throughout the state. Several are listed below. Please log online or call the toll-free number to find information about other locations.

Kent County

600 S. Bay Road, Suite 1, Dover, DE 19901-4604

Hours of operation are:

- **Monday - Thursday 8:00 a.m. to 3:30 p.m.. Friday 8:00 a.m. - 3:00 p.m.**

124 Green Tree Dr. Dover, DE 19904-7648 (located inside AAA)

Hours of operation are:

- **Monday- Friday 9:00 a.m. to 1:00 p.m. & 2:00 p.m. - 5:00 p.m.**
- **Saturday- 10:00a.m - 2:00p.m.**

Sussex County

800 N Dupont Blvd, Milford, DE 19963-1019

Hours of operation are:

- **Monday-Friday 9:00 a.m.- 4:30 p.m.**

546 S. Bedford St, Georgetown, DE 19947-1852

Hours of operation are:

- **Monday-Thursday 8:20 a.m.-11:30 a.m. & 12:30 p.m. - 3:30 p.m.**

New Castle County

108 Patriot Drive Ste A, Middletown, DE 19709-8803

Hours of operation are:

- **Monday, Wednesday & Friday 9:00 a.m. to 3:00 p.m.**

If you only need the Federal Criminal History report, you will need to pay \$10.00 for a fingerprint card from the State Bureau of Identification and \$18.00 to mail it to the FBI for your results. The information can be found at FBI.gov.

Child Protection Registry Instructions

1. Complete the Web Portal CPR Consent Form (this form will be uploaded in later steps while registering)
2. Go to: <https://childprotectionregistry.delaware.gov/s/login/>
3. Click on the green button "New Individual Registration"
4. Complete the individual registration form & click on the green "register" button.
5. Click on the green "click to create new CPR request" button.
6. Enter all asterisk items and in the following areas enter:

Requesting Agency ID 1: **334**

Requesting Agency Contact ID 1: **23879**

- It is very important that you enter the requesting agency ID & Contact ID # so they will share this information with us.

Then click on the "confirm" button at the bottom of the page.

7. Upload the Web Portal CPR Consent Form you filled out and saved to your computer on this page. Once it is uploaded click the "review and save" button.
8. Toward the top of the page, there is a link that says "make CPR Request Payment". Click on this link. Click on "Contingent payment request" link. Check the box under CPR Record Name and then click on the green "proceed to payment" button.

Once you have made payment, we should receive your CPR within 24 hours.



DELAWARE CHILD PROTECTION REGISTRY CONSENT FORM

Web Portal



Request must be within 90 days of signature date in order to be processed

PART I - APPLICANT INFORMATION

Name (Last*, First*, Middle):

Other Name(s) used/Alias:

Social Security #:

Date of Birth (mm/dd/yyyy)*:

Gender*:

Race:

Ethnicity: (Hispanic/Non-Hispanic)

Address (Street, City, State, Zip):

Are you on the Delaware Child Protection Registry for any substantiated cases of child abuse/neglect? Yes ☐ No ☐

If yes, explain:

I hereby authorize The Delaware Department of Services for Children, Youth and Their Families to provide the below named requester(s) with all substantiated cases of child abuse or neglect concerning me that are active on the Delaware Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature:

Date:

Parent/Guardian Signature (If applicant is under the age of 18):

PART II - REQUESTER INFORMATION

Check one option below and complete required information*:

1. ☐ Agency Request – Agency Name*:
2. ☐ Individual Request – Self
3. ☒ Individual Request – Share Results with Requesting Agency

Requesting Agency 1 – Agency Name*: **Polytech School District**

Requesting Agency 2 – Agency Name*:

Requesting Agency 3 – Agency Name*:

Requesting Agency 4 – Agency Name*:

Requesting Agency 5 – Agency Name*:

* Mandatory (Agency Name is Mandatory.)

BP - 4601 – TOBACCO AND SMOKING POLICY

I. Definitions

The following words and terms, when used in this policy, have the following meaning unless the context clearly indicates otherwise:

“Electronic Smoking Device” means any product containing or delivering nicotine or any other similar substance intended for human consumption that can be used by a person to simulate Smoking through inhalation of vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor or as this term may be amended by 16 Del.C. §2902.

“Smoking” means:

- a. The burning of a lighted cigarette, cigar, pipe or any other matter or substance that contains tobacco; or
- b. The use of an Electronic Smoking Device which creates an aerosol or vapor, in any manner or in any form or as this term may be amended by 16 Del.C. §2902.

“Tobacco Product” means:

- a. Any product that is made from or derived from tobacco or that contains nicotine, including: cigarettes, cigars, pipe tobacco, hookah tobacco, chewing tobacco, snuff, snus, or smokeless tobacco and is intended for human consumption by any means including Smoking, heating, chewing, absorbing, dissolving, inhaling, or ingesting as this term may be amended by 11 Del.C. §1115; or
- b. A component or accessory used in the consumption of a Tobacco Product, including filters, rolling papers, and pipes or as this term may be amended by 11 Del.C. §1115.

Tobacco Product does not mean a drug, device, or combination product authorized for sale by the United States Food and Drug Administration under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. §301 et seq.) or as this term may be amended by 11 Del.C. §1115.

“Tobacco Substitute” means:

- a. An Electronic Smoking Device employing a mechanical heating element, battery, or circuit to produce aerosol or vapor for inhalation into the body of an individual or as this term may be amended by 11 Del.C. §1115, or
- b. A liquid used in a device under paragraph a. above, including liquids that contain nicotine and liquids that do not contain nicotine or as this term may be amended by 11 Del.C. §1115.

Tobacco Substitute does not mean a drug, device, or combination product authorized for sale by the United States Food and Drug Administration under the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 301 et seq.) or as this term may be amended by 11 Del.C. §1115.

II. The POLYTECH Board of Education adopts the following policy on the use of tobacco.

1. Smoking and the use or distribution of tobacco products and electronic

2. smoking devices on POLYTECH property is prohibited. This prohibition extends to all school buildings, grounds, vehicles, and functions.
3. This policy applies to anyone on POLYTECH property.
4. Tobacco products may not be advertised on school property or by anyone using school property.

