



Marshall County Board of Education
12380 U.S. Hwy. 431 S.
Guntersville, AL 35976

SUBSTITUTE TEACHER APPLICATION

General Information:

1. Complete the information requested below and on all forms attached.
2. You are not eligible to substitute in the Marshall County Schools until you are notified in writing by the Personnel Office. Your information will be sent to all schools and a copy mailed to you.
3. We have implemented a new automated service that will greatly simplify and streamline the process of notifying you when your services are needed in the District.
4. Payroll checks are usually sent to the school where substituting begins, unless other arrangements have been made with the Personnel Office.
 - *High School Graduate/One Year of college.....\$54.38
 - *Two Years College/Three Years.....\$55.00
 - *College Degree.....\$60.00

Alabama Certified Teacher or Substitute who hold a valid Substitute (License) Certificate:

1. Copy of social security card and driver's license.
2. Copy of your State of Alabama Teacher's Certificate or Substitute Certificate
3. Complete a Personal Data card.
4. Complete the tax-withholding forms (State A-4 and Federal W-4 forms).
5. Direct Deposit – Must have voided check attached.
6. Complete Employment Eligibility Verification.
7. Return all material to the Personnel Office.

For those who DO NOT HAVE a State of Alabama Teacher's Certificate or a valid Substitute Teacher's (License) Certificate:

1. Copy of social security card and driver's license.
2. Copy of one of the following: a high school diploma, GED, or College/University diploma, two-year or four-year program.
3. Complete a Personal Data card.
4. Complete the tax-withholding forms (State A-4 and Federal W-4 forms).
5. Direct Deposit form – Must have voided check attached.
6. Complete Employment Eligibility Verification.
7. Complete the Application for a Substitute Teacher's License, Part 1 and Part 2. (Part 2 of 2 has to be completed on line and printed out). Please go to the web address below:
<http://www.alsde.edu/sec/tc/Substitute%20License/Forms/AllItems.aspx>

8. **\$30** – Nonrefundable fee for **Substitute Teacher's License** (valid for 5 years).

- a. Submit 1 cashier's checks or money orders payable to **ALABAMA STATE DEPARTMENT OF EDUCATION** or you can pay on line at www.alabamainteractive.org/education/
- b. If paying on line, Please provide a copy of the payment confirmation sheet that you receive.

9. **Fingerprint Process: \$49.65** Nonrefundable fee. This process is now being handled by **Cogent Systems**. (See attached information).

10. Please return all paperwork to the Personnel Office at the Marshall County Board of Ed. completed information will be sent to Alabama State Dept. of Education. Please allow at least 2 weeks for processing.

(over)

3.

PERSONAL DATA FOR SUBSTITUTE TEACHERS

MARSHALL COUNTY SCHOOLS, Guntersville, Alabama

Date _____

NAME _____
(As it appears on your Social Security Card)

SOCIAL SECURITY NUMBER _____

If you do not have a Social Security Card, you must make application for one immediately. When this card is obtained, it should be brought to the Superintendent's Office immediately. Substitutes can not be added to payroll with out a card.

ADDRESS _____
Street Town State Zip Code

TELEPHONE NUMBER _____ DATE OF BIRTH _____

ARE YOU A HIGH SCHOOL GRADUATE? _____ COLLEGE? (Years Completed) _____

FINGERPRINTS CLEARANCE DATE _____ E-MAIL ADDRESS _____

VALID PERIOD OF SUBSTITUTE OR TEACHING CERTIFICATE (Circle One) 7/01/ _____ - 6/30/ _____

Your information will be sent to all schools.

