



May 1, 2018

Jessica Szilagyi
P. O. Box 717
Jesup, Georgia 31598

Response to Request for Records dated Thursday, April 26, 2018

Ms Szilagyi:

In response to your request for records dated Thursday, April 26, 2018, you requested the following records:

“I am requesting an opportunity to inspect or obtain copies of public records that pertain to the employee personnel files at the Bulloch County Board of Education. Specifically, I would like to review, in its entirety, the personnel file of Langston Chapel Middle School Principal, Dr. Evelyn Gamble-Hilton.”

Public disclosure is not required for the following records according to O.C.G.A. §50-18-72(a);

- (1) Records specifically required by federal statute or regulation to be kept confidential. O.C.G.A. §50-18-72(a)(1);
- (7) Confidential evaluations or examinations connected to the appointment or hiring of a public officer or employee. O.C.G.A. §50-18-72(a)(7)
- (13) Any records that reveal an individual’s social security number, mother’s birth name, credit card information, debit card information, bank account information, account number, utility account number, password used to access his or her account, financial data or information, insurance or medical information in all records, unlisted telephone number if so designated in a public record, personal email address, cellular telephone number, day and month of birth, and information regarding public utility, television, internet, or telephone accounts held by private customers. O.C.G.A. §50-18-72(a)(13)

The information has been retrieved, required information redacted, and is attached to this email to expedite your request. There will be no charge for this information as it took less than 15 minutes to obtain.

If you have any questions, please feel free to contact me directly.

Respectfully,

A handwritten signature in black ink, appearing to read "Mary H. Henley".

Mary H. Henley
Administrative Assistant to the Superintendent
Custodian of Records

150 WILLIAMS ROAD, SUITE A
STATESBORO, GA 30458

PHONE
912/212-8500

FAX
912/212-8529

INTERNET
www.bullochschoos.org

EMAIL
boc@bullochschools.org



Mary Henley <mhenley@bullochschools.org>

Re: Open Records Request - Bulloch BOE 4.26.18

2 messages

Hayley G. Greene <hgreene@bullochschools.org>
To: Jessica Szilagyi <jessica@allongeorgia.com>
Cc: Mary Henley <mhenley@bullochschools.org>

Thu, Apr 26, 2018 at 9:10 PM

Jessica,

I'm going to forward this now to Mary Henley, the district's records custodian for Open Records requests. I will follow up with her to fulfill this request. Just let me know if you have a question or concern.

On Thu, Apr 26, 2018 at 9:07 PM Jessica Szilagyi <jessica@allongeorgia.com> wrote:

Hayley,

Please see attached open records request and let me know if you have any questions.

Thank you!

Jessica Szilagyi
Statewide Contributor
AllOnGeorgia.com
770.265.1404

--

Hayley Greene, CCC
Public Relations & MKT Specialist
Bulloch County Schools
150 Williams Road, Suite A
Statesboro, GA 30458
912-212-8512
912-536-2827

Join our conversations on social media

Twitter: @bullochschools
Facebook: Bulloch County Schools
Instagram: @bullochschools
YouTube: Bulloch County Schools

Hayley G. Greene <hgreene@bullochschools.org>
To: Mary Henley <mhenley@bullochschools.org>

Thu, Apr 26, 2018 at 9:11 PM

[Quoted text hidden]

 **Open Records Request - Bulloch BOE 4.26.18.docx**
23K



Jessica Szilagyi
P.O. Box 717
Jesup, GA 31598

April 26, 2018

Records Clerk
Bulloch County Board of Education
150 Williams Road
Statesboro, GA 30458



Dear Clerk of Records:

Under the **Georgia Open Records Act § 50.18.70 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records that **pertain to the employee personnel files at the Bulloch County Board of Education**. Specifically, I would like to review, in its entirety, the personnel file of Langston Chapel Middle School Principal, Dr. Evelyn Gamble-Hilton.

If there are any fees for searching for these records, please inform me if the cost will exceed \$ 25.00. However, I am requesting this file electronically to avoid the cost of copies, which is permissible under the law.

The Georgia Open Records Act requires a response time within three business days. If access to the records I am requesting will take longer than three days, please contact me with information about when I might expect copies or the ability to inspect the requested records.