The POLYTECH Board of Education shall make a good faith effort to continue to maintain the Tobacco and Smoking Policy and to ensure that all employees and community members are informed of the policy. All employees will receive a copy of this policy at the time of hire. The policy will also be included in handbooks and posted on the district website in order to communicate the policy to students and the community.

In addition, the POLYTECH School District is responsible for development and distribution of information and programs to inform individuals of options for voluntary cessation education and support programs that address the physical and social issues associated with nicotine addiction.

Community members who violate the Tobacco Use Policy will be asked to leave school grounds.

POLYTECH employees who violate the Tobacco Use Policy shall be subject, as a minimum, to the following penalties:

VIOLATION

First Offense

Second Offense

MINIMUM PENALTY

Two days suspension without pay and participation in a program to control tobacco use.
Termination

I HAVE RECEIVED THE ABOVE POLICY OF THE POLYTECH BOARD OF EDUCATION REGARDING TOBACCO USE.

Signature

Print or type name

Date

Adopted – Board of Education October 12, 2004

Revised – Board of Education May 19, 2020

Ref. Pro-Children Act 3/31/94

Public Law 103-277

DOE Regulation 877

BP - 4602 – DRUG-FREE WORKPLACE REQUIREMENTS

The POLYTECH Board of Education believes that illegal drugs have no place in the work environment. Furthermore, Congress passed the Drug-Free Workplace Act of 1988, requiring the certification by federal grantees of a drug-free workplace, and the POLYTECH Board supports that Act. Consequently, this policy advises that the use, possession or distribution of drugs and/or alcohol by a POLYTECH School District employee during scheduled work hours, or while the employee is responsible for a District Student, is prohibited and subject to disciplinary action. For these reasons, the POLYTECH Board adopts the following regulations on drug-free workplace for the POLYTECH employees:

- (a) The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in and/or on the POLYTECH premises, in all places where its employees work, including all State-owned vehicles, and in carrying out any state/federal grant activity. As a condition of employment, all employees shall abide by this prohibition. Violation of such prohibition shall result in personnel action against the employee which shall include action up to and including termination, and/or satisfactory participation in an approved drug abuse assistance or rehabilitation program. All treatment shall be at the expense of the employee.

This policy applies to, but is not limited to, the following activities and circumstances:

- During regularly scheduled working hours, including overtime or extended hours;
- Field trips, including all hours that an employee is responsible for any student on the trip;
- After-school activities, i.e. sports, student dances, etc.;
- Open House, Parent Night and weekend activities;
- Meetings with parents or employers;
- School approved academic or vocational activities, where students are involved, whether in Delaware or out-of-state;
- During use of all state-owned vehicles;
- While carrying out any State/Federal grant activity; and
- Any work or work related activity in which an employee is in a volunteer or paid capacity and/or which involves students.

- (b) As a condition of employment all employees shall abide by this policy. Violation of such prohibitions shall result in personnel action against the employee which shall include action up to and including termination, and/or satisfactory participation in an approved drug/alcohol abuse assistance or rehabilitation program. All treatment shall be at the expense of the employee.

- (c) All violations of the above policy shall be reported to the Superintendent, who shall report the violation to the appropriate police authority. Personnel action shall be taken in all cases of a chargeable offense under 16 Del. C. Ch. 101, and the rules and regulations of the POLYTECH Board of Education.

Nothing in this policy shall preclude the POLYTECH Board from taking concurrent and/or independent personnel action against the employee under 14 Del. C. sec. 121(5) for immorality, misconduct in office, incompetency or willful neglect of duty.

- (d) All employees shall notify the Superintendent in writing of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction. Failure of the employee to make such a notification shall lead to discipline in keeping with the POLYTECH rules and regulations. Within ten days of receiving notice of any employee convicted as described above, POLYTECH shall notify as appropriate the agencies providing grants to the school district.
- (e) Within thirty days of receiving notice of any employee convicted as described in section (c), POLYTECH will:
- (1) Take appropriate personnel action against such an employee, up to and including termination; and/or
 - (2) Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, State, or local health, law enforcement, or other appropriate agency. All treatment shall be at the expense of the employee.
- (f) The Superintendent shall give each employee a copy of this policy and post it in the POLYTECH buildings. Each employee shall sign a copy of the statement which shall be placed in the employee's personnel file.
- (g) POLYTECH will establish, and implement annually, a program to inform employees about:
- (1) The dangers of alcohol/drug abuse in the workplace;
 - (2) The Board's policy of maintaining an alcohol/drug-free workplace;
 - (3) Any available alcohol/drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for alcohol/drug abuse violations occurring in the workplace.
- (h) The POLYTECH Board shall make a good faith effort to continue to maintain an alcohol/drug-free workplace through the implementation of this policy, and ensuring that all new employees are informed of the policy through the measures set out in section (f) and (g).
- (i) POLYTECH employees who violate the alcohol/drug-free workplace shall be subject, as a minimum, to the following penalties:

<u>VIOLATION</u>	<u>MINIMUM PENALTY</u>
(1) Unlawful possession, use or consumption of a controlled substance or alcohol, in an amount that is appropriate for immediate personal use.	Suspension for one month without pay and mandatory participation in a drug abuse program.
(2) Unlawful possession or use of a hypodermic syringe or of drug paraphernalia.	- as above -
(3) Second offense of above. (1) or (2)	TERMINATION

<u>VIOLATION</u>	<u>MINIMUM PENALTY</u>
(4) Unlawful possession of a controlled substance, alcohol or a counterfeit controlled substance, in an amount which is beyond that appropriate for immediate personal use.	TERMINATION
(5) Unlawful delivery or distribution of a hypodermic syringe.	TERMINATION
(6) Unlawful delivery, distribution or manufacture of drug paraphernalia.	TERMINATION
(7) Unlawful delivery or distribution of alcohol, a controlled substance, of a counterfeit controlled substance or of a noncontrolled substance under the representation that the substance is a narcotic or nonnarcotic controlled substance.	TERMINATION
(8) Trafficking, as defined in 16 <u>Del. C.</u> sec. 4753A or in comparable federal law.	TERMINATION
(9) Failure to report conviction pursuant to section (d) of the Board of Education policy.	TERMINATION

NOTE: The above violations should be read in conjunction with 16 Del. C. Ch. 47, and the definitions contained therein, and with comparable federal law.