Please check the schools below if you would like to be put on that schools preferred list:

- | | | | | |
|--------------------------------------|--|---------------------------------------|---|---|
| <input type="checkbox"/> All Schools | <input type="checkbox"/> Asbury Elem. | <input type="checkbox"/> Asbury High | <input type="checkbox"/> BMPS(Union G.) | <input type="checkbox"/> BMES (Grassy) |
| <input type="checkbox"/> BMMS | <input type="checkbox"/> BMHS | <input type="checkbox"/> Claysville | <input type="checkbox"/> DAR Elem. | <input type="checkbox"/> DAR Middle |
| <input type="checkbox"/> DAR High | <input type="checkbox"/> Douglas Elem. | <input type="checkbox"/> Douglas Mid. | <input type="checkbox"/> Douglas High | <input type="checkbox"/> Marshall Tech. |
| <input type="checkbox"/> Sloman | <input type="checkbox"/> Alternative | <input type="checkbox"/> Comm. Ed. | | |

Please list days and times you are available to substitute:

4.
FORM A-4

STATE DEPARTMENT OF REVENUE – MONTGOMERY, ALABAMA 36132
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Full Name _____ Social Security No. _____

Home Address _____ City _____ State _____ Zip Code _____

<p>EMPLOYEE: File this form with your employer. Otherwise, he must withhold Alabama Income tax from your wages without exemption.</p> <p>EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Alabama Department of Revenue should be so advised.</p>	<p>HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS</p> <p>1. IF YOU ARE SINGLE, \$1500 personal exemption is allowed. (a) If you claim full personal exemption (\$1500) write letter "S" (b) If you claim no personal exemption write figure "0" (Note: If you claim no personal exemption on Lines 1 or 2, you cannot claim dependents on Line 3)..... _____</p> <p>2. IF YOU ARE MARRIED, \$300 personal exemption is allowed for husband and wife. (a) If you claim exemption for both spouses (\$3000) write letter "M" (b) If you claim exemption for yourself only (\$1500) write letter "S" I If you claim no personal exemption write figure "0" (see note under 1 (b))..... _____</p> <p>3. IF during the year you will provide more than one-half or the support of persons closely related to you (other than spouse) write the number of dependents..... _____</p> <p>4. THIS LINE TO BE COMPLETED BY EMPLOYER: TOTALEXEMPTIONS: (see Instructions on back)..... _____</p>
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I certify that this withholding exemptions claimed on this certificate do not exceed the amount to which I am entitled.

Date _____ 20____ Signed _____

FEDERAL WITHHOLDING FORM

EMPLOYEES WITHHOLDING ALLOWANCE CERTIFICATE

Form W-4 Department of Treasury Internal Revenue Service			
1. Type or print your first name and middle Initial _____ Last name _____		1. Your social security number _____	
Home address (number and street or rural route) _____		3. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City or town, state and ZIP code _____		<input type="checkbox"/> Married, but withhold at higher single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.	
4. Total number of allowances you are claiming (from line G or Worksheets attached if they apply)..... _____		4. _____	
5. Additional amount, if any you want deducted from each pay..... _____		5. \$ _____	
6. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption: *Last year I had a right to a refund of ALL Federal Income tax withheld because I had NO tax liability: AND *This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability: AND *This year if my income exceeds \$500 and includes non wage income, another person cannot claim me as a dependent If you meet all of the above conditions, enter the year effective and "EXEMPT" here..... _____		6. 20 _____	
7. Are you a full-time student? (Note: Full-time students are not automatically exempt..... _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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.			
Date _____	Signature _____		

(over)

5.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(CREDITS OR DEBITS)**

I (WE) _____

HEREBY AUTHORIZE THE MARSHALL COUNTY BOARD OF EDUCATION to indicate
credits or debits to my (our) CHECKING _____ SAVINGS _____ account indicated below
and the bank named below to credit or debit the amounts of such entries to said account.

Signature

BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING & TRANSIT NUMBER: _____

ACCOUNT NUMBER: _____

This authority is to remain in full force and effect until the company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the company a reasonable time to act on it.

On pay day you will continue to receive from us your earnings statement which lists your gross pay, deductions and net amount deposited into your account.

Requests by the 15th of the month will be tested at the end of that month by processing a pre-notice to the bank. The direct deposit will be effective at the end of the following month.

Please attach a voided check or deposit slip so that we may verify routing & transit number and account number.
Please check the account number and bank name on the first month's check stub for accuracy. The check will be deposited to that bank and account number the second month.

(over)



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State ▼	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		E-mail Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

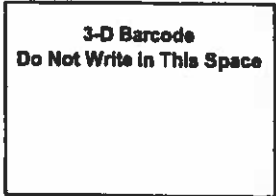
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ▼
			Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcodes Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OF	AND	
<ol style="list-style-type: none"> 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<ol style="list-style-type: none"> 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 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 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 <li style="text-align: center;">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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR CERTIFICATION SECTION
 5215 GORDON PERSONS BUILDING
 POST OFFICE BOX 302101
 MONTGOMERY, AL 36130-2101
 Telephone: (334) 353-8567 E-mail: www.alsde.edu/EdCert

This section must be completed by the employing Alabama school system or nonpublic school.

School System Code: _____

Nonpublic School Code: _____

APPLICATION FOR A SUBSTITUTE LICENSE

This application is to be completed for individuals seeking a Substitute License and submitted by the employing county/city superintendent or administrator of an eligible nonpublic school directly to the Educator Certification Section. Application forms and supporting documents are not accepted by fax or e-mail.

A \$30.00 NONREFUNDABLE application fee is required. The fee must be paid by cashier's check or money order made payable to the Alabama State Department of Education or through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). Personal checks or cash will not be accepted. The cashier's check, money order, or copy of the receipt verifying the confirmation number for the online payment must accompany the application packet. Licenses cannot be continued until the year they expire. By initialing here _____ I have verified at <https://tcert.alsde.edu/Portal/Public> that my license expires this year.

Applicants applying for substitute licensure who have not been cleared by both the Alabama State Bureau of Investigation (ASBI) and Federal Bureau of Investigation (FBI) through the Educator Certification Section are required to be fingerprinted for a criminal history background check through the ASBI and FBI. Instructions regarding the fingerprinting process through Cogent Systems may be obtained at https://www.cogentid.com/al/index_adeNew.htm or by calling (866) 989-9316 (toll free). Applicants may verify whether their ASBI and FBI criminal history background check has been completed and whether they are suitable and fit to teach under state law at <https://tcert.alsde.edu/Portal/Public>.

The Educator Certification Section is unable to determine eligibility for a Substitute License until this completed application, the required \$30.00 nonrefundable fee, and background clearance have been received.

An individual holding a valid substitute license may serve as a substitute teacher in any Alabama school system.

I. PERSONAL DATA (TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM):

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code				
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>				
Cell Telephone	Home Telephone	Work Telephone	E-mail Address						
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	<input type="text"/>						
Social Security Number	Date of Birth (mm-dd-yyyy)	FOR STATISTICAL PURPOSES ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino </td> <td style="width:50%;"> Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander </td> </tr> <tr> <td colspan="2"> Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male </td> </tr> </table>				Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander	Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male	
Ethnic Origin (choose one) <input type="checkbox"/> (01) Hispanic Latino <input type="checkbox"/> (02) Not Hispanic Latino	Race (choose one or more, regardless of Ethnicity) <input type="checkbox"/> (01) White <input type="checkbox"/> (02) Black or African American <input type="checkbox"/> (04) American Indian or Alaska Native <input type="checkbox"/> (05) Asian <input type="checkbox"/> (08) Native Hawaiian or Other Pacific Islander								
Gender (choose one) <input type="checkbox"/> (F) Female <input type="checkbox"/> (M) Male									
<input type="text"/>	<input type="text"/>								

II. RECORD OF EDUCATION

NAME OF HIGH SCHOOL/COLLEGE	LOCATION	DATES ATTENDED	DIPLOMA/DEGREE

III. DECLARATION

A. CITIZENSHIP OR NATIONAL STATUS (Per Alabama Act No. 2011-535, as amended by Alabama Act No. 2012-491)

- Yes No I declare that I am a citizen of the United States; **OR**
 Yes No I declare that I am an alien lawfully present in the United States.

I understand that if at any time it is determined by the Alabama State Department of Education that I am not lawfully present in the United States, the Alabama State Department of Education will deny this benefit or will terminate this benefit.

I understand that in accordance with Ala. Code 1975 § 31-13-7 (h) "Any person who knowingly makes a false, fictitious, or fraudulent statement or representation in a declaration executed pursuant to subsection (g) shall be guilty of perjury in the second degree pursuant to Section 13A-10-102."

FINGERPRINT SITE INFORMATION

Web Site	Go to www.cogentid.com/al/index_adeNew.htm to register and pay online. Once completed, print the registration page with the registration number and bring to fingerprint site when <u>appointment is scheduled</u> .
Addition Information	<p>If applicant prefers to pay with a money order, they need to bring the money order for \$49.65 payable to Cogent Systems when they are scheduled for printing.</p> <p>Please see www.cogentid.com/al/index_adeNew.htm for information pertaining to fingerprint processing. Neither Cogent Systems nor this fingerprint site has the means to provide applicants the status of their background check.</p>
Primary Service Location Address	Albertville City Board of Education 107 West Main St. Albertville, AL 35950
Hours of Operations Telephone Number (Applicant Use)	Thursdays, 8:00-11:30 256-891-1183 ext. 201 (Angie Croft)
	Applicant <u>must call to schedule appointment for fingerprinting, after they have registered online</u> . Walk-in's will not be taken.
Directions to your facility	See below

Directions to Cogent Systems Fingerprint Site: Albertville City Board of Education

Estimated Time: 8 minutes Estimated Distance: 5.73 miles

From 
 Marshall County Supt-Education
 12380 US Highway 431
 Guntersville, AL 35976
 256-582-3171

▼ Directions from A to B:



1: Take US Hwy. 431 South/ AL-1 S.
5.1 mi




2: Turn RIGHT onto AL Hwy. 75/ N. BROAD ST.
0.6 mi



3: Turn RIGHT onto AL Hwy. 205/ W. MAIN ST.
0.03 mi



4: End at 107 W. MAIN ST. (2nd building on right, the old Post Office)

To: 
 Albertville City Board of Education
 107 West Main St.
 Albertville, AL 35950

A copy of this letter will be sent to you once you are set up in the payroll and Aesop systems.

Marshall County School District



Dear Substitute Teacher or Support Worker,

We have the pleasure of notifying you that Marshall County School District has implemented a new automated service that will greatly simplify and streamline the process of notifying you when your services are needed in the District. This service utilizes both the Phone and the Internet to assist you in locating Jobs in the School District for which you work. The administrative office has selected the following hours as standard call times when the service may call for Substitutes: [5:00 AM - 11:59 AM; 4:00 PM - 9:00 PM]. The Phone number we have on record for you is _____.

Things to note:

*You may interact with the system either on the Internet at <http://www.aesopeducation.com> or by way of a Toll Free, automated voice instruction menu system at 1-800-942-3767 (1-800-94-AESOP).

*The system will call you within the call times specified above.

What to do when the system calls you:

You may be prompted to enter either a PIN number and/or an Identification (ID) number. This information is as follows:

1. ID number – **will be on your specific letter**
2. Pin number - **will be on your specific letter**

* The system will provide you with the following details of the assignment:

1. School name
2. Date(s) of assignment
3. Room or location where you need to report
4. Start time
5. Any further special instructions left by the absentee.

* You will then be prompted to either accept or reject the assignment. You will also have the option to reject the assignment as well as all future calls for jobs on the day of the particular assignment. If you accept, the system will issue you a confirmation number that you might need in the event of a follow-up inquiry. **Please remember that you have not accepted the job until you receive a confirmation number.**

Please note: You may also contact the system to search for available jobs 24 hours a day, 7 days a week on the Internet at <http://www.aesopeducation.com> or on the phone at 1-800-942-3767 (1-800-94-AESOP).

How to contact the system via our website:

You can also search for and accept available jobs, change personal settings, update your calendar, and Personalize your available to call times by visiting the website at <http://www.aesopeducation.com>. You will be prompted to enter your ID and pin numbers as specified above. Should you experience difficulty using the system, please contact the central office at (256) 582-3171 or support@aesoponline.com. We are confident that your experience will be beneficial and enjoyable.

Thank you,

Darlene Campbell
campbelld@marshallk12.org
(256) 582-3171

1/05/2016

Marshall County School System
12380 U.S. Hwy. 431 S.
Guntersville, AL 35976-9351
(256) 582-3171, Fax (256) 582-3178
wigleycl@marshalk12.org
www.marshalk12.org

Asbury Elementary K-6
Jean Wilks, Principal
1966 Asbury Rd.
Albertville, AL 35951
256-878-6221
Fax # 256-878-6205
wilksdj@marshalk12.org

Asbury High 7-12
Amy Childress, Principal
1990 Asbury Rd.
Albertville, AL 35951
256-878-4068
Fax # 256-878-5233
pricea@marshalk12.org

Brindlee Mtn. Primary K-2
David McCollum, Principal
3685 Union Grove Rd
Union Grove, AL 35175
256-753-2532
Fax # 256-753-0021
mccollumda@marshalk12.org

Brindlee Mtn. Elementary 3-5
Amanda Hollaway, Principal
2233 Shoal Creek Rd.
Arab, AL 35016
256-753-2246
Fax # 256-753-6630
hollawayah@marshalk12.org

Brindlee Mtn. Middle 6-8
Mike Little, Principal
1050 Scant City Rd.
Guntersville, AL 35976
256-753-2820
Fax # 256-753-2822
littlem@marshalk12.org

Brindlee Mtn. High 9-12
Brian Pool, Principal
994 Scant City Rd.
Guntersville, AL 35976
256-753-2800
Fax # 256-753-2802
poolb@marshalk12.org

Claysville Elementary K-4
Charles Edmonds, Principal
140 Claysville School Rd.
Guntersville, AL 35976
256-582-4444
Fax # 256-582-4454
edmondsc@marshalk12.org

D.A.R. Elementary K-4
Keith Buchanan, Principal
6077 Main St.
Grant, AL 35747
256-728-2226
Fax # 256-728-8430
buchanank@marshalk12.org

D.A.R. Middle 5-8
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Sloman Primary K-2 (Douglas)
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Douglas Elementary 3-5
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Douglas Middle 6-8
Rita Walker, Principal
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Douglas High 9-12
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Marshall Technical 9-12
Sherman Leeth, Principal
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Marshall Alternative School
(See Claysville School)

**Marshall
County
School System**

**2016-2017
School Calendar**

School Day
M,T,TH,F 7:40 - 3:00
W 7:40 - 1:56

CALENDAR LEGEND

Students First/Last Day of Sem	
Out of School	
Teacher PD - No Students	

Summary of Calendar

First Sem 86 days
Second Sem 93 days
Total Cal Days 179
Students First Day - Aug 4
Students Last Day May 25

M, T, F = 38,688 Minutes
W = 11,664 Minutes
TH = 14,820 Minutes
Total: 65,172
(64,800 required)
6.2 hours over
(= 1 weather day built in)

If needed, additional days will be in the format of e-learning on:
January 16, 2017
February 20, 2017

August

Mo	Tu	We	Th	Fr
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Aug 1-3 Teacher PD
Aug 4 First Day for Students

September

			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

Sept 5 Labor Day- No School

October

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

Oct 17-19 Fall Break- No School

November

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Nov 11 Veteran's Day- No School

Nov 21-25 Thanksgiving- No School

December

			1	2
5	6	7	8	9
12	13	14		
16	17	18	19	20
23	24	25	26	27

Dec 15 Students Last Day of Sem
Dec 16 Teacher PD- No Students
Dec 19-Jan 2 Holiday - No School

January

2				6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

Jan 2 No School
Jan 3-4 Teacher PD- No Students
Jan 5 Students Return
Jan 16 MLK Day- No School

February

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28			

Feb 20 President's Day- No School

March

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

Mar 20-24 Spring Break- No School

April

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

April 14 Spring Holiday- No School

May

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24		
29	30	31		

May 25 Last Day for Students
May 26 PD/Flex Day
May 29 Memorial Day- No School