



## Office of Human Resources

231 Main Street, 3<sup>rd</sup> Floor <sup>2</sup> Fort Lee, New Jersey 07024

Phone: 201.585.4612 <sup>2</sup> Fax: 201.585.1306

[www.FLBOE.com](http://www.FLBOE.com)

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Mr. Robert Kravitz  
*Superintendent of Schools*

Ms. Celeste Williams  
*Director of Human Resources*

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To: New Employee

From: Celeste Williams, Director of Human Resources

Date: 2023-2024 School Year

Re: Welcome Packet

Dear New Employee,

Welcome to Fort Lee Public Schools and congratulations on your appointment. Enclosed, please find new employee paperwork which you must complete:

- District Paperwork & Required Documents
- Payroll Documents
- Benefit Information and Enrollment and/ or Waiver Forms

Upon completion of this paperwork, please email Kyle Flores at [kflores@flboe.com](mailto:kflores@flboe.com) to set up an appointment to submit and review documentation.

Thank you.



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### District Paperwork & Required Documents

- Official transcripts must be on file. Please contact your College/University to have official transcripts sent via mail or email directly to:  
**Kyle Flores, Human Resources Assistant,**  
**231 Main Street, 3rd Floor, Fort Lee, NJ 07024 or [kflores@flboe.com](mailto:kflores@flboe.com)**
- Fingerprint Instructions
- Notification of NJ First Act, signed and notarized
- Statement of No Convictions, signed and notarized (copy of social security card must be attached)
- Supplement for Application, completed and dated
- Pre-Employment Physical Form – prior to start date

# FINGERPRINTING PROCESS FORT LEE PUBLIC SCHOOLS

**Step 1** - Access <https://www.nj.gov/education/crimhist/> and select “File Authorization & Make Electronic Payment for Criminal History Record Check.”

**Step 2** - Select one of the following options:

“New Applicant” (never fingerprinted for a school or bus contractor)

“Archive Applicant” (previously fingerprinted for public school employment only)

“Transfer Applicant” (substitutes and bus drivers)

**Step 3** - Access "New Applicant," "Archive Applicant," or Transfer Applicant" processes

**Step 4** - Input Social Security Number for Eligibility and select the appropriate AA&C form

**Step 5** - Complete the requested application as prompted.

- Public School Selection: BERGEN(03), FORT LEE(1550)

- Pay \$11 fee \*\*failure to complete this payment will lead to withholding of criminal history report\*\*

**Step 6 - (for new applicants only)** - After completing the transaction, you will be presented with three required steps.

1) Click “ **View and/or print your New Administration Fee Payment Request confirmation page.**” Print TWO copies of confirmation page; one copy to submit to the HR once and one copy for your records.

2) Select , “**Complete and print your IdentoGO NJ Universal Fingerprint Form.**” Complete any unpopulated blocks on the IdentoGO NJ Universal Fingerprint form. Once the form is complete, click on the “Submit” button and print form. A printed copy of this form is to be presented to IdentoGO at the time of the Fingerprinting appointment.

3) Click “**Schedule an Appointment**” to be redirected to the Indemia appointment page ([www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)) to schedule appointment and pay the fee. If you have a question regarding appointment, **call 1-877-503-5981** to reach Indemia.

**Fingerprint results can be viewed at <http://www.nj.gov/education/educators/crimhist/>** (click on “Applicant Approval Employment History” and enter your SSN and DOB). **Print results and up-load to Applitrack.**

## FEES INVOLVED:

\* **New**—initial online fee of **\$11** followed by **\$66.05** to be paid after your fingerprinting

\*\* **Archive**—online fee of **\$29.75**

\*\*\* **Transfer** —online fee of **\$6.00**

For more information you may visit the following website:  
<http://www.nj.gov/education/crimhist/>

Revised 04/21/2022

## Systems Form

The information in this form will be used to input your information into our systems.  
Please complete this form as neatly as possible.

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First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Mailing Address (if different from main address): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

### Highest Level of Education

- |  |                                  |
|--|----------------------------------|
| <input type="radio"/> High school            | <input type="radio"/> Associate  |
| <input type="radio"/> Vocational Certificate | <input type="radio"/> Bachelor's |
| <input type="radio"/> Specialist's Degree    | <input type="radio"/> Master's   |
| <input type="radio"/> Graduate Certificate   | <input type="radio"/> Doctorate  |
| <input type="radio"/> Other                  |                                  |



# Fort Lee Public Schools

## Central Administration Offices

231 Main Street, 3rd Floor, Fort Lee, NJ 07024

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## NOTIFICATION OF NEW JERSEY FIRST ACT

“Effective September 1, 2011, all employees of State and local government must reside in the State of New Jersey, unless exempted under law. If you already work for State or local government as of September 1, 2011, and you do not live in New Jersey, you are not required to move to New Jersey. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in New Jersey. If you do not reside in New Jersey, you have one year after the date you take your office, position or employment to relocate your residence to New Jersey. If you do not do so, you are subject to removal from your office, position or employment.”