Regarding violations under sections (1) and/or (2) the employee's re-entry to the workplace will be contingent on probationary terms. These conditions may include, but are not limited to the following: (A) Request in writing of the desire to return to the district; and, (B) Provide written documentation of the successful completion of an alcohol or drug rehabilitation program; and, (C) Willingness to continue in ongoing outpatient counseling; and (D) Agree to submit to intermittent alcohol or drug testing if requested. The expense of the above treatment and testing procedures will be at the expense of the employee.

I HAVE RECEIVED THE ABOVE POLICY OF THE POLYTECH BOARD OF EDUCATION REGARDING MAINTENANCE OF AN ALCOHOL/DRUG-FREE WORKPLACE.

Signature

Print or type name

Date

POLYTECH SCHOOL DISTRICT EMPLOYEE CODE OF CONDUCT

POLYTECH employees occupy a position of authority and trust over students. The purpose of this Code of Conduct is to avoid abuse of this authority and trust. To this end, I agree to:

- Maintain professional relationships with students.
- Avoid socializing with students, or assuming the role of becoming a student's friend.
- Refrain from communicating individually (one-on-one) with any POLYTECH student via electronic devices (including, but not limited to, personal email, text message, and cell phone) and from communicating with students through social media websites and blogs (including, but not limited to, MySpace, Facebook and Twitter), unless the student is my relative. "Relative" means my child, my spouse's child, my grandchild, my spouse's grandchild, my sibling, my niece or nephew, a minor child living in my household, or any minor child for whom I have assumed and carried out parental responsibilities. Refrain from communications which are personal and/or social in nature.
- Avoid isolated contact (one on one contact) with a student.
- Adhere to the POLYTECH Acceptable Use Policy.
- Promptly report to my supervising administrator any reasonable suspicion of abuse of a student, or an employee's inappropriate interaction with a student. I recognize that this obligation applies to what I observe, as well as reliable reports of such conduct. If the report involves conduct by my supervising administrator, I will report to another administrator in my building, or the District office.

Employee Signature

Date

Print Name

**POLYTECH SCHOOL DISTRICT
ACCEPTABLE USE AND
SOCIAL NETWORKING POLICY**

PURPOSE:

This Acceptable Use and Social Networking Policy (the "Policy"), is intended to serve two equally important purposes, as described below.

Acceptable Use Standards for Covered Electronic Resources

One purpose of this Policy is to establish standards for acceptable uses of the Covered Technology provided by POLYTECH School District ("POLYTECH"), and the State of Delaware (the "State") (together, the State and POLYTECH, the "District"). Access to and use of Covered Technology is a privilege. This privilege is expressly conditioned on compliance with the terms of this and other policies that are or may be promulgated by or for: (1) the District, including the Board of Education Policy Manual and Student-Parent Handbook; (2) the State and/or the State Department of Technology and Information ("DTI"), including but not limited to: (a) Acceptable Use Policy (DTI-0042.02); (b) Information Security Policy (SE-ESP-001); and (c) Strong Password Authentication Standard (SE-PWD-001); and all applicable laws and regulations.

Guidelines for Electronic Communications between Staff and Students

A second, and equally important purpose of this Policy is to establish guidelines for permitted electronic communications between Staff and Students, including communications made via email, district software applications such as Schoology, text message and through social-networking sites and other social media, in order to prevent inappropriate or improper conduct and to avoid the appearance of impropriety. This Policy is not intended to discourage the use of technology for education and academic purposes but is intended to ensure that such technology is not used for any improper purpose that would put any Student, Staff, or the District, at risk of potential harm.

A. SCOPE

1. Covered Users

The following individuals ("Users") are subject to this Policy:

- "Staff," which includes all employees, contractors, consultants, temporary, and other workers employed, contracted, retained, or engaged by or on behalf of the District, including all personnel affiliated with third parties;
- POLYTECH Board members;
- Volunteers, student teachers and interns performing work or otherwise acting on behalf of the District; and
- "Students," which includes all students enrolled in grades 9 through 12 in any POLYTECH school or receiving educational services beyond the 12th grade and currently in POLYTECH, regardless of age. Excluded from this definition are students who have reached the age of majority and are no longer secondary-

school students. Students currently enrolled in Adult Education classes are subject to this policy.

2. Covered Technology

This Policy applies to “Covered Technology,” which are those resources that are: (a) provided by the District; (b) paid for, in whole or in part, by the District; (c) used to conduct business or other activity for or on behalf of the District; or (d) used in or at a District facility. Covered Technology includes, without limitation, the following:

- “Email,” which includes all electronic-mail accounts and services provided or made available to a Covered User by the State or POLYTECH;
- “Electronic Data,” which includes any and all information, data, and material attached to, accessed, or posted through any Covered Technology; and
- “Online Media,” which includes:
 - “Software Applications and Online Platforms,” which includes all state and district-provided software and interactive platforms used for District business (eSchoolPLUS, Schoology, Google Drive, et cetera)
 - “Computer Resources,” which includes all computers and related resources whether stationary, portable, or Internet-based (i.e., stored in the “Cloud”), including but not limited to all related peripherals, components, disk space, storage devices, servers, and output devices such as telephones, hand-held devices, printers, scanners, and copiers, whether owned or leased by the District;
 - “Personal Communication Devices,” which includes any cellular phone, smartphone, personal digital assistant, or other personal electronic communication device; and
 - “POLYTECH Network,” which includes the infrastructure used to transmit, store, and review data over an electronic medium, and includes any and all of the following: (a) Internet service; (b) intranet system; (c) POLYTECH’s mainframe system; and (d) any collaboration systems, including but not limited to calendaring, message boards, conference boards, blogs, text messaging, instant messaging, video conferencing, website, and podcasting, without regard to whether the system is owned, contracted or leased by the District.

B. OWNERSHIP RIGHTS

The District has and retains exclusive ownership of all Electronic Data this is created, stored, and/or processed on any Covered Technology. This ownership is not affected by the status or affiliation of the User who may have created and/or stored the Electronic Data.

