



Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

**Choose either box 1 or box 2:**

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%   
  1.3%   
  1.8%   
  2.7%   
  3.6%   
  4.2%   
  5.1%
- Check this box and enter an extra amount to be withheld from each paycheck ..... \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my "Gross Taxable Wages"?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form in the first five days of employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

**Current Employees**

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percentage or change the extra amount withheld.

**What Should I do With Form A-4?**

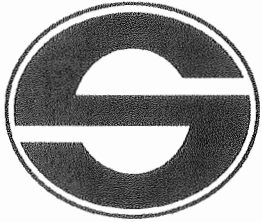
Give your completed Form A-4 to your employer.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.



# Sahuarita Unified School District No. 30

Sahuarita High School  
Sahuarita Middle School  
Sahuarita Primary School  
Sahuarita Intermediate School

Anza Trail School  
Sopori Elementary School  
Walden Grove High School  
Copper View Elementary School

## ARIZONA STATE RETIREMENT ELIGIBILITY NOTIFICATION FOR NEW HIRES

Employees may be eligible for membership in the Arizona State Retirement System if they will be engaged to work at least 20 hours for 20+ weeks during the fiscal year with a participant of the Arizona State Retirement System.

You are not eligible for ASRS solely through your employment with the Sahuarita Unified School District. If you feel you meet eligibility requirements through, or in combination with, other employers, it is your responsibility to notify Human Resources 625-3502 ext. 1033 or email [ccarrillo@sahuarita.net](mailto:ccarrillo@sahuarita.net).

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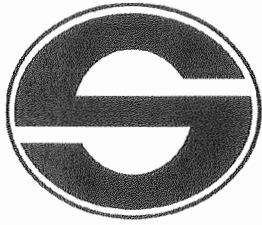
I am  I am not  eligible for ASRS membership based on employment with another school district and/or agency that participates in the Arizona State Retirement System.

I understand that it is **my responsibility** to notify the Sahuarita Unified School District if eligibility requirements change.

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

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

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



## ***Sahuarita Unified School District No. 30***

*Sahuarita High School  
Sahuarita Middle School  
Sahuarita Primary School  
Sahuarita Intermediate School*

*Anza Trail School  
Sopori Elementary School  
Walden Grove High School  
Copper View Elementary School*

### **Direct Deposit Form**

Checking Account

Savings Account

---

#### **EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS** Sahuarita Unified School District No. 30

I hereby authorize the Payroll Department to initiate credits (and/or corrections to the previous credits) to the financial Institution indicated below:

Financial Institution Name: \_\_\_\_\_

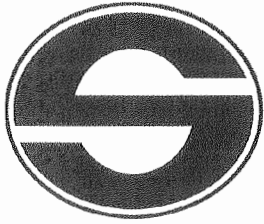
This authority is to remain in effect until you have received written notification from me of its termination.

Name (Print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

**NOTE: YOUR FIRST PAYCHECK WILL BE A HARD CHECK AS WE CONFIRM YOUR ACCOUNT.**

Attach voided check here



# **Sahuarita Unified School District No. 30**

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Walden Grove High School  
Copper View Elementary School*

## **STATEMENT OF COMPLIANCE MILITARY SELECTIVE SERVICE ACT**

(Please check all boxes that apply to your status, then sign and date this form.)

I certify that I am registered with the Military Selective Service.

I certify that I am not required to be registered with the Military Selective Service because:

I am a female.

I am in the armed services on active duty. (**NOTE:** Members of the Reserves and National Guard are not considered on active duty.)

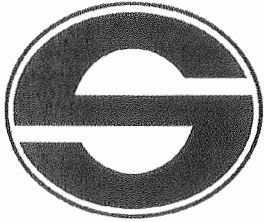
I have not reached my 18th birthday.

I have passed my 26th birthday.

I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## PROFESSIONAL & SUPPORT STAFF HIRING

### LOYALTY OATH OF OFFICE

In addition to any other form of oath or affirmation specifically provided by law for an officer or employee, before entering upon the duties of office or employment, any officer or employee shall take and subscribe to the following oath or affirmation:

#### State of Arizona, County of Pima

I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and Laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign or domestic, and that I will faithfully and impartially discharge the duties of the office of \_\_\_\_\_ at Sahuarita Unified School District No. 30, according to the best of my ability, so Help Me God (or I do affirm).