I \_\_\_\_\_ (print full name) hereby solemnly swear to have read the information provided regarding the New Jersey First Act and understand that I must either remain a resident of New Jersey, become a resident of New Jersey within one year from the date of employment or apply for a hardship exemption through the New Jersey Department of Labor and be approved prior to moving out of New Jersey. Failure to do so may deem my employment contract null and void.

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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NOTARY PUBLIC

Application for exemption from the provisions of N.J.S.A. 52:14-7a of the New Jersey First Act can be found on the following link: [http://lwd.dol.state.nj.us/labor/forms\\_pdfs/lwdhome/Legal/HARDSHIPEXEMPTIONFORM.pdf](http://lwd.dol.state.nj.us/labor/forms_pdfs/lwdhome/Legal/HARDSHIPEXEMPTIONFORM.pdf)

Employee Residency Review Committee, Department of Labor & Workforce Development

PO Box 110

Trenton, NJ 08625-0110

Email: [NJFirst@dol.state.nj.us](mailto:NJFirst@dol.state.nj.us)

Fax: 609-292-2359



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STATE OF NEW JERSEY

COUNTY OF BERGEN

Social Security Number \_\_\_\_\_  
(Attach copy of social security card)

\_\_\_\_\_, of full age, upon his/her oath says:

1. I am a candidate for employment by the Fort Lee Board of Education.
2. I have never been convicted of any crime or disorderly person offense in any jurisdiction which would prohibit my employment pursuant to N.J.S.A 18A:6-7.1.
3. I am making this statement in order that I may be employed provisionally, pending completion of a criminal history background check.
4. The foregoing statements made by me are true. I am aware that if the foregoing statements are shown to have been willfully false I am subject to punishment.
5. I understand that it is my responsibility to report to the Superintendent of Schools an arrest or indictment for any crime of offense within 14 calendar days. The report shall include the date of arrest or indictment and charge(s) lodged against me. I will further report to the Superintendent of Schools the disposition of any charges within seven calendar days of disposition. I understand that failure to comply with these reporting requirements may be deemed "just cause" pursuant to N.J.A.C. 6A:9-17.5.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC



# Fort Lee Public Schools

Central Administration Offices

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## Supplement for Application

For a position in the Fort Lee Public Schools, New Jersey

Each candidate will be required to submit this Supplemental Form as an enclosure with the Application for Employment as an inserted sheet.

To the extent of your knowledge, define specifically your relationship, if any, by birth or marriage, with any current spouse, and/or with any Administrator within the Fort Lee Public School System and/or this Administrator's spouse. These Administrators will include only the following: Superintendent of Schools, Assistant Superintendent of Schools, Director of Curriculum, Business Administrator/Board Secretary, and School Principals. If you do not know of any such relationship, your response should be: NONE.

Candidate's response to the above item:

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Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Patient Name: \_\_\_\_\_

Does the employee require any reasonable accommodation requests to perform job related responsibilities? If yes, explain below.

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## **Tuberculosis Test/Mantoux:**

If the employee has received a Mantoux test within the last twelve (12) months you may submit that documentation in place of completing this section.

Date Administered		Date Read		Results	
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If positive TB result:

Induration: \_\_\_\_\_ mm

Chest X-Ray Date and Results (if applicable): \_\_\_\_\_

INA Therapy/Medication administered: Yes \_\_\_\_\_ No \_\_\_\_\_

Date Started (if yes): \_\_\_\_\_ Date Ended: \_\_\_\_\_

I have examined this person as stated and declare him/her fit for employment.

Name of Physician (Printed) \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Payroll Documents

- *W-4 Federal*
- *NJ W-4 State*
- *Direct Deposit*
- *Systems 3000 Employee Portal Information*
  - *NJ New Hire Form*
- *I-9 Employment Eligibility Verification*
- *MBOS—Division of Pensions and Benefits*

**Employee's Withholding Certificate**

OMB No. 1545-0074

**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.****2024****Step 1:**  
**Enter**  
**Personal**  
**Information**

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

**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](http://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](http://www.irs.gov/W4App) for 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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.)