C. NOTICE OF INTENT TO MONITOR

Users have no expectation of privacy in their use of or access to any Covered Technology. District administrators and authorized personnel monitor the use of Covered Technology to ensure that Users are secure and in conformity with this Policy. The District retains the right to monitor, examine, use, and disclose the use of Covered Technology, including Electronic Data, without providing further notice to or receiving further consent of an affected User. The District may, at its discretion, use information

obtained in the course of such monitoring in disciplinary actions and will furnish information relating to suspected criminal activity to law enforcement. Monitoring Covered Technology may be performed by DTI and/or other District administrative departments, including but not limited to the Department of Technology.

D. DUTIES

1. All Users

All Users have a duty to protect the security, integrity, and confidentiality of Covered Technology, including the obligation to protect and report any unauthorized access to use, abuse, misuse, theft, or destruction.

Users are responsible for any and all damage caused by their use of Covered Technology where such use does not comply with the requirement or purposes of this Policy. Responsibility may take the form of financial retribution or compensation, discipline, and/or restrictions on further use and access, as the District deems appropriate under the circumstances.

2. District

The Superintendent is responsible for implementing this Policy. District officials are responsible for designating Users authorized to use Covered Technology. Procedures for disabling or otherwise modifying any technology-protection measures shall be the responsibility of the District Technology Coordinator and his/her designated representatives.

The District Technology Coordinator or his/her designated representatives will provide age appropriate training for Student-Users designed to promote the District's commitment to: (a) the standards and acceptable use of Covered Technology as set forth in this Policy; (b) Student safety with regard to: (i) safety on the Internet; (ii) appropriate behavior on the Internet, including on social-networking sites and in chat rooms; and (iii) cyberbullying awareness and response; and (c) compliance with the E-rate requirements of Children's Protection Act.

3. Staff

All Staff-Users are responsible to educate, supervise, and monitor appropriate usage of the POLYTECH Network and access to the Internet in accordance with this Policy, the Children's Internet Protection Act, the Neighborhood Children's Internet Protection Act, and the Protecting Children in the 21st Century Act.

Any Staff-User who learns of or who reasonably suspects a violation of this Policy is obligated to promptly report such information to his or her supervisor or other appropriate District personnel.

Failure to promptly report or to cooperate in any resulting investigation shall constitute a separate violation of this Policy and, as such, may warrant disciplinary action.

Staff-Users must execute the DTI Acknowledgement Statement to acknowledge that he/she has read and agrees to comply with the DTI Acceptable Use Policy, a copy of which is available at

<http://dti.delaware.gov/pdfs/pp/AcceptableUsePolicy.pdf> A signed copy of employees' Acknowledgement Form shall be maintained in the employee's personnel file in the District's Human Resources Department.

4. Students

Student-Users will receive training, which will provide education about Internet safety through the District's Internet-safety curriculum, as required by the Protecting Children in the 21st Act and related regulations. The Training shall include education about appropriate online behavior, including: (a) safety on the Internet; (b) interacting with other individuals on social-networking sites and in chat rooms; and (c) cyberbullying awareness and response. Students will acknowledge receipt of the training, that the Student understood the training, and that the Student agrees to comply with the rules and procedures as explained in the training.

Student-Users must execute the District's Acknowledgement Statement to acknowledge that he/she has read and agrees to comply with this Policy.

Students have a duty to take reasonable steps to protect their privacy and personal information when using Covered Technology. Student must not disclose personal contact information except to educational institutions for educational purposes. Students also must promptly report to Staff any violation of this Policy of which the Student is aware, including any message received that the Student believes to be inappropriate.

E. PREVENTATIVE MEASURES

To the extent practical, technology protection measures ("filtering technology"), shall be used to block or filter Internet, or other forms of electronic communications, access to inappropriate information. Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed obscene or child pornography, or to any material deemed harmful to minors (i.e., children under the age of majority). Subject to staff supervision, technology-protection measures may be disabled for adults or, in the case of minors, minimized only for bona fide research or other lawful purposes.

F. UNACCEPTABLE USES

Users are prohibited from using Covered Technology to upload, post, mail, display, store, access, or transmit any inappropriate material or for any inappropriate purpose as set forth below.

1. Access to Inappropriate Material

It shall be a violation of this Policy for any User to use any Covered Technology to upload, post, mail, display, store, access, or transmit, any Inappropriate Material. Inappropriate Material is defined as any content, communication, data, or information that conflicts with the District's fundamental policies and/or mission. Whether material or content is blocked by District filtering technology shall not be determinative of whether such material or content is considered to be Inappropriate Material. Examples of Inappropriate Material include, but are not limited to, material that: is hateful, harassing, threatening, libelous, or defamatory; is deemed offensive or discriminatory based on race, religion, gender, age, national origin, citizenship, sexual orientation, gender identity, mental or physical disability, marital status, or other characteristic protected by state, federal, or local law; constitutes use for, or in support of, any obscene pornographic purpose including the transmission, review, retrieval, or access to any profane, obscene, or sexually explicit material;

violence or to harass, threaten, or stalk another individual; solicits or distributes information with the intent to cause personal harm or bodily injury; promotes or participates in a relationship with a student that is not related to academics or school-sponsored extracurricular activities, unless authorized in advance by the student's parent or guardian and the appropriate POLYTECH official(s); or promotes or participates in any way in religious or political activities.

2. Unlawful Purposes

It shall be a violation of this Policy for any User to use any Covered Technology for any purpose that: constitutes or furthers any unlawful activity; gives rise to civil liability under any applicable law, including U.S. patent, trademark, or copyright laws, including copyrighted photos, clip art, or other images, including District or POLYTECH logos; impersonates any person, living or dead, organization, business, or other entity; enables or constitutes gaming, wagering, or gambling of any kind; promotes or participates in any way in unauthorized raffles or fundraiser; engages in private business, commercial, or other activities for personal financial gain.

3. Security Violations

It shall be a violation of this Policy for any User to use any Covered Technology in any way that threatens or violates the security of any Covered Technology, where such use: contains a virus, Trojan horse, worm, logic bomb, malicious code, or other malware or harmful component; constitutes a chain letter, junk mail, spam, or other similar electronic mail; constitutes unauthorized access or attempts to circumvent any security measures; obtains access to or use of another User's account, password, files, or data, or attempts to so access or use, without the express authorization of that other User; deprives a User of access to Covered Technology; engages in unauthorized or unlawful entry into the POLYTECH Network; shares email addresses or distribution lists for uses that violate this Policy or any other District policy; transmits sensitive or confidential information without appropriate security safeguards; falsifies, tampers with, or makes unauthorized changes or deletions to data located on the POLYTECH Network; obtains resources or access to the POLYTECH Network beyond what was legitimately authorized; distributes unauthorized information regarding another User's password or security data; discloses confidential or proprietary information, including student record information, without authorization; involves the relocation of hardware (except for portable devices), installation of peripherals, or modification of settings to equipment without the express prior authorization by the District Technology Coordinator, installs, downloads, or uses unauthorized or unlicensed software or third-party systems without the express prior authorization by the District Technology Coordinator; or involves a deliberate attempt to disrupt the POLYTECH Network.

G. LIMITATION OF LIABILITY

The District makes no warranties of any kind, neither express nor implies, for the access to and use of any Covered Technology that it provides. The District will not be responsible for any damage incurred or suffered by any User, including but not limited to any loss of data. The District will not be responsible for the accuracy, nature, or quality of information on the POLYTECH Network, not for the accuracy, nature, or quality of information gathered through District-provided Internet access. The District

will not be responsible for financial obligations arising through the use of any Covered Technology.

H. ELECTRONIC COMMUNICATIONS

1. Definitions

For purposes of this Section I, the following terms are defined as follows:

- “Approved Site” shall mean an External Instructional Site that has been approved in accordance with the procedures set forth in this Section I.
- “District-Sponsored Site” shall mean any online resource or website that is created for the purpose of providing instruction, education, or school-related information to Students and that is hosted by or housed on the POLYTECH Network or the Department of Education Home Access Center.
- “Electronic Communication” shall mean any communication that is sent by, delivered by, received by, or that otherwise uses: (a) email; (b) instant messaging; (c) text messaging; (d) telephone, including cellular or mobile phones and smartphones; (e) Social Media; (f) the Internet; or (g) any other similar technology.
- “External Instructional Site” shall mean any online resource or website that is created or used for the purpose of providing instruction, educational, or school-related information to Students that is not hosted by or housed on the POLYTECH Network or Department of Education Home Access Center.
- “Internal Technology” shall include any and all Electronic Communications and Internet websites, including social-media and social-networking sites.
- “Personal Sites” shall include any Internet Technology other than District-Sponsored Sites and External Instructional Sites.
- “Site Manager” is the Staff responsible for creating, maintaining, or using an External Instructional Site.
- “Student” shall have the same meaning as set forth in Section A, above, but shall not include a Student who is a member of the Staff’s immediate family. For purposes of this Policy “immediate family” is defined as any person who is related by blood, marriage or adoption including a parent, step parent, grandparent, great grandparent, step grandparent, aunt, great aunt, uncle, great uncle, niece, nephew, first cousin, or first cousin once removed.

2. Personal Use of Internet Technology

Staff are not prohibited from using Internet Technology for personal purposes, provided that such use does not: (a) occur during working time; (b) involve the use of any Covered Technology; or (c) violate any of the requirements of this Policy or any other policy or rule promulgated by the District.

Staff are specifically prohibited from:

- Publishing any personal identifying or other confidential information about any Student, including but not limited to a Student’s name or address, and photographs taken on

POLYTECH property or at a POLYTECH-sponsored event, on or with any Internet Technology;

- Permitting any Student to access the Staff's Personal Site; and Staff members (other than Adult Education staff members communicating with adult students enrolled in a POLYTECH Adult Education program (i.e., ESL, Adult HS/GED, Career Program, Online Program, Family Literacy or a Custom Program) may not engage in an electronic communication with any student for any purpose *except* when:

- The communication is for a legitimate purpose specifically related to the staff member's official job duties and
- Communication is made through district-approved forms of communications such as district email, learning management systems, and other approved collaboration platforms and broadcast software such as Blackboard Connect, rainedout.com and remind.com
- The student is a relative (child, spouse's child, grandchild, spouse's grandchild, sibling, niece or nephew, a minor child living in the staff member's household, or any minor child for whom the staff member has assumed and carried out parental responsibilities)

Other forms of personal electronic communication with students, such as instant messaging, friending and following, cellular phones, social media or texting are strictly prohibited.

3. Professional Use of Internet Technology

Staff who wish to use Internet Technology other than District-Sponsored Sites for educational, informational, or other school-related purposes must comply with the following requirements and any related rules and/or regulations as shall be promulgated by the District or POLYTECH:

- Any Staff who wishes to have an External Instructional Site designated an Approved Site must submit to the Staff's building principal a written proposal that outlines the intended instructions, educational, or informational purpose of the site.
- The designation of an External Instructional Site as an Approved Site must be made prior to the use of the site and can be so designated only by the building principal.
- The building principal will, within thirty (30) days of granting such approval, provide written notice such approval to the Superintendent.
- The building principal must provide to the Superintendent an updated list of all Approved Sites on or before September 30 of each school year.
- The Site Manager must submit to the building principal for approval of any change in form or content to an Approved Site, other than Member changes, within thirty (30) days of such change(s).
- The Site Manager must provide to the building principal a current list of all persons with access to the Approved Site ("Members"), on or before September 30 of each school year and within thirty (30) days of any change in Members.

- Members must be limited to and must include the Site Manager, Students of the Site Manager, Parents of those Students, the Superintendent or his/her designee, and at least one administrator of the school.
- The Site Manager is responsible for ensuring that only Members have access to the Approved Site.
- The Site Manager shall be responsible for ensuring that the content, membership, access, and privacy of the Approved Site complies with all rules, policies, and regulations.

I. POLICY VIOLATIONS

The District will cooperate fully with local, state, and federal officials in any investigation related to any alleged or suspected illegal activity conducted through or otherwise involving the Covered Technology.

1. Due Process

Any action taken in violation to this Policy will be subject to appropriate discipline, tailored to meet the facts and circumstances of the particular situation. Violations of this Policy may result in the revocation or suspension of access to the POLYTECH Network, as well as other disciplinary or legal action. Where a violation of this Policy also involves a violation of another District policy or rules, those policies or rules may affect the disciplinary action taken.

2. Student Violations

A violation of this Policy by a Student may result in the revocation or suspension of access to the POLYTECH Network, as well as other disciplinary or legal action. All violations of this policy will result in disciplinary action in accordance with the Student Code of Conduct and state laws and regulations. The particular consequences shall be determined by the school administrators. Consistent with Regulation 616, the Superintendent or his/her designee shall determine when expulsion or legal action is warranted.

3. Staff Violations

Violation of this Policy by a District employee may result in the revocation or suspension of access to the POLYTECH Network, as well as other disciplinary or legal action, including but not limited to reprimand, restitution, mandatory training or in-service, and termination.

J. REGULATIONS

The Superintendent or his/her designee shall promulgate regulations for this Policy. The regulations shall specifically require that Approved Sites comply with all federal laws concerning the protection of children and privacy, including but not limited to the Child Internet Protection Act, and the Family Educational Rights and Privacy Act.

K. ADOPTION

This Employee Acceptable Use Policy was adopted by the Board of Education of POLYTECH School District at a public meeting, following normal public notice, on April 9, 2019

I hereby acknowledge that POLYTECH School District reserves the right to surveil, monitor and record all network activity and any activity accessing Covered Technology.

I agree to abide by the Acceptable Use and Social Networking Policy

Signature

Date

Print Name

* 1st paycheck will be mailed to your home



Employee Self-Service First Time Login Instructions

If you have any questions while logging in please contact your Human Resources or Payroll Office

The State of Delaware provides the ability to reset passwords to the Employee Self-Service login page using Single Sign-On (SSO). SSO eliminates the need to contact the Employee Self-Service Call Center or complete an online request. If you are a new employee or haven't logged in since June 10, 2013, you are required to change the "Initial Default Password" and set up Challenge Questions used for the "Forgot Password" functionality.

The following pages are detailed instructions for resetting your "Initial Default Password," registering challenge questions used for "Forgot Password" functionality and registering a State of Delaware work email address.

Enter <https://eapps.erp.delaware.gov> in your browser address bar

The **State of Delaware Single Sign-On (SSO)** sign-in page opens

Sign In With Your Account

User ID:
Password:

[New User Registration](#)
[Forgot User ID?](#)
[Forgot Password?](#)
[Contact Us](#)

Enter **User ID** (User ID = six-digit Employee ID number)
Enter **Initial Default Password** (Password = **DE\$mmyy####**)

DE = DE (for Delaware)
\$ = \$ (Dollar Sign on Keyboard)
mm = your birth month (i.e. 04 for April birth month)
yy = your birth year (i.e. 72 for 1972 birth year)
= last 4 digits of your Social Security Number

Click **Sign In**
Do NOT click **New User Registration**

The **Password Management** page opens *Note: * required fields. You will receive messages if all the required fields are not completed.*

Password Management

Old Password:
New Password:
Re-Type New Password:

Register challenge questions for your account.
Questions and answers must all be unique.

Question1: Answer1:
Question2: Answer2:
Question3: Answer3:

Enter **Initial Default Password** (Password = **DE\$mmyy####** - see above)
Enter **New Password** Click on the Password Policy information icon and create a strong password in accordance with the Policy
Re-Type New Password

Click ☐ to reveal the questions and choose a question for **Question 1**
Tab to **Answer 1** field and type the answer
Repeat for **Questions 2 & 3** and **Answers 2 & 3**
Click **Submit** located at the top right of the page

* Required field

Employee Self-Service First Time Login Instructions

The State of Delaware Identity & Access Management (IAM) home page opens

Click My Information

Access Management (IAM) self registration and account maintenance system, and request specific application access by subscribing to a particular agency's online services located in the catalog.

Login to Employee Self Service to access ePay, Time & Labor Self-Service, eBenefits and Race/Ethnicity

The Basic User & Contact Information page opens

Enter State of Delaware work email address

If you do not have a State email address, click **Home** on the left side of the page and skip to the next block of instructions

Tab or click out of the field after entering your email address to activate the **Apply** button

Click **Apply** located in the upper right hand corner of the page

A confirmation message will appear at the top of the screen

The email field is blank but has been saved and will display the next time the screen is accessed

Click **Home** located on the left side of the page

Your updates have been approved with Request Id 752

The State of Delaware Identity & Access Management (IAM) home page opens

Click Login to Employee Self-Service

Welcome to the State of Delaware Identity Access Management (IAM)

Here you can maintain your IAM account and request specific application access

Login to Employee Self Service to access ePay, Time & Labor Self-Service, eBenefits and Race/Ethnicity

The Employee Self-Service page opens

- You have successfully reset your initial default password, registered your challenge questions and registered your State of Delaware work email address
- You are ready to view and update personal information, consent to receive your W-2 online, view your paycheck and Benefits, and access Time & Labor if applicable

BP-1102 – EQUAL EMPLOYMENT OPPORTUNITY

The POLYTECH School District is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. Inquiries regarding compliance with the above may be directed to the Director of Personnel and School Climate, POLYTECH School District, 823 Walnut Shade Rd, Woodside, DE 19980; (302) 697-2170.

Adopted - Board of Education – September 12, 2017

BP-1103 - POLICY AGAINST HARASSMENT

I. Purpose

The POLYTECH School District is committed to providing a work/school environment free of harassment.

II. Policy

The POLYTECH School District is committed to protecting the rights and dignity of all employees and students. The District will not tolerate unlawful harassment on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, or gender identity, against victims of domestic violence, sexual offenses, or stalking, or upon any other categories protected by federal, state, or local law. All employees/students have the right to work/study in an atmosphere free of harassment. Further, severe or pervasive harassment may be a form of discrimination and violate federal and state law.

Sexual harassment shall include, but not be limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission in such conduct is made either explicitly or implicitly a term or condition of an individual's student status or employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment or educational decisions affecting such individuals; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work/school environment.

It is the responsibility of the Board members, administrators, certificated and support personnel, students and any others having business or other contacts with the District to maintain a work/school environment free of harassment. Immediate and appropriate corrective action will be taken when harassment occurs. Persons found to be in violation of this policy will be subject to discipline, including, but not limited to, reprimand, probation, demotion, suspension, expulsion or termination or other sanction as determined appropriate by the Board. Supervisors should consult with the District's Title IX Coordinator in such cases. The District shall designate a male and a female to handle harassment situations and/or inquiries.

It is a violation of the District policy to retaliate in any way against employees or students who allege harassment, or participate in investigations of such allegations.

Employees/students who believe they are being subjected to harassment should discuss the matter with the District's Title IX Coordinator. The Title IX coordinator will:

- provide advice
- investigate

- report the results of the investigation to the Superintendent for determination as to whether any action will be taken

A more formal means of redress may be sought through grievance procedures. Under the State and Federal laws prohibiting this conduct, there are certain administrative procedures that must be followed, which begin with a filing of a charge of discrimination with the Anti-Discrimination Section of the Delaware Department of Labor, or with the Equal Employment Opportunity Commission. For faculty, teachers' aides, school nurses, and custodians, the grievance procedures are found in the Collective Bargaining Agreements. For administrative and all other staff, the grievance procedures are found in the Personnel Policy and Procedures Manual. For students, the grievance procedures are found in the Student Handbook.

Adopted - Board of Education – October 10, 2017

Takes effect January 1, 2019



STATE OF DELAWARE DEPARTMENT OF LABOR
DIVISION OF INDUSTRIAL AFFAIRS

4425 N. MARKET STREET, 3RD FLOOR
WILMINGTON, DE 19802
(302) 761-8200

BLUE HEN CORPORATE CENTER
655 S. BAY ROAD, SUITE 2H
DOVER, DE 19901
(302) 422-1134

Employers must distribute this information sheet to new employees at the commencement of employment and to existing employees by July 1, 2019

Download this Notice at www.dol.delaware.gov

8 GEORGETOWN PLAZA, SUITE 2
GEORGETOWN, DE 19947
(302) 422-1134

DELAWARE SEXUAL HARASSMENT NOTICE

The Delaware Discrimination in Employment Act

The Delaware Discrimination in Employment Act protects all individuals against discrimination in the workplace based on gender. Sexual harassment is a form of gender discrimination. A new law against sexual harassment passed in 2018 extends protections to all individuals, in all workplaces, including employees, applicants, apprentices, staffing agency workers, independent contractors, elected officials and their staff, agricultural workers, domestic workers, and unpaid interns.

Sexual Harassment and the Law

Sexual harassment of an employee is unlawful when the employee is subjected to conduct that includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an employee's employment; (2) submission to or rejection of such conduct is used as the basis for employment decisions affecting an employee; or (3) such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive working environment.

Some Examples of Sexual Harassment

- unwelcome or inappropriate touching
- threatening or engaging in adverse action after someone refuses a sexual advance
- making lewd or sexual comments about an individual's appearance, body, or style of dress
- conditioning promotions or other opportunities on sexual favors

- displaying pornographic images, cartoons, or graffiti on computers, emails, cell phones, bulletin boards, etc.
- making sexist remarks or derogatory comments based on gender

Retaliation Is Prohibited Under the Law

It is a violation of the law for an employer to take action against you because you oppose or speak out against sexual harassment in the workplace. The Delaware Discrimination in Employment Act prohibits employers from retaliating or discriminating against any person because that person opposed an unlawful discriminatory practice. Retaliation can occur through direct actions, such as demotions or terminations, or more subtle behavior, such as an increased work load or being transferred to a less desirable location. The Delaware Discrimination in Employment Act protects individuals against retaliation who have a good faith belief that their employer's conduct is illegal, even if it turns out that they were mistaken.

Report Sexual Harassment

If you have witnessed or experienced sexual harassment inform a manager, the equal employment opportunity officer at your workplace, or human resources as soon as possible.

Report sexual harassment to the Delaware Department of Labor Office of Anti-Discrimination. Call 302-761-8200 or 302-424-1134 or visit

<https://dia.delawareworks.com/discrimination/>

to learn how to file a complaint or report discrimination. The Department can investigate or mediate your complaint and may be able to help you collect lost wages and other damages.

§ 711A Unlawful employment practices; sexual harassment [Effective Jan. 1, 2019]

(a) Purpose. —

The State of Delaware is committed to ensuring that all Delawareans experience a safe and respectful workplace free of sexual harassment. Complaints of sexual harassment will be taken seriously and employers will be held accountable for sexual harassment in the workplace. It is the expectation of the Delaware General Assembly that all employers in the State of Delaware will work to create a workplace where employees are safe and treated with dignity and respect.

(b) Definitions. —

As used in this section:

- (1) "Applicant" means as defined in § 709B of this title.
- (2) "Apprentice" means any individual who is engaged in the learning of any of the licensed practices in Title 24 from a practitioner licensed in the profession the apprentice is studying.
- (3) "Department" means Department of Labor.
- (4) "Employee" means an individual employed by an employer and includes state employees, unpaid interns, applicants, joint employees and apprentices.
- (5) "Employee placed by employment agency" means an employee who performs services for an employer as a result of the employer's contractual agreement with an employment agency.
- (6) "Employer" means any person employing 4 or more employees within the State at the time of the alleged violation and includes the State, the General Assembly, state agencies and labor organizations.
- (7) "Employment agency" means as defined in § 710 of this title.
- (8) "General Assembly" means as defined in § 5831 of Title 29.
- (9) "Independent contractor" means as defined in § 3501 of this title.
- (10) "Labor organization" means as defined in § 710 of this title.

(11) "Negative employment action" means an action taken by a supervisor that negatively impacts the employment status of an employee.

(12) "State agency" means as defined in § 5831 of Title 29.

(13) "State employee" means as defined in § 5831 of Title 29.

(14) "Supervisor" means an individual that is empowered by the employer to take an action to change the employment status of an employee or who directs an employee's daily work activities.

(c) Sexual harassment of an employee is an unlawful employment practice when the employee is subjected to conduct that includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

(1) Submission to such conduct is made either explicitly or implicitly a term or condition of an employee's employment;

(2) Submission to or rejection of such conduct is used as the basis for employment decisions affecting an employee; or

(3) Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile, or offensive working environment.

(d) An employer is responsible for sexual harassment of an employee when:

(1) A supervisor's sexual harassment results in a negative employment action of an employee;

(2) The employer knew or should have known of the non-supervisory employee's sexual harassment of an employee and failed to take appropriate corrective measures; or

(3) A negative employment action is taken against an employee in retaliation for the employee filing a discrimination charge, participating in an investigation of sexual harassment, or testifying in any proceeding or lawsuit about the sexual harassment of an employee.

(e) In any action against an employer under paragraph (d)(2) of this section, it is an affirmative defense if the employer proves that:

(1) The employer exercised reasonable care to prevent and correct any harassment promptly; and

(2) The employee unreasonably failed to take advantage of any preventative or corrective opportunities provided by the employer.

(f) *Information sheet.* —

(1) The Department of Labor shall create an information sheet on sexual harassment that the Department shall make available to employers. The information sheet shall be available at each office of the Department, and shall be mailed if the request includes a self-addressed envelope with postage affixed. The Department shall make the information sheet available on its website.

(2) The information sheet shall provide notice to employees of the right to be free from sexual harassment in the workplace. The information sheet must contain all of the following:

- a. The illegality of sexual harassment;
- b. The definition of sexual harassment under state law using examples;
- c. The legal remedies and complaint process available through the Department;
- d. Directions on how to contact the Department.
- e. The legal prohibition against retaliation.

(3) Every employer shall distribute, physically or electronically, the information sheet to its employees as follows:

- a. To new employees at the commencement of employment;
- b. To existing employees by July 1, 2019.

(4) A claim that the information sheet required to be distributed under this subsection shall not in and of itself result in liability of any employer to any present or former employee in any action alleging sexual harassment. An employer's compliance with this subsection does not insulate the employer from liability for sexual harassment of any current or former employee or applicant.

(g) *Training requirements for an employer having 50 or more employees in Delaware.* —

(1) An employer shall provide interactive training and education to employees regarding the prevention of sexual harassment.

(2) Such training shall be provided to employees as follows:

- a. To new employees within 1 year of the commencement of employment and thereafter every 2 years;
- b. To existing employees by January 1, 2020, and thereafter every 2 years.

(3) The training shall include all of the following:

- a. The illegality of sexual harassment;
- b. The definition of sexual harassment using examples;
- c. The legal remedies and complaint process available to the employee.
- d. Directions on how to contact the Department.
- e. The legal prohibition against retaliation.

(4) *Supervisor training.* —

a. An employer shall provide additional interactive training to all supervisors as follows:

- 1. To new supervisors within 1 year of the commencement of employment as a supervisor, and thereafter every 2 years;
- 2. To existing supervisors by January 1, 2020, and thereafter every 2 years.

b. Such training shall include all of the following:

- 1. The specific responsibilities of a supervisor regarding the prevention and correction of sexual harassment;
- 2. The legal prohibition against retaliation.

(5) *Training provided prior to January 1, 2019.* — If an employer provided training to employees or supervisors prior to January 1, 2019, that would satisfy the requirements under this subsection, no additional training is required under this subsection until January 1, 2020.

(6) *Numerosity and training requirement.* —

- a. Employers do not count applicants or independent contractors towards the numerosity requirement under this subsection.
 - b. Employers are not required to provide training under this subsection to applicants, independent contractors, or employees employed less than 6 months continuously.
 - c. Employment agencies are the only employers required to count and provide training to employees placed by employment agency under this subsection.
- (h) The Department of Labor shall post the requirements of this section on their website and shall perform outreach as necessary to educate employers of the requirements of this section.

[81 Del. Laws, c. 399, § 1.](#);



January 1, 2025

Dear Employee,

Enclosed is a Notice entitled "New Health Insurance Marketplace Coverage Options and Your Health Coverage." The health care reform law known as the Affordable Care Act ("ACA") requires that employers provide this Notice to all new employees within 14 days of hire. The Notice provides information about the new Health Insurance Marketplace ("Marketplace").

As a casual seasonal employee, you are not eligible for coverage under the State of Delaware's Group Health Insurance Program ("the Plan"). Therefore, you may wish to explore coverage options through the Marketplace.

For information about the Marketplace, visit the federal government's website at www.HealthCare.gov or the State of Delaware's website at www.ChooseHealthDE.com. If you have questions about the information in this letter or the enclosed Notice, you can contact the Statewide Benefits Office at 1-800-489-8933 or go to the Statewide Benefits Office's website at de.gov/statewidebenefits.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephanie R. Hartos".

Stephanie R. Hartos
Director, Statewide Benefits and Insurance Coverage

Enclosure

STATE OF DELAWARE STATEWIDE BENEFITS OFFICE

841 Silver Lake Boulevard, Suite 100, Dover DE 19904 (D620E)
Phone: 1-800-489-8933 • Fax: (302) 739-8339 • Email: benefits@delaware.gov • Website: de.gov/statewidebenefits

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description, contact the Statewide Benefits Office at 1-800-489-8933 or go to the Statewide Benefits Office's website at de.gov/statewidebenefits.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name State of Delaware		4. Employer Identification Number (EIN) 516000279
5. Employer address 841 Silver Lake Boulevard, Suite 100		6. Employer phone number 1-800-489-8933
7. City Dover	8. State DE	9. ZIP code 19904
10. Who can we contact about employee health coverage at this job? Statewide Benefits Office		
11. Phone number (if different from above) 1-800-489-8933		12. Email address benefits@delaware.gov

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

All full-time, part-time, and limited term employees who meet the requirement.

•With respect to dependents:

☐ We do offer coverage. Eligible dependents are:

Spouses and eligible children (to age 26) who meet the requirements for eligibility.

☒ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Please go to www.polytechschooldistrict.com and click on the Human Resources tab, choose staff resources from the drop down menu and click on the POLYTECH Employee Handbook link to view the POLYTECH Employee Handbook. Once you have viewed the employee handbook, please acknowledge by signing the attached acknowledgement and receipt form.

Employee Handbook Acknowledgment and Receipt

I hereby acknowledge receipt of the POLYTECH School District Employee Handbook. I understand and agree that it is my responsibility to read and comply with the policies in the handbook.

I understand that the handbook and all other written and oral materials provided to me are intended for informational purposes only. I understand that the policies and benefits, both in the handbook and those communicated to me in any other fashion, are subject to interpretation, review, and change by state law, state regulation, and/or board policy at any time without notice.

I hereby acknowledge and consent that the POLYTECH School District may monitor, surveil and/or record any activity I undertake using POLYTECH technology, including without limitation network, email, internet, phone and browser.

Employee's Name in Print

Signature of Employee

Date Signed by Employee

TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE

