

Homewood School District 153

ALL CHILDREN WILL LEARN . . . ALL CHILDREN WILL BE SERVED



9 Month On-Call Substitute Teacher Application

Willow School

Grades EC, Pre-K, K-2

Mary Ann Savage, Principal

Melissa Lawson, Assistant Principal

708/798-3720

Winston Churchill School

Grades 3 & 4

Cece Coffey, Principal

Tonya Morris, Assistant to the Principal

708/798-3424

Millennium School

Grades 5 & 6

Shirley Watkins, Principal

Mary Kay Gardiner, Assistant Principal

708/799-8697

James Hart School

Grades 7 & 8

Michael Klein, Principal

Laura Ugo, Assistant Principal

708/799-5544

HOMEWOOD SCHOOL DISTRICT 153
Administrative Office
18205 Aberdeen Street, Homewood, Illinois 60430
Telephone: 708-799-8721 • FAX: 708-799-1377
www.hsd153.org

July 18, 2008

Dear Substitute Teacher or Substitute Teacher Assistant:

Enclosed is the 9 Month On-Call Substitute Teacher Application Packet for the 2008-2009 school year. Certified substitute teachers will earn credit in the Teacher Retirement System when substituting for a certified teaching position. Contributions of 9.4% are withheld from paychecks for this purpose. Similarly, FICA contributions are withheld when substituting for an assistant teaching position.

Homewood School District 153 requires all substitute teachers and assistants to register for direct deposit of their paychecks. The net earnings are deposited into your designated account on payday. A pay stub will be mailed to your home.

Homewood School District 153 uses an automated placement system called Aesop to fill our substitute teaching positions. Aesop utilizes both the internet and telephone, and is extremely user-friendly. You will receive Aesop information once you have completed and returned all of the required paperwork listed below. Lastly, you will be given a Background Check Form for fingerprinting to be completed at Homewood-Flossmoor Community High School.

REQUIRED:

- A check for \$34.25 payable to Homewood School District 153 to cover the cost of the fingerprint background check. ***Note: this amount will be returned to you after you have subbed in our district for ten days.***
- Copy of driver's license (*with correct name and address*)
- Copy of social security card (*with correct name, matching Driver's License*)
- Copy of teaching certificate **or** substitute teaching certificate
- Copy of college transcript indicating degree earned (*Assistants – 30 credit hours*)
- Recommendation letter or reference with a contact phone number
- Physical Exam (form attached)
- 9 Month On-Call Substitute Teacher Preference Sheet (attached)
- Completed Direct Deposit Form (attached)
- Illinois Department of Revenue Form IL-W-4 (attached)
- Department of the Treasury IRS Form W-4 (attached)
- I-9, Employment Eligibility Verification (attached)
- IDES New Hire Reporting Form (attached)
- DCFS Acknowledgement of Mandated Reporter Status (attached)
- Statement Concerning Your Employment in a Job Not Covered by Social Security (attached – **Certified Teachers and Certified Substitutes Only**)
- TRS Member Information and Beneficiary Designation Form (attached - **Certified Teachers and Certified Substitutes Only**)

Substitute applications will only be accepted in their entirety.

For your information:

- The Suburban Cook County Regional Office of Education website is: www.cook.k12.il.us
- The Illinois State Board of Education website is: www.isbe.net
- Teachers' Retirement System website is: www.trs.illinois.gov

Sincerely,

Karen Brackin
Payroll Manager

Enclosures

Homewood School District 153

Job Description

9 Month On-Call Substitute Teacher

- Qualifications: A current State of Illinois Teaching Certificate or Substitute Teaching Certificate, and, a completed Substitute Teacher packet
- Reports to: Substitute Coordinator and/or Building Principals
- Evaluated by: Building Principals with input from the Classroom Teachers and Substitute Coordinator
- Goal: Teaching students by following lesson plans provided by the classroom teacher, and when necessary, administering positive discipline

Performance Responsibilities:

1. Attendance:

The substitute teacher must arrive thirty minutes prior to the school start time so all before-class responsibilities can be completed. Check in at the school office for your class assignment and instructions. Inquire whether there is any additional or unforeseen information the office can provide that might not be included in the prepared lesson plans. Use this time to review emergency procedures, lesson plans, classroom rules and procedures, handling of discipline, special activities, and building protocols, etc. This is an excellent time to seek clarification of information that is not clear as provided within the lesson plans. Determine as early as possible if lesson plans call for materials such as tv/vcr, movie cassettes, tape recorder, cd player, etc. The substitute follows the instructions of designated materials supplied by the classroom teacher.

The substitute teacher must stay until students have departed the classroom and secure the classroom. The classroom should be checked to insure that it is restored to the way the substitute found it. Books, supplies, and instructional materials should be returned, desks placed in their original positions. The substitute teacher, upon leaving the assignment, must maintain the privacy and confidentiality of the classroom teacher's workspace, including students' personal information, grades, behavior, etc.

Substitutes are available on-call as needed according to the 9-month availability that they have indicated on their preference form. If unable to keep the commitment of being on call, the Substitute Coordinator should be made aware in advance of changes of availability and the reason of denial of work for recording purposes.

2. Instructional Methods:

Students are directed in developing work and study habits as expected at their level according to lesson plans left by the classroom teacher. The teacher may leave a variety of instructional strategies and resources to meet the district curriculum and individual student needs. The substitute teacher expects and demands high standards both for class work and for classroom behavior.

Start the day out promptly, firmly, and concisely. Write your name on the chalkboard and pronounce it for the students so they can use it when addressing you. Be pleasant. Appear confident. Dress professionally. Let the students know that you are aware of the classroom rules and expectations and will be following the teacher's lessons. Assure students that you will try and follow the regular schedule and routines and that there will be feedback provided to the classroom teacher about student progress and behavior. Some students have difficulty with change and may need those assurances early in the class. Learn and use students' names as quickly as possible in order to relate to them as individuals.

Be firm, but friendly. Provide positive reinforcement when students are doing what you have asked. Building positive relationships is important. Don't issue ultimatums. Provide students with choices. For example, "You

may join the group for the activity if you can keep your hands to yourself or you can sit in your chair while the class participates". Give the student a chance, but if wrong choices are made and directions are not being followed, proceed to follow through with the appropriate steps.

The substitute teacher encourages students to develop self-directed positive behavior, takes appropriate steps to eliminate disruptive behavior and cheerfully encourages students to be busy. Keep students on task and keep activities moving in order to eliminate possible discipline issues. Adhere to the lesson plans provided by the teacher. It may be beneficial to have an activity in mind to make the day special or to utilize in the event all work has been completed and an appropriate time-filler is needed.

Suitable work for substitute teachers includes, but is not limited to:

- Correcting papers
- Supervision of students in a variety of settings
- Tutoring
- Chaperoning on field trips
- Recess duty
- Hall supervision
- Any other duties normally assigned to classroom teachers

The successful substitute teacher is actively involved with instruction. This includes moving around the classroom often, checking student work and assisting with assignments. Many discipline problems can be avoided by the substitute's use of proximity to the students. Disciplinary actions are corrective in nature and are not intended as punishment alone.

3. Organizational Methods:

At the end of the day when all children have been dismissed for the day or placed safely on the correct school bus, the substitute's responsibilities include ensuring the classroom is secured and restored to the way the substitute found it. The substitute teacher must leave a detailed report summarizing what lesson plans were completed and other comments as deemed necessary. All teachers appreciate knowing how much of the lesson plans was accomplished and any other important information about the substitute's instructional efforts they might need to know about. The teacher would also want to be informed of any behavior problems or unusual events that may have occurred during his/her absence. A teacher would also appreciate hearing positive occurrences and positive observations made throughout the school day as well. Check all student work completed during the day, label and organize the work for the regular teacher's inspection.

HOMEWOOD SCHOOL DISTRICT 153
9 Month On-Call Substitute Teacher Preference Sheet
2008-2009

Name: _____

Primary Phone: _____

Email: _____

Alternate Phone: _____

Address: _____

City: _____

Zip Code: _____

I am a: ☐ Certified Teacher ☐ Certified Substitute Teacher ☐ Teacher's Assistant

Experience or degree in: _____

Certificate Expiration Date: _____

Please circle areas you prefer to work

Willow School	Winston Churchill School	Millennium School	James Hart School
Art	Art	Art	Art
Music	Music	Music	Music
Reading	Reading	Reading	Reading
Physical Education	Physical Education	Physical Education	Physical Education
Computer Education	Computer Education	Computer Education	Computer Education
Internal Suspension Tutor	Internal Suspension Tutor	Internal Suspension Tutor	Spanish/ French
One on One Assistant	One on One Assistant	One on One Assistant	One on One Assistant
Floating Sub – (Varies)	Floating Sub – (Varies)	Floating Sub – (Varies)	Floating Sub - (Varies)
Special Education Teacher or Assistant	Special Education Teacher or Assistant	Special Education Teacher or Assistant	Special Education Teacher or Assistant
Learning Center Teacher or Assistant	Learning Center Teacher or Assistant	Learning Center Teacher or Assistant	Learning Center Teacher or Assistant

I agree to my status as a 9 Month On-Call Substitute Teacher and/or Substitute Teacher Assistant.

SIGNATURE OF APPLICANT

DATE

HOMEWOOD SCHOOL DISTRICT 153
ADMINISTRATIVE OFFICE • 18205 ABERDEEN STREET • HOMEWOOD, IL 60430
708-799-8721 • (FAX) 708-799-1377

Homewood Public Schools
Homewood, Illinois
School District No. 153
HEALTH CERTIFICATE

PERSONAL INFORMATION:

Name _____ Address _____

Age _____ Sex _____ Height _____ Weight _____

Color of Eyes _____ Color of Hair _____

TO BE COMPLETED BY PHYSICIAN:

	Normal	Abnormal	Comments
Skin.....	_____	_____	_____
Ears.....	_____	_____	_____
Nose.....	_____	_____	_____
Throat/Dental.....	_____	_____	_____
Cardiovascular.....	_____	_____	_____
Blood Pressure.....	_____	_____	_____
Gastrointestinal.....	_____	_____	_____
Genito-Urinary.....	_____	_____	_____
Neurological.....	_____	_____	_____
Muscular Skeletal.....	_____	_____	_____
Nutritional Status.....	_____	_____	_____
Respiratory System.....	_____	_____	_____

Tuberculin Test: Test Date _____ Positive _____ Negative _____
(If tuberculin test is positive, an X-ray is required)

Summary of any medical condition or physical defects _____

I hereby certify that I have examined the above named applicant and that the information stated is a complete and accurate record of such examination.

Date of exam _____ Signed _____

Print Name & Address _____



Who must complete this form?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay. If you are claiming exempt status (see Publication 131, Withholding Income Tax Filing and Payment Requirements) from Illinois withholding, you must check the exempt status box on the IL-W-4.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

Example: If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have filed takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption. Also, if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4, your employer must also disregard your Form IL-W-4. Finally, if you claim 15 or more exemptions on your Form IL-W-4 without claiming at least the same number of exemptions on your federal Form W-4, and your employer is not required to refer your federal Form W-4 to the IRS for review, your employer must refer your Form IL-W-4 to the department for review. In that case, your Form IL-W-4 will be effective unless and until the department notifies your employer to disregard it.

What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year, (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a **late-payment penalty** if your required estimated payments are not paid in full by the due dates.

Note You may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

For additional information on penalties, see Publication 103, Uniform Penalties and Interest. Visit our web site at tax.illinois.gov to obtain a copy.

Where do I get help?

- Visit our web site at tax.illinois.gov
- Call our Taxpayer Assistance Division at **1 800 732-8866** or **217 782-3336**
- Call our TDD (telecommunications device for the deaf) at **1 800 544-5304**
- Write to
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19044
SPRINGFIELD IL 62794-9044

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.
☐ I can claim my spouse as a dependent.

- 1 Write the total number of boxes you checked. 1 _____
- 2 Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- 3 Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 _____
- 4 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older. ☐ I am legally blind.
☐ My spouse is 65 or older. ☐ My spouse is legally blind.

- 5 Write the total number of boxes you checked. 5 _____
- 6 Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 _____
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 _____
- 8 Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 _____
- 9 If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 _____

Note If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

✂ — — — — — Cut here and give the certificate to your employer. Keep the top portion for your records. — — — — — ✂



Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____-_____-_____-_____-_____-_____-_____-_____-_____-
Social Security number

Name

Street address

City

State

ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding. ☐

- 1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Write the additional amount you want withheld (deducted) from each pay. 3 _____

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

Your signature

Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

Form I-9, Employment Eligibility Verification

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

Form I-9, Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification.