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
	<b>Step 4 (optional):</b> <b>Other</b> <b>Adjustments</b> (a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$

**Step 5:**  
**Sign**  
**Here**

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

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

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**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](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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 will be larger the greater the difference in pay is between the two jobs.



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

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 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 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. 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](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately	}	. . . . .	<b>2</b>	\$ _____
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- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

State of New Jersey – Division of Taxation  
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
Name				
Address				
City	State	Zip		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....				
4. Total number of allowances you are claiming (see instructions).....				
5. Additional amount you want deducted from each pay .....				
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....				
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature			Date	
Employer's Name and Address			Employer Identification Number	

## BASIC INSTRUCTIONS

- Line 1 Enter your name, address, and Social Security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.  
 Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
  - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
  - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at (609) 292-6400.

## Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages, use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households, or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

## HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

**NOTE:** If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

## WAGE CHART

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	E	E	E	E	E	E

## RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 673	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$	300.00 +	2.0%	\$ 20,000
\$ 673	\$ 769	\$	11.54 +	3.9%	\$ 673	\$ 35,000	\$ 40,000	\$	600.00 +	3.9%	\$ 35,000
\$ 769	\$ 1,442	\$	15.29 +	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$	795.00 +	6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$	56.35 +	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$	2,930.00 +	7.0%	\$ 75,000
\$ 9,615	\$ 19,231	\$	628.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	32,680.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,580.38 +	11.8%	\$ 19,231	\$ 1,000,000	over	\$	82,180.00 +	11.8%	\$ 1,000,000
RATE "B"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 962	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$	300.00 +	2.0%	\$ 20,000
\$ 962	\$ 1,346	\$	17.31 +	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$	900.00 +	2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$	27.69 +	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$	1,440.00 +	3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$	35.19 +	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$	1,830.00 +	6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$	117.31 +	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,100.00 +	7.0%	\$ 150,000
\$ 9,615	\$ 19,231	\$	588.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	30,600.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,540.38 +	11.8%	\$ 19,231	\$ 1,000,000		\$	80,100.00 +	11.8%	\$ 1,000,000
RATE "C"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 769	\$	5.77 +	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$	300.00 +	2.3%	\$ 20,000
\$ 769	\$ 962	\$	14.62 +	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$	760.00 +	2.8%	\$ 40,000
\$ 962	\$ 1,154	\$	20.00 +	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$	1,040.00 +	3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$	26.73 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$	1,390.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$	123.65 +	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,430.00 +	6.6%	\$ 150,000
\$ 9,615	\$ 19,231	\$	567.88 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	29,530.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,519.81 +	11.8%	\$ 19,231	\$ 1,000,000		\$	79,030.00 +	11.8%	\$ 1,000,000
RATE "D"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 769	\$	5.77 +	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$	300.00 +	2.7%	\$ 20,000
\$ 769	\$ 962	\$	16.15 +	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$	840.00 +	3.4%	\$ 40,000
\$ 962	\$ 1,154	\$	22.69 +	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$	1,180.00 +	4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$	30.96 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$	1,610.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$	127.88 +	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$	6,650.00 +	6.5%	\$ 150,000
\$ 9,615	\$ 19,231	\$	565.38 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	29,400.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,517.31 +	11.8%	\$ 19,231	\$ 1,000,000		\$	78,900.00 +	11.8%	\$ 1,000,000
RATE "E"											
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over		Over	But Not Over			Of Excess Over	
\$ 0	\$ 385			1.5%	\$ 0	\$ 0	\$ 20,000			1.5%	\$ 0
\$ 385	\$ 673	\$	5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$	300.00 +	2.0%	\$ 20,000
\$ 673	\$ 1,923	\$	11.54 +	5.8%	\$ 673	\$ 35,000	\$ 100,000	\$	600.00 +	5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$	84.04 +	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$	4,370.00 +	6.5%	\$ 100,000
\$ 9,615	\$ 19,231	\$	584.04 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$	30,370.00 +	9.9%	\$ 500,000
\$ 19,231		\$	1,535.96 +	11.8%	\$ 19,231	\$ 1,000,000		\$	79,870.00 +	11.8%	\$ 1,000,000

FORT LEE BOARD OF EDUCATION  
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

- ☐ First Time-Setup
- ☐ Change Direct Deposit Information
- ☐ Cancel Direct Deposit

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone Number: (Current Daytime Number) \_\_\_\_\_

Work Location: \_\_\_\_\_

- The Payroll Department uses account and routing numbers to electronically transfer payroll funds directly to your account.
- Failure to verify accuracy of account information with your financial institution will cause delays or improper transfers.
- Without the proper forms, the direct deposit will not be processed.

**Attach your bank information here:**

**Checking Accounts:** Pre-printed check (please do not use starter checks or deposit slips. Write the word VOID on the check).

**Savings Accounts:** Pre-printed deposit slip.

**If you are depositing monies into 2 accounts,** please fill out both Items 1 and 2.

1. Primary - Please check one of the following: ☐ Checking ☐ Savings

Bank Name: \_\_\_\_\_

Transit Routing Number (must be 9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

2. Secondary - Please check one of the following: ☐ Checking ☐ Savings

Bank Name: \_\_\_\_\_

Transit Routing Number (must be 9 digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

I understand this authorization will begin within two payroll cycles from receipt. It will remain in effect until I give written notice to Fort Lee Board of Education to change or terminate this authorization.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Fort Lee Public Schools

Central Administration Offices  
231 Main Street, 3rd Floor, Fort Lee, NJ 07024  
Phone: 201.585.4612 Fax: 201.585.1306  
www.FLBOE.com

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Mr. Robert Kravitz  
*Superintendent of Schools*

Ms. Jaime Cangialosi-Murphy  
*Director of Human Resources*

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Dear New Employee,

This letter is intended to inform you that the district is using the Systems 3000 Employee Portal System. This system allows our employees to have online access to their paystubs and W-2 forms electronically.

Please follow the directions below to set up your user account.

**You will not have access to this website until after you receive your first direct deposit.**

1. Go to the website [www.doculivery.com/systems3000-ftlee](http://www.doculivery.com/systems3000-ftlee). This is the web based system; therefore you can access the site from any computer.
2. Enter your ID - This is your last name and the last 4 digits of your social security number.
3. Enter your password – this is the last four digits of your social security number.
4. Upon successful login you will be prompted to change your password to a 6 digit code. You will be the only person who will know your password, so please chose something easy to remember.
5. Once you have set up your account, there is a tab on top labeled pay stubs. If you click the tab you will be able to view your current and past paystubs as needed.
6. There is also a tab labeled W-2, when selected you will be able to view your W-2, upon availability. If you wish to receive your W-2 in an electronic format, as opposed to a paper format, you must check the box on the right hand side to indicate. Please note: if you wish to receive a paper copy you do not need to do anything. Your electronic copy will be accessible either way however if you select the box indicating you wish to receive an electronic copy you will not receive a paper W-2.
7. Please make sure you log off when you are finished.

If you have any questions you may contact Marilyn Alomar the district Payroll Coordinator at 201-585-4612 x7519 or via email at [malomar@flboe.com](mailto:malomar@flboe.com).

Sincerely,

*Celeste Williams*

Director of Human Resources

# New Jersey New Hire Reporting Form

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

## Send completed forms to:

New Jersey Child Support Employer Services Center  
PO Box 4654 Trenton, NJ 08650-4901  
Toll-free fax: 800-304-4901

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

A B C

1 2 3

## EMPLOYER INFORMATION

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

22 - 6001810

Employer Name:

F O R T L E E B O A R D O F E D

Employer Address:

231 MAIN STREET

3RD FLOOR

Employer City:

F O R T L E E

State:

N J

Zip Code:

07024

Employer Phone (optional):

Extension:

Employer Fax (optional):

Email Address:

F L H R @ F L B O E . C O M

## EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Is this employee an Independent Contractor?

Yes ☐

No ☐

Employee First Name:

Middle Initial

☐

Employee Last Name:

Employee Address:

Employee City:

State:

Zip Code:

Date of Hire (MMDDYY):\*

Date of Birth (MMDDYY):

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

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

**REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING**

Questions? Call us at (609) 631-0330 or toll-free at (877) NJ-HIRES



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 07/31/2026

**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	
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , 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)		<b>Additional Information</b>			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> 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			
<b>Fort Lee Public Schools</b>		<b>231 Main St., 3<sup>rd</sup> Floor, Fort Lee, New Jersey, 07024</b>			

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C	
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal	
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document	
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and  (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)	
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.	
		8. Native American tribal document		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		9. Driver's license issued by a Canadian government authority		
10. School record or report card				
11. Clinic, doctor, or hospital record				
12. Day-care or nursery school record				
<b>Acceptable Receipts</b>  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 07/31/2026

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

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

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

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

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

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

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

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

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



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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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 ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

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

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>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.</b>			
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.	