If you deny any or all of this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Thank you for considering my request.

Sincerely,

Jessica Szilagyi
770.265.1404

Anonymous
Statesboro, GA 30458

RECEIVED
DEC 14 2017

BY: *M. Berley*

Charles Wilson, Ed.S., MBA, CPA
Superintendent
Bulloch County Schools
150 Williams Road, Suite A
Statesboro, Georgia 30458
912-212-8500
cwilson@bullochschools.org

11/16/17

Mr. Wilson,

Thank you for your service to Bulloch County. I wish to express how lucky Bulloch County schools are to have you at the helm. I wish I could continue with the flattering words, however this is not possible.

I must remain anonymous while composing this letter due to the fact that I am currently an educator at Langston Chapel Middle School. I have been in public education for a little over 15 years. "There comes a time when silence is betrayal" - Martin Luther King, Jr.

Thus far, during the 2017-2018 school year, I have witnessed several concerning events. Dr. Evelyn Gamble-Hilton has been well aware of each of these incidents.

- Daily students are greeted with an attitude of belittlement.
- Daily students are antagonized, in my opinion, "petty offenses."
- Just recently a student was placed in "In school suspension" for having a cough drop in her mouth.

Other actions that are troubling include the hiding of criminal actions by students. Three specific actions that should have been reported to the school resource officer were not.

1. On one occasion a student was counting another students prescription medication in class. The school resource officer was not allowed to investigate.
2. A student made a homicidal threat toward a teacher, again the school resource officer was not allowed to investigate
3. During a celebration day recently, a student's phone was stolen from her bag. The administration decided to handle the situation outside of the jurisdiction of the sheriffs department. I spoke with the student recently. She still does not have a police report or her phone.

Faculty is not immune to the bullying that takes place from Dr. Gamble-Hilton. One recent situation an 8th grade educator was belittled and reprimanded in front of his students. Other educators are told their actions are wrong in front of students while escorting the students to their classes. Teachers have had their certification threatened over the school attainment plan Dr. Gamble-Hilton put in place this school year. This is just a small sample of the leadership in place in Bulloch County.

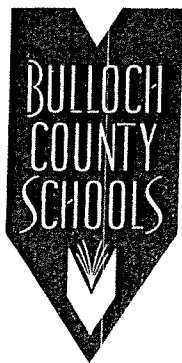
There is a misuse of funds taking place. On at least 5 occasions a connections educator was used to complete basic duties as a secretary in the front office while a substitute was placed in the connection educator's room.

When teacher motivation rests in fear of the Principal, it is not sustainable. Good people leave and effective teachers will not stick around. Sixteen educators sought employment else where after the 2016-2017 school year. With the current school climate 20 or more educators may seek employment elsewhere after the current school year.

Thank you for your time. A copy of this letter is being delivered to each member of the Board of Education. In addition, a copy will be sent to the Georgia State Board of Education. I simply ask that these actions be investigated to the fullest. I do hope that the board of education can put aside politics and "the good ole" system and take these complaints seriously.

Sincerely,

CC Cheri Wagner, Chairman BOE
Jimmy Cook, Jr. Vice Chairman
Mike Sparks
Steve Hein
Maurice Hill
Dr. Stuart H. Tedders
Glennera Martin
Heather Mims
GA PSC
State Board of Education
WTOC
WSAV



150 WILLIAMS ROAD, SUITE A
STATESBORO, GA 30458

PHONE
912/764-6201

FAX
912/764-8436

INTERNET
www.bulloch.k12.ga.us

EMAIL
boe@bulloch.k12.ga.us

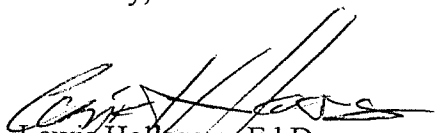
March 6, 2012

To whom it may concern:


As superintendent of Bulloch County School, I authorize for Ms. Evelyn Gamble-Hilton to complete her dissertation at Georgia Southern University. I understand that she will be interviewing students that graduated from Statesboro High School during the 2008-2011 academic school years in order to better understand *Factors that impact the achievement gap between African American male and female siblings*.