A. New Name (if applicable)		B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
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 Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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



New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN _____ - _____

Company Name _____

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

Street Address _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

NEW EMPLOYEE NAME AND ADDRESS

Social Security Number _____ Date of Hire (MM-DD-YYYY) _____ - _____ - _____

First Name _____ MI _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

Return your completed form either by FAX 1-217-557-1947
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794--9473
or report new hires online at <http://www.ides.state.il.us/employer/newhire/general.asp>

Rod R. Blagojevich
Governor



Erwin McEwen
Director

Illinois Department of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

CANTS 22
Rev. 1/2008

Office of the Director
406 E. Monroe Street • Springfield, Illinois 62701



ACCREDITED • COUNCIL ON ACCREDITATION FOR CHILDREN AND FAMILY SERVICES

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____

Employee ID# _____

Employer Name _____

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____

Date _____

Information about Social Security Form SSA-1945

Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplmsoswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



Member Information and Beneficiary Designation Form

Social Security number	First Name	Middle Initial	Last Name	Maiden Name
Date of birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Home telephone number ()	
Street Address			Work telephone number ()	Extension
City			Cell phone number ()	
State		Zip	E-mail address	
<input type="checkbox"/> Member of other Illinois public employee retirement system (specify system's name) <hr/>				

By completing this form, a TRS member or annuitant designates beneficiaries to receive death benefits. Information provided on this form will become part of the member's permanent TRS record and will determine distribution of death and survivor benefits. This designation revokes any prior designation. If this current designation is found to be invalid, the most recent designation on file with TRS will remain in effect. Eligibility is determined by the survivor's status at the time of the member's death. Monthly survivor benefits can be paid only to eligible dependent beneficiaries.*

If the automatic designation **is selected**, do not complete the Beneficiary Refund or Survivor Benefit sections.

<input type="checkbox"/> Automatic Designation <i>(commonly selected by members with a spouse and/or minor children)</i> In lieu of designating specific beneficiaries, I elect that my dependent beneficiaries, as determined at my death, receive a beneficiary refund and/or survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate.
--

If automatic designation **is not selected**, you must complete the Beneficiary Refund *and* Survivor Benefits sections.

Beneficiary Refund				Survivor Benefits			
Primary Beneficiaries				Primary Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship
Alternate Beneficiaries				Alternate Beneficiaries			
First name	Last	Date of birth	Relationship	First name	Last	Date of birth	Relationship

If additional space is required, attach a separate sheet designating primary and alternate persons for Beneficiary Refund and Survivor Benefits. Also include the last four digits of your Social Security number, signature, and date.

Member's signature (mandatory)	Date
--------------------------------	------

Signature pursuant to a General Power of Attorney is not accepted by TRS.

**See reverse for more information.*

Types of Beneficiaries

The member may designate a beneficiary to receive survivor benefits. If this individual is a dependent beneficiary, then he or she is eligible to receive either monthly benefits or a lump-sum payment. However, if the member designates a nondependent beneficiary, only a lump-sum benefit is payable. Monthly benefits **cannot be paid** to dependent beneficiaries if a nondependent beneficiary is also designated and survives the member.

Dependent beneficiary. A spouse to whom the member has been married for at least one year, except where a child is born of the marriage in which case the qualifying period is not applicable; an unmarried natural or adopted child under 18 or an unmarried child of any age who is dependent by reason of a physical or mental disability and not receiving benefits under Article III of the Illinois Public Aid Code; a dependent parent who received from the member at least half of his or her support for the 12-month period immediately prior to the member's death; or an unmarried natural or adopted child between the ages of 18 and 22 who is a full-time student in an accredited institution.

Nondependent beneficiary. Any other designated person or entity who is not a dependent beneficiary.

Types of Benefits

Beneficiary Refund. This benefit is only payable upon death. The member cannot elect to receive this benefit. This refund includes a return of the member's retirement contributions, statutorily required interest on the retirement contributions, and member contributions paid toward the annual increases in annuity. This refund is payable: to a designated beneficiary; if no beneficiary is designated, to the surviving spouse; or if no one is designated and there is no surviving spouse, to the member's estate. After retirement, this amount is reduced by the amount of retirement benefit payments made to the member.

Survivor Benefits. A beneficiary is eligible to receive a lump-sum survivor benefit if the member's death occurs during TRS-covered employment or in the 12-month period immediately following the last day of earnings, while on a creditable leave of absence, or while receiving disability benefits.

A dependent beneficiary may also be eligible to receive monthly survivor benefits if certain requirements are met by the member before death.

Please visit the TRS Web site, trs.illinois.gov, for answers to frequently asked questions or for more copies of this form (fillable online).

For instructions on designating a trust, please contact TRS.

A Qualified Illinois Domestic Relations Order (QILDRO) on file with TRS when the member dies may affect distribution of survivor benefits. For more information about QILDROs, please consult the QILDRO publication available on the TRS Web site.

As with all TRS benefits, death and survivor benefits must be paid in accordance with the Pension Code, 40 ILCS 5/16. If there is any discrepancy between the information on this form and applicable law, the law controls.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize SCHOOL DISTRICT # _____ to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my (our) _____ Checking _____ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Depository name _____ Branch _____

City _____ State _____ ZIP _____

Transit/ABA No. _____ Account No. _____

PLEASE ATTACH A VOIDED CHECK TO ENSURE ACCURATE CREDITING.

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

Name(s) _____ ID Number _____

Signed X _____ Signed X _____

ALL ACCOUNTHOLDERS MUST SIGN Date _____

Auth. revoked X _____ Date _____

HOMEWOOD SCHOOL DISTRICT 153

Dr. Dale E. Mitchell, Superintendent

Administrative Office

18205 Aberdeen Street, Homewood, Illinois 60430

Telephone: 708-799-5661 FAX: 708-647-2367

2008 – 2009 School Calendar

August 20	Teacher Institute (No School)
August 21	First Day of School (Early Dismissal)
August 29	School Improvement Day (Early Dismissal)
September 1	Labor Day Holiday (No School)
September 4	Millennium School Open House
September 11	James Hart School Open House
September 16	Winston Churchill School Open House
September 25	Willow School Open House
October 9	Non-Attendance Day
October 10	Teacher Institute Day (No School)
October 13	Columbus Day Holiday (No School)
October 24	End of 1 st Quarter (43 days)
November 4	Teacher Institute (No School)
November 6	Parent-Teacher Conferences (No School)
November 7	Parent-Teacher Conferences (No School)
November 11	Veteran's Day Holiday (No School)
November 26	Early Dismissal
November 27	Thanksgiving Day Holiday (No School)
November 28	Non-Attendance Day
December 19	Early Dismissal
December 22	Winter Break Begins (No School)
January 5	School Resumes
January 16	End of 2 nd Quarter (44 School Days)
January 19	Martin Luther King Holiday (No School)
February 16	President's Holiday (No School)
February 27	Teacher Institute (No School)
March 2	Casimir Pulaski Holiday (No School)
March 20	End of 3 rd Quarter (41 School Days)
March 30	Spring Break (No School)
April 6	Classes Resume
April 10	Non-Attendance Day
April 24	School Improvement Day (Early Dismissal)
May 22	Teacher In-Service (Early Dismissal)
May 25	Memorial Holiday Day (No School)
June 1	8 th Grade Graduation (H-F High School)
June 3	End of 4 th Quarter (46 School Days)
June 3	Last Day of School

174	Student Attendance Days
4	District Institute Days
<u>2</u>	Parent Teacher Conference Days
180	Total Calendar Days

If emergencies occur, the calendar will be extended as needed. (June 4, 5, 8, 9, and 10, 2009)
The Board of Education adopted the official school calendar on February 25, 2008.

Homewood School District 153

Daily Time Schedule 2008-2009

Willow School

EC & Pre-K	8:30 a.m. – 11:00 a.m. 11:45 a.m. – 2:15 p.m.	Morning Session Afternoon Session
Grades K-2	8:05 a.m. 1:30 p.m. 2:50 p.m. 8:00 a.m. – 11:30 a.m. 11:30 a.m. – 2:00 p.m.	Start time for all classes Dismissal for Kindergarten Afternoon dismissal for grades 1 & 2 Morning Half Day Afternoon Half Day

1804 Willow Road
Tel: (708) 798-3720 Fax: (708) 798-4336
Secretaries: Carla Hildreth & Tricia Hentschel

Winston Churchill School

Grades 3 & 4	8:10 a.m. 3:00 p.m. 8:00 a.m. – 11:30 a.m. 11:30 a.m. – 3:00 p.m.	Start time for all classes Afternoon dismissal for all classes Morning Half Day Afternoon Half Day
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1300 W. 190th Street
Tel: (708) 798-3424 Fax: (708) 798-0417
Secretaries: Marge Kepes & Mary Markert

Millennium School

Grades 5 & 6	8:30 a.m. 3:15 p.m. 8:30 a.m. – 12:00 p.m. 12:00 p.m. – 3:15 p.m.	Start time for all classes Afternoon dismissal for all classes Morning Half Day Afternoon Half Day
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18211 Aberdeen Street
Tel: (708) 799-8697 Fax: (708) 799-8693
Secretaries: Ann Snedden & Cathy Hansen

James Hart School

Grades 7 & 8	7:45 a.m. 2:30 p.m. 7:45 a.m. – 10:55 a.m. 10:55 a.m. – 2:30 p.m.	Start time for all classes Afternoon dismissal for all classes Morning Half Day Afternoon Half Day
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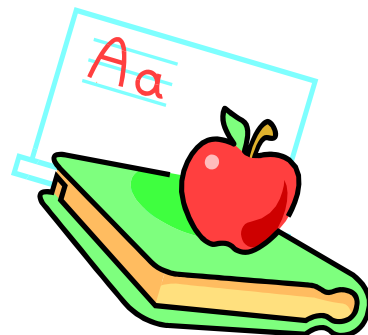
18220 Morgan Street
Tel: (708) 799-5544 Fax: (708) 799-8360
Secretaries: Mary Kay Dunne & Faye Hauge

School Name	Early Release	November 26, 2008 December 19, 2008
Willow (K-2)	11:40 a.m.	1:35 p.m.
Winston Churchill	11:50 a.m.	1:45 p.m.
Millennium	12:00 p.m.	2:00 p.m.
James Hart	11:15 a.m.	1:15 p.m.

HOMEWOOD SCHOOL DISTRICT 153

Board of Education

Shelly Marks, President
Thomas Brabec, Vice President
Gale Gallagher, Secretary
Steve Anderson, Member
Deborah Havighorst, Member
Gregory Lawrence, Member
Jim Schmidt, Member



Administration Office

18205 Aberdeen Street
Homewood, IL 60430
Dr. Dale E. Mitchell, Superintendent
Superintendent Office Phone: 708/799-5661
Superintendent Office Fax: 708/647-2367
Jacqueline Parisi, Business Manager
Sue Mecozzi, Director of Student Support Services
Gail Huizinga, Coordinator for Teaching, Learning, Accountability
Business Office Phone: 708/799-8721
Business Office Fax: 708/799-1377

Willow School

Grades EC, Pre-K, K-2
1804 Willow Road
Homewood, IL 60430
Phone: 708/798-3720
Fax: 708/798-4336
Mary Ann Savage, Principal
Melissa Lawson, Assistant Principal
Carla Hildreth, Secretary

Tricia Hentschel, Secretary

Millennium School

Grades 5 & 6
18211 Aberdeen Street
Homewood, IL 60430
Phone: 708/799-8697
Fax: 708/799-8693
Shirley Watkins, Principal
Mary Kay Gardiner, Assistant Principal
Ann Snedden, Secretary
Cathy Hansen, Secretary

Winston Churchill School

Grades 3 & 4
1300 West 190th Street
Homewood, IL 60430
Phone: 708/798-3424
Fax: 708/798-0417
Cece Coffey, Principal
Tonya Morris, Assistant to the Principal
Marge Kepes, Secretary

Mary Markert, Secretary

James Hart School

Grades 7 & 8
18220 Morgan Street
Homewood, IL 60430
Phone: 708/799-5544
Fax: 708/799-8360
Michael Klein, Principal
Laura Ugo, Assistant Principal
Mary Dunne, Secretary
Faye Hauge, Secretary

Homewood School District 153
Substitute Teacher & Substitute Teacher Assistant Salaries
2008 ~ 2009

Certificated Substitute Teachers

Daily Rate:	\$93 – First year \$98 – Second year returning \$104 – 3+ years returning \$114 – HSD 153 retiree
Half Day AM or PM:	\$46.50 – First year (Half the daily rate) \$49 – Second year returning (Half the daily rate) \$52 – 3+ years returning (Half the daily rate) \$57 – HSD 153 retiree (Half the daily rate)
Long Term:	\$201.89 - Daily equivalent, BA Step 1 of the salary schedule

Substitute Teacher Assistants

Daily Rate:	\$72
Half Day AM or PM:	\$35
Long Term:	\$80 w/o BA \$85 w/BA

HOMEWOOD SCHOOL DISTRICT 153**Pay Schedule 2008-2009**

Dates Worked for Timesheets		Timesheets Deadline	Pay Date	Teachers Assistants BTS, 10-Month Sec. Health Coordinator	Hourly
Start	End			Pay Date	Pay Date
6/22/2008	6/28/2008	6/30/2008	7/11/2008		
6/29/2008	7/12/2008	7/14/2008	7/25/2008		
7/13/2008	7/26/2008	7/28/2008	8/8/2008		
7/27/2008	8/9/2008	8/11/2008	8/22/2008		
8/10/2008	8/23/2008	8/25/2008	9/5/2008	9/5/2008	9/5/2008
8/24/2008	9/6/2008	9/8/2008	9/19/2008	9/19/2008	9/19/2008
9/7/2008	9/20/2008	9/22/2008	10/3/2008	10/3/2008	10/3/2008
9/21/2008	10/4/2008	10/6/2008	10/17/2008	10/17/2008	10/17/2008
10/5/2008	10/18/2008	10/20/2008	10/31/2008	10/31/2008	10/31/2008
10/19/2008	11/1/2008	11/3/2008	11/14/2008	11/14/2008	11/14/2008
11/2/2008	11/15/2008	11/17/2008	11/28/2008	11/28/2008	11/28/2008
11/16/2008	11/29/2008	12/1/2008	12/12/2008	12/12/2008	12/12/2008
11/30/2008	12/13/2008	12/15/2008	12/26/2008	12/26/2008	12/26/2008
12/14/2008	12/27/2008	12/29/2008	1/9/2009	1/9/2009	1/9/2009
12/28/2008	1/10/2009	1/12/2009	1/23/2009	1/23/2009	1/23/2009
1/11/2009	1/24/2009	1/26/2009	2/6/2009	2/6/2009	2/6/2009
1/25/2009	2/7/2009	2/9/2009	2/20/2009	2/20/2009	2/20/2009
2/8/2009	2/21/2009	2/23/2009	3/6/2009	3/6/2009	3/6/2009
2/22/2009	3/7/2009	3/9/2009	3/20/2009	3/20/2009	3/20/2009
3/8/2009	3/21/2009	3/23/2009	4/3/2009	4/3/2009	4/3/2009
3/22/2009	4/4/2009	4/6/2009	4/17/2009	4/17/2009	4/17/2009
4/5/2009	4/18/2009	4/20/2009	5/1/2009	5/1/2009	5/1/2009
4/19/2009	5/2/2009	5/4/2009	5/15/2009	5/15/2009	5/15/2009
5/3/2009	5/16/2009	5/18/2009	5/29/2009	5/29/2009	5/29/2009
5/17/2009	5/30/2009	6/1/2009	6/12/2009	6/12/2009	6/12/2009
5/31/2009	6/13/2009	6/15/2009	6/26/2009	6/26/2009	6/26/2009
6/14/2009	6/27/2009	6/29/2009	7/10/2009	7/10/2009	7/10/2009
6/28/2009	7/11/2009	7/13/2009	7/24/2009	7/24/2009	7/24/2009
7/12/2009	7/25/2009	7/27/2009	8/7/2009	8/7/2009	8/7/2009
7/26/2009	8/8/2009	8/10/2009	8/21/2009	8/21/2009	8/21/2009