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

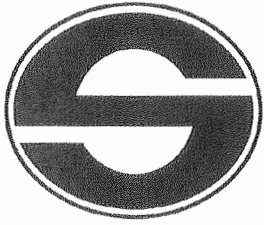
#### Acknowledged by Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**\*NOTE:** As prescribed, A.R.S. 38-231 and 15-231, every employee in the public schools must subscribe to the oath and file a copy of the oath with the school district of employment at the time and place designated by said school district prior to employment. The District is required to keep the oath on file as long as the employee remains employed by the District: not additional copies of such oath will be required to be filled as long as the employee maintains such continuous employment.



# Sahuarita Unified School District No. 30

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I, \_\_\_\_\_, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution and Laws of the State of Arizona; that I will bear true faith and allegiance to the same, and defend them against all enemies, foreign or domestic, and that I will faithfully and impartially discharge the duties of the office of \_\_\_\_\_ at Sahuarita Unified School District No. 30, according to the best of my ability, so Help Me God (or I do affirm).

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Acknowledged by Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**\*NOTE:** As prescribed, A.R.S. 38-231 and 15-231, every employee in the public schools must subscribe to the oath and file a copy of the oath with the school district of employment at the time and place designated by said school district prior to employment. The District is required to keep the oath on file as long as the employee remains employed by the District: not additional copies of such oath will be required to be filled as long as the employee maintains such continuous employment.



# 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.

<b>Section 1. Employee Information and Attestation</b> <i>(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.)</i>						
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**

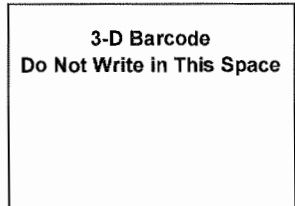
2. Form I-94 Admission Number: \_\_\_\_\_

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):
------------------------	--------------------

**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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

### 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	
			HR Specialist	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
Solares	Edna	Sahuarita Unified School District 30		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
350 W. Sahuarita Rd.		Sahuarita	AZ	85629

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

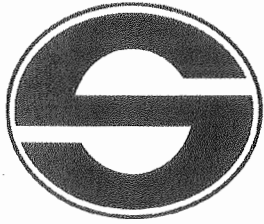
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):

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):

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:



# Sahuarita Unified School District No. 30

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## DRUG – FREE WORKPLACE

### NOTICE TO EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of Policy GBEC for any employee to violate the law or District policy in the manufacture, distribution, dispensing, possession, or use, on or in the workplace, of alcohol or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1308.11 through 1308.15.

**Workplace** includes any place where work is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; and off school property during any school-sponsored or school-approved activity, event, or function, such as a field trip or athletic event, where students are under the jurisdiction of the District. In addition, the workplace shall include all property owned, leased, or used by the District for any educational purpose.

**YOU ARE FURTHER NOTIFIED** that it is a condition of your employment that you will comply with Policy GBEC, and will notify your supervisor of your conviction under any criminal drug statute for a violation occurring in the workplace, not later than five (5) days after such conviction.

Any employee who violates the terms of the District's drug-free workplace policy is subject to discipline, which may include, but is not limited to, dismissal and/or referral for prosecution.

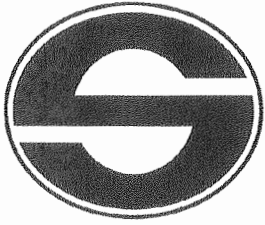
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I have been provided with two (2) copies of this **Notice to Employees** for my review and signature. I understand that a signed copy will be placed in my personnel file.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Sahuarita Unified School District No. 30

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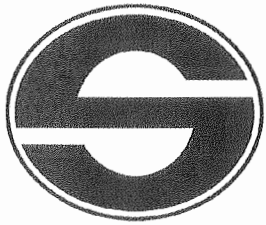
Name (Please Print)

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Signature

---

Date



# **Sahuarita Unified School District No. 30**

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Sahuarita Middle School  
Sahuarita Primary School  
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Sopori Elementary School  
Walden Grove High School  
Copper View Elementary School*

## **STAFF/VOLUNTEER CRIMINAL AFFIDAVIT**

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Position

I, \_\_\_\_\_, being duly sworn, do hereby certify that I have never been convicted of or admitted in open court or pursuant to a plea agreement committing, and am not now awaiting trial for committing, any of the following criminal offenses in the state of Arizona or similar offenses in any other jurisdiction:

1. Murder in the first or second degree;
2. Incest;
3. Sexual abuse, sexual exploitation, molestation, neglect, abuse of a minor or vulnerable adult;
4. Luring a minor for sexual exploitation;
5. Sexual conduct with a minor;
6. Commercial exploitation of a minor or vulnerable adult;
7. Sexual assault, assault, or aggravated assault;
8. Dangerous crimes against children as defined in A. R. S. 13-604.01 and 13-705;
9. Sex trafficking;
10. Child prostitution as prescribed in section 13-3212;
11. Taking a child for the purpose of prostitution as prescribed in section 13-3206;
12. Enticement of persons for prostitution;
13. Procurement by false pretenses for purpose of prostitution;
14. Procuring or placing persons in a house of prostitution;
15. Detention of persons in a house of prostitution for debt;
16. Receiving earnings of a prostitute;
17. Keeping or residing in a house of prostitution or employment in prostitution;
18. Causing one's spouse to become a prostitute;
19. Pandering;
20. Transporting persons for the purpose of prostitution, polygamy or concubinage;
21. Child bigamy;
22. Unlawful sale or purchase of children;
23. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512;
24. Portraying an adult as a minor as prescribed in section 13-3555;
25. Admitting minors to public displays of sexual conduct as prescribed in section 13-3558;
26. Production, publication, sale, possession or presentation of obscene items as prescribed in section 13-3502;
27. Furnishing harmful items to minors as prescribed in section 13-3506 and 13-3506.01;
28. Exploitation of minors involving drug offenses;
29. Misdemeanor or felony offenses involving contributing to the delinquency of a minor; the use, possession, sale, distribution or transportation of, offer to sell, transport or distribute, or conspiracy to sell, transport or distribute marijuana, narcotics, or dangerous drugs;
30. Burglary in the first, second or third degree;
31. Robbery, aggravated or armed robbery;
32. Arson;
33. Kidnapping.

Notice is herein provided, in accordance with A.R.S. 15-550, that any employee of a public school district or charter school in this state who is arrested for or charged with one (1) or more of the offenses listed below as non-appealable offenses precluding that person from receiving a fingerprint clearance card shall immediately report the arrest or charge to the person's supervisor or the person shall be immediately dismissed from employment with the public school district or charter school. A person dismissed from employment for failure to report being arrested for or charged with a non-appealable offense has no right to appeal under the provisions of A.R.S. 15-539, subsection G.

Further, an employee or volunteer who is *convicted* of one (1) or more of the above listed offenses shall immediately:

- Surrender any certificates issued by the department of education.
- Notify the person's employer or potential employer of the conviction.
- Notify the department of public safety of the conviction.
- Surrender the person's fingerprint clearance card.
- Be restricted from all District property.

By my signature I acknowledge receipt of a copy of this notification concerning non-appealable offenses.

\_\_\_\_\_  
Signature

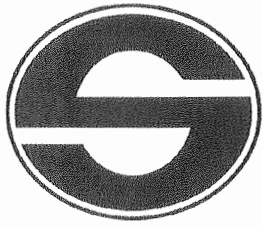
\_\_\_\_\_  
Date

Acknowledged by Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_



# Sahuarita Unified School District No. 30

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Name (Printed) \_\_\_\_\_ Position \_\_\_\_\_

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5. Sexual conduct with a minor;
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7. Sexual assault, assault, or aggravated assault;
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14. Procuring or placing persons in a house of prostitution;
15. Detention of persons in a house of prostitution for debt;
16. Receiving earnings of a prostitute;
17. Keeping or residing in a house of prostitution or employment in prostitution;
18. Causing one's spouse to become a prostitute;
19. Pandering;
20. Transporting persons for the purpose of prostitution, polygamy or concubinage;
21. Child bigamy;
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23. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in section 13-3512;
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- Notify the department of public safety of the conviction.
- Surrender the person's fingerprint clearance card.
- Be restricted from all District property.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

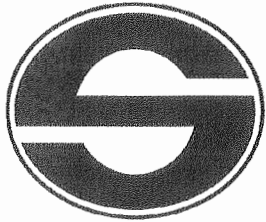
Acknowledged by Notary Public:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**COPY**



# Sahuarita Unified School District No. 30

Sahuarita High School  
Sahuarita Middle School  
Sahuarita Primary School  
Sahuarita Intermediate School

Anza Trail School  
Sopori Elementary School  
Walden Grove High School  
Copper View Elementary School

## STAFF HEALTH AND SAFETY EMPLOYEE IMMUNIZATION FORM

Sahuarita Unified School District Policy GBGCA states that proof of measles (rubeola), mumps, and rubella (German measles) immunization must be provided by all staff members, including substitutes, prior to starting work unless legally exempted. A record of immunization will be accepted as well as a statement signed by a licensed physician or state or local health officer that affirms the employee shows serologic evidence of having had the listed diseases.

Exempted employees include those with medical contraindications for receiving vaccines and those who refuse immunization for religious purposes.

In accordance with the Arizona Department of Health Services immunization guidelines, adults born before 1957 may be considered immune to measles (rubeola), mumps and rubella.

Non-immune employees, including those who utilize the exemption, shall, in the event of an outbreak of a listed disease, be put on leave without pay, or they may use accumulated sick leave during the period they are excluded from work due to the outbreak. If a staff member does not have any earned sick leave, a salary deduction of one contract day will be made for each day of authorized leave use.

Employee Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_  
PRINTED

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

**FOR OFFICE USE ONLY**

Exempt:  Yes  No

Documentation Provided:  Yes  No  N/A



# 2015-2016 School Calendar



**Sahuarita Unified School District #30**

July 2015							August 2015							September 2015						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4	2	3	4	5	6	7	8	6	7	8	9	10	11	12
5	6	7	8	9	10	11	9	10	11	12	13	14	15	13	14	15	16	17	18	19
12	13	14	15	16	17	18	16	17	18	19	20	21	22	20	21	22	23	24	25	26
19	20	21	22	23	24	25	23	24	25	26	27	28	29	27	28	29	30			
26	27	28	29	30	31		30	31												
October 2015							November 2015							December 2015						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	6	7	8	9	10	11	12
4	5	6	7	8	9	10	8	9	10	11	12	13	14	13	14	15	16	17	18	19
11	12	13	14	15	16	17	15	16	17	18	19	20	21	20	21	22	23	24	25	26
18	19	20	21	22	23	24	22	23	24	25	26	27	28	27	28	29	30	31		
25	26	27	28	29	30	31	29	30												
January 2016							February 2016							March 2016						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	6	7	8	9	10	11	12	
3	4	5	6	7	8	9	7	8	9	10	11	12	13	13	14	15	16	17	18	19
10	11	12	13	14	15	16	14	15	16	17	18	19	20	20	21	22	23	24	25	26
17	18	19	20	21	22	23	21	22	23	24	25	26	27	27	28	29	30	31		
24	25	26	27	28	29	30	28	29												
31																				
April 2016							May 2016							June 2016						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2	1	2	3	4	5	6	7	5	6	7	8	9	10	11
3	4	5	6	7	8	9	8	9	10	11	12	13	14	12	13	14	15	16	17	18
10	11	12	13	14	15	16	15	16	17	18	19	20	21	19	20	21	22	23	24	25
17	18	19	20	21	22	23	22	23	24	25	26	27	28	26	27	28	29	30		
24	25	26	27	28	29	30	29	30	31											

Holidays/Vacations/No School (27 Days)

First Day of School - August 3, 2015

Teacher Special Assignment / Student Records Days - No School (5 Days)

Early Release Days (35 Days) (Wednesdays)

\*Exceptions - December 16 / May 18

(7 Days) - Student Half Days  
School in Session - 180 Days

Teacher Work Days - 185

New Teacher Work Days - 189

First Semester	
July 24-29	New Teacher Induction
July 30 & 31	Returning Staff
Aug. 3	First Day Students - Full Day
Sept. 7	Labor Day/No School
Sept. 14 Full Day Staff	Staff In-Service/No School Students
Oct. 2	End of 1st Qtr. (43 Days) Half Day Students
Oct. 5 - 9	Fall Break
Oct. 12	First Day of 2nd Qtr.
Oct. 15 & 16	Parent Teacher Conference/K-8 Half Day
Nov. 11	Veterans Day/No School
Nov. 26 & 27	Thanksgiving Break / No School
Week of Dec. 14	Finals Week (Schedule TBA by School)
Dec. 17	End of 2nd Qtr. (46 Days) - Full Day
Dec. 18 Full Day Staff	Student Records Day/ No School Students
Dec. 21 - Jan. 1	Winter Break

Second Semester	
Jan. 4	1st Day of 3rd Qtr.
Jan. 18	MLK Day/No School
Feb. 25 & 26	Rodeo Days/No School
Mar. 11	End of 3rd Qtr. (47 Days) Half Day Students
Mar. 14 -18	Spring Break/No School
Mar. 21	1st Day of 4th Qtr.
Mar. 24 & 25	Parent Teacher Conference/K-8 Half Day
Week of May 16	Finals Week (Schedule TBA by School)
May 18	Sahuarita High School Graduation
May 19 Full Day Staff	End of 4th Qtr. (44 Days) Half Day for Students
May 19	Last Day of School
May 20 Full Day Staff	Walden Grove High School Graduation
	Student Records Day /Last Day Staff

\* No Early Release on 12/16/15 and 5/18/16 for: SPS, ATS, CVES, SIS, and Sopori.

\*\*Calendar amendments TBA once State testing schedules are established

Board Approved 1/14/15