If you have any questions, or if I may be of any further assistance, please feel free to contact me directly by dialing 912-212-8505.

Sincerely,


Lewis Holloway, Ed.D.
Superintendent

SSN: _____ OR GA PSC Certification Number _____

	BULLOCH COUNTY SCHOOLS Educator Certification Renewal Request
	150 Williams Road, Suite A * Statesboro, GA 30458 * PH: 912.212.8517 * FAX: 912.212.8529

TO: **Charlisa Osgood, Certification & Human Resources Technician**

SITE: Bulloch County Schools Central Office

FROM: L Evelyn Gamble-Nilton, LCMS, Principal 2-8
 (Name) (Work Site) (Position/Grade)

DATE: 2-1-17

RE: **Certificate Renewal for Certificates Expiring June 30, 2017**

My email address is _____ I understand that if I do not provide an accurate email address, I will not be contacted with the status of my renewal application.

Notice: Certification Renewal Deadline is April 30, 2017.

I wish to renew my Georgia paraprofessional or clear-renewable certificate field and have completed the mandatory requirements below. *I understand that if the requirements on the checklist are not met, my documents will be returned to me for completion.*

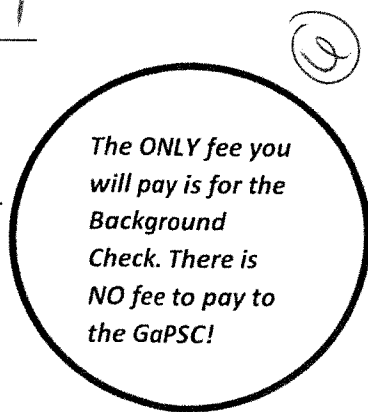
Certification Renewal Process & Procedures
Educator Certification Renewal Checklist
Check all that apply when applicable.

2/1/17

- The current date is after January 1, 2017.
- I have setup my paperless account – MyPSC at www.gapsc.com in order to download my new certificate upon renewal.
- I registered for my fingerprint/background check on 2, 21, 17

I have completed a PSC Certification Application (attached):

- All personal affirmation questions 1-9 on page 2 of 2 have been answered.
- I have signed and dated the application.
- I have completed the **Verification of Lawful Presence**



The ONLY fee you will pay is for the Background Check. There is NO fee to pay to the GaPSC!

*Please note: Background Check Fee \$48.25
 Background Check/Registration completed during the following times:
 8:30 am-11:45 am & 2:00 pm-3:45 pm



GaPSC Certification Update Application

To be used for all certification transactions except initial Georgia certification.

200 Piedmont Avenue SE, Suite 1702, Atlanta, GA 30334-9032

Revised May 2015 - Please Use Black Ink or Type

This application may also be completed electronically through the Applications tab of your MyPSC account.

1. Please use ALL CAPS to print your LEGAL NAME.

Title _____ Last Name GAMBLE - HILTON

Mr. Ms. Dr.

First Name Evelyn Middle Name Bonnette

Social Security Number or GaPSC Certification ID _____ Date of Birth (MM/DD/YY) _____

Mailing Address _____

City STATESBORO State GA Zip Code 30461

Primary Telephone _____ Alternate Telephone _____

Email Address (required): _____

2. Employment Status:

I am currently employed as:

- a paraprofessional^a a substitute (go to Section 3) an educator none of these (go to Section 3)

^aParaprofessional certificates must be processed by an employing LUA using a separate application.

I am employed by a:

- GA public school GA private school GA charter school GA state agency/RESA/EPP none of these (go to Section 3)

I am employed by the following school/agency in Georgia: Bulloch County BOE

*Please attach a completed Employer Assurance Form.

3. Transaction(s) Requested: Check all that apply.

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Renew my certificate* | <input type="checkbox"/> Request a waiver [‡] | <input type="checkbox"/> Convert to a different tier or Induction Pathway* (specify): _____ |
| <input type="checkbox"/> Upgrade my certificate level* | <input type="checkbox"/> Add a non-renewable certificate field [‡] | |
| <input type="checkbox"/> Add a new renewable certificate field* | <input type="checkbox"/> Delete a certificate field [‡] | |
| <input type="checkbox"/> Change my name to reflect a legal name change | <input type="checkbox"/> Request a notarized certificate copy for submission to another state's certification office [§] | <input type="checkbox"/> Convert a Non-Renewable certificate to Renewable |
| <input type="checkbox"/> Add a Supplemental Induction field [‡] | | <input type="checkbox"/> Convert a Certificate of Eligibility (requires verification of employment) |

I am requesting the following unlisted transaction: _____

* Fee applies if not employed. ‡ Fee applies even if employed. § Separate fee applies for this single transaction, even if employed.

Certificate Fields Requested (if applicable): _____

4. Fee: If a standard \$20 fee applies to your selected transaction(s), it must be paid online through your MyPSC account.

Please note: No more than \$20 will be required for one application, even if multiple transactions are requested, unless you are requesting a notarized certificate copy. Issuance of a notarized certificate copy requires a \$20 fee in addition to any fee owed for other transactions requested at the same time.

Applicant's Name: _____

Please Print

Camille-Hilton, Evelyn B.
 Last, First Middle

SSN or Cert ID: _____

5. **Personal Affirmation:** The applicant should enter a truthful "Yes" or "No" response to each of the following questions. All questions must have a response in order for the application process to continue. "YES" responses automatically open an investigation and require an attached explanation along with any additional supporting documentation. **DO NOT include matters that the GaPSC has investigated or is currently investigating.**

- 1. Have you ever had an adverse action (i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment) taken against a professional certificate, license or permit issued by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- 2. Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency **OTHER THAN the Georgia Professional Standards Commission?**
- 3. Have you ever received a less than honorable discharge from any branch of the armed services? (If "yes", provide a copy of form DD214.)
- 4. While under investigation, have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed or otherwise)?
- 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- 6. Are you the subject of a pending investigation involving a criminal act?
- 7. For any **felony** or any **crime involving moral turpitude**, have you ever:
 - ◆ Pled guilty;
 - ◆ Entered a plea of *nolo contendere*;
 - ◆ Been found guilty;
 - ◆ Pled guilty to a lesser offense;
 - ◆ Been granted first offender treatment without adjudication of guilt;
 - ◆ Participated in a pre-trial diversion program;
 - ◆ Been found not guilty by reason of insanity; or
 - ◆ Been placed under a court order whereby an adjudication or sentence was withheld?
- 8. Have you ever been convicted, or pled to a lesser offense for any sexual offense?
- 9. Have you been convicted of a drug offense (felony or misdemeanor)?

I affirm that all information is true and correct. I hereby give permission to the Georgia Professional Standards Commission to obtain copies of any criminal and personnel records relating to me which are held by any local, state or federal government agency or private entity. I authorize any such agency or entity to release those records to the Commission.

Signature: *Evelyn B. Hilton*

Date: 1-31-17

NOTE: This application must be received by the GaPSC within 90 days of the date of signature.

Moral Turpitude

Crimes involving moral turpitude:

- Fraud or false pretenses in obtaining something of value
- Larceny or a misdemeanor theft by taking
- Larceny after trust
- Murder
- Soliciting for prostitutes
- Voluntary manslaughter
- Sale of narcotics or other illegal drugs
- Pattern of failure to file federal tax returns
- Criminal Issuance of a bad check
- Making a false report of a crime

Crimes NOT involving moral turpitude:

- Public drunkenness
- Driving under the influence
- Carrying a concealed weapon
- Unlawful sale of liquor
- Simple Battery and Simple Assault
- Misdemeanor criminal trespass
- Child abandonment
- Misdemeanor offense of escape
- Obstruction of a law enforcement officer (Misd.)
- Most traffic offenses

Georgia Professional Standards Commission Verification of Lawful Presence

200 Piedmont Avenue SW, Suite 1702, Atlanta, GA 30334-9032 | Fax: 404-232-2560

Please Use Black Ink or Type

Please use ALL CAPS to print your legal name in the spaces indicated.

Title	Last Name	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input checked="" type="checkbox"/> Dr.	G A M B L E - H I L T O N	
First Name	Middle Name	
E V E L Y N	B O N N E T T E	
Social Security Number or GaPSC Certification ID	Date of Birth (MM/DD/YY)	

You must submit the following with this form:

1. Notarized O.C.G.A. § 50-36-1(e)(2) Affidavit (page 3 of this form)
2. A copy of a secure and verifiable document (see below)

*These documents may be mailed, faxed, or uploaded at <http://myspc.gapsc.org>.
When faxing documents, please ensure that copies are legible.*

Option 1: If you are a U.S. citizen, you must submit a copy of any ONE of the following:

- An unexpired driver's license issued by a U.S. state, D.C., or certain U.S. territories
- An unexpired United States passport or passport card
- An unexpired United States military identification card
- Any document listed here:
https://etax.dor.ga.gov/ctr/2013_Secure_and_Verifiable_Document_Listing.pdf

Option 2: If you are a legal permanent resident of the U.S., you must submit a copy of the following:

- An unexpired United States Permanent Resident Card (front and back)

Option 3: If you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, you must submit a copy of ONE of the following:

- An unexpired work authorization card
- I-94 documentation reflecting the I-94 number and expiration date AND a valid foreign passport
- A valid Certificate of Eligibility reflecting your SEVIS number AND a valid foreign passport

For more information about required documents, please visit

<http://www.gapsc.com/Certification/ApplicationFormsProcedures/verificationLawfulPresence.aspx>.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Georgia Educator Certificate/License**, as referenced in O.C.G.A. § 50-36-1, from the **Georgia Professional Standards Commission**, the undersigned applicant verifies one of the following with respect to application for a public benefit:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
Driver's License

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Spaldon (city), Georgia (state).

[Signature]
Signature of Applicant

Evelyn Gamble - Hilton
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

01 DAY OF February, 2017

[Signature]
NOTARY PUBLIC
My Commission Expires:





Georgia PSC Employer Assurance Form – Revised March 2014
200 Piedmont Avenue SW, Suite 1702, Atlanta, GA 30334-9032
Fax: 404-232-2560 | mail@gapsc.com
 Please Use Dark Ink or Type

1. Applicant Information:

Title _____ Last Name _____

Mr. Ms. Dr. G a m b l e - H i l t o n

First Name _____ Middle Name _____

E v e l y n B o n n e t t e

Social Security Number or GaPSC Certification ID _____ Date of Birth (MM/DD/YY) _____

 / /

Sections 2, 3, & 4 must be completed by the employer.

2. Employment Verification:

In submitting this form I certify that the applicant listed above is/will be employed as a full-time educator by the Georgia school system, school, or agency listed below **and verify that the required background checks have been completed** and are on file in the school/system/agency central office.

Employment is in the certification field of:

Educ. Leadership-Tier II

Employment in this certificate field began on

0 8 / 2 3 / 9 9
 (MM/DD/YY)

3. Transaction Request:

I am requesting the following transaction(s) on behalf of the applicant listed above *(check all that apply)*:

- | | |
|--|--|
| <input type="checkbox"/> First GA certificate (issue Non-Renewable if appropriate) | <input type="checkbox"/> Conversion of an existing certificate |
| <input checked="" type="checkbox"/> Renewal | <input type="checkbox"/> Waiver |
| <input type="checkbox"/> Upgrade | <input type="checkbox"/> Permit (Initial/Renewal) |
| <input type="checkbox"/> Addition of a renewable field | <input type="checkbox"/> Issuance of an International Exchange Certificate |

Addition of the following Non-Renewable or Supplemental Induction field to an existing certificate:

Field Code: / /
 (see reverse)

** In requesting a Non-Renewable certificate, the system/agency affirms that the applicant is the best qualified applicant available for the certificate field requested and understands that requirements specified by the GaPSC must be completed during the validity of the Non-Renewable certificate.*

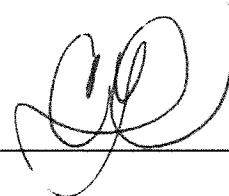
Other unlisted transaction *(please specify)*: _____

4. Employer Information:

Charlisa Osgood

Name of Superintendent or authorized Central Office Designee (print/type)

Signature



Certification & HR Technician

Title

03/09/2017

Date

912-212-8517

Phone Number

cosgood@bullochschools.org

Email Address

Bulloch County Schools



Georgia Professional Standards Commission
Protecting Georgia's Higher Standard of Learning

Home Change Password Logout

RENEWAL

Welcome, Penny O. Freeman

[Return to Home Page]

The following fields were renewed for Ms. Evelyn B. Gamble-Hilton at 3/9/2012 2:36:20 PM

Type	Field	First Issued Date	Current Issued Date	Begin Validity Date	End Validity Date
L	EDUCATIONAL LEADERSHIP (P-12) [FLD704]	04/21/2005	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) [FLD809]	07/08/1997	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) - LANGUAGE ARTS [FLD853]	09/01/2001	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) - MATH [FLD851]	06/10/2005	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) - SOCIAL SCIENCE [FLD854]	09/01/2001	03/09/2012	07/01/2012	06/30/2017

Ms. Evelyn B. Gamble-Hilton

SSN:

Certification ID: 198305

Exceptional Children Course: YES	Teaching of Reading Course: YES
----------------------------------	---------------------------------

Certification is held at level 6 effective 07/25/2008

Fields in ~~strikeout~~-font with a **RED** background have expired. If all fields have expired, the certificate has expired.

Type	Field	First Issued	Current Issued	Begin Validity	End Validity
L	EDUCATIONAL LEADERSHIP (P-12) [FLD704]	04/21/2005	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) [FLD809]	07/08/1997	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) - LANGUAGE ARTS [FLD853]	09/01/2001	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) - MATH [FLD851]	06/10/2005	03/09/2012	07/01/2012	06/30/2017
T	MIDDLE GRADES (4-8) - SOCIAL SCIENCE [FLD854]	09/01/2001	03/09/2012	07/01/2012	06/30/2017

Clear Renewable certificates are issued to eligible individuals who have met all requirements for professional certification. Refer to Rule 505-2-.03 for information on Clear Renewable certificates. Clear Renewable certificates may be renewed by earning 6 semester hours of acceptable college credit or 10 Georgia Professional Learning Units (PLUs) or 10 approved Continuing Education Units (CEUs) and completion of a criminal record check. Refer to Rule 505-20.24 for information on renewal requirements.

C	CLEARANCE CERTIFICATE [FLD694]	03/09/2012	03/09/2012	07/01/2012	06/30/2017
---	--------------------------------	------------	------------	------------	------------

This Clearance Certificate has been issued based on meeting all required criminal record checks for employment in a Georgia school system and must be renewed every five years by your employer upon successful completion of a new criminal record check. Please refer to GaPSC rule 505-2-.42 for information on Clearance Certificates.

t	EDUCATIONAL LEADERSHIP (P-12) [FLD704]	04/21/2005	03/02/2007	07/01/2007	06/30/2012
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Georgia PSC Certification Application – Page 1 of 3
 Two Peachtree Street, Suite 6000, Atlanta, Georgia 30303-3141

RENEWAL

Please Use Black Ink or Type – Revised April 2009
 ALL DOCUMENTS SUBMITTED TO THE PSC BECOME THE PROPERTY OF THE COMMISSION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE PSC PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES. Applications will not be processed until all supporting documentation has been received by the PSC. Please do not use highlighters on documents submitted with the applications.

1. Please use ALL CAPS and print your name as you wish it to appear on your certificate

Title Mr Ms Dr Last name GAMBLE-HILTON

First name EVELYN Middle or Maiden Name BONNETTE

Social Security Number _____ Date of Birth (MM/DD/YY) _____

Mailing Address _____

City STATESBORO State GA Zip Code 30461

Home Telephone _____ Work Telephone _____

Email Address (required): _____

2. Employment Information: Both Lines Must Be Completed.

I am currently employed in the following Georgia public school system (write N/A if not employed): Bulloch Co.

I am currently employed in the following Georgia private school system (write N/A if not employed): N/A

3. Transaction(s) Requested: Fill in all that apply. For Middle Grades and Special Education, list the areas of concentration. (i.e. MG-Math, MG-Science, Sp. Ed. Language Arts, etc.) (See Information Page at the end of the application form.)

- Add a New Clear Renewable Certificate Field(s): List Field Names Below. (\$20 fee will apply if not employed.)
- Advanced Degree Alternative (ADAC) Certificate: Must be requested by an employing school system.
- Change non-traditional certification path from one type to another: Must be requested by an employing school system. (\$20 fee required.)
- Clear Renewable Certificate: List Field Names Below. (\$20 fee will apply if not employed, except for educators completing GA programs leading to initial certification in Georgia.)
- Clinical Practice (CP) Certificate: Must be requested by an employing school system. (\$20 fee required for Permit holders to change certificate types.)
- Convert Non-Renewable Certificate to Clear Renewable Status: (\$20 fee will apply if not employed.)
- Core Academic (CA) Certificate: Must be requested by an employing GA school system.
- Delete Certificate Field: The Voluntary Certificate Field Deletion Form must accompany this application and can be submitted only between October 1 and the last day of the following February. The deletion will become effective the following July. List field/s below.
- Duplicate Certificate: Current valid GA certificates only. (\$20 fee required.)
- Intern (I) Certificate: Must be requested by an employing GA school system.
- International Exchange (XT) Certificate: Must hold Exchange Visitor J-1 Visa. Must be requested by an employing GA school system.
- Name Change
- Non-Renewable Professional (N) Certificate (other than for the field of Educational Leadership): Must be requested by an employing GA school system. (\$20 fee will apply if not the first GA certificate.)
- Non-Renewable Non-Professional (NN) Certificate: Must be requested by an employing GA school system.
- Non-Renewable Educational Leadership (NL) (Field 704): Must be requested by an employing GA school system. (\$20 fee will apply.)
- Non-Renewable Educational Leadership Pre-Service (NL) (Field 705): Must hold minimum of Master's degree and have passed GACE Leadership Assessment (No fee.)
- Non-Renewable Educational Leadership Performance-Based Building Level (NPL) (Field 706) OR System Level (NPL) (Field 707): Must be requested by an employing GA school system. (\$20 fee will apply unless it the first GA certificate.)
- One-Year Supervised Practicum (O) Certificate: Must be requested by an employing GA school system.
- Permit (P): Must be requested by an employing GA school system.
- Renewal: Current or expired GA Clear Renewable certificates only. (\$20 fee will apply if not employed.)
- Upgrade to a Higher Certificate Level: Based upon completion of a higher degree. (\$20 fee will apply if not employed.)
- Waiver Certificate (W): Must be requested by an employing GA school system. (\$20 fee will apply if this is not the first GA certificate issued.)

Fields for Above Transactions: FLD 704 / FLD 809 / FLD 853 / FLD 851 / FLD 854

Amount of Fee Submitted: \$ _____. Note: Payment must be by cashier's check, money order, or on-line credit card payment (www.gapsc.com) payable to the State of Georgia only. PERSONAL CHECKS ARE NOT ACCEPTED.

Applicant's Name: KEELYN GAMBLE - HILTON SSN: _____

Academic Record: (Transcripts previously submitted and retained need not be resubmitted.) List and attach OFFICIAL transcripts from ALL colleges and Georgia Professional Learning programs attended. Attach an additional sheet if needed. Copies of college transcripts will NOT be accepted. If you attended institutions outside the United States, please DO NOT submit those official transcripts. Please submit a detailed course-by-course foreign credential evaluation report. Information regarding the credential report can be found in Certification Rule 505-2-.21 at www.gapsc.com .

College, State	Dates Attended	Degree Earned	Check One		
			Transcript On File	Transcript Attached	Transcript Being Sent
Georgia Southern Univ.		Ed Specialist	<input checked="" type="checkbox"/>		
Georgia Southern Univ.		Masters of Ed.	<input checked="" type="checkbox"/>		
Georgia Southern Univ.		Middle Grades Ed	<input checked="" type="checkbox"/>		
Georgia Southern College		Bachelor of Sci	<input checked="" type="checkbox"/>		

Certification Record: List and submit copies of the front and back of ALL professional educator certificates/licenses issued in another state, the District of Columbia, a U.S. territory, the Department of Defense Dependents Schools (DODDS), or the National Board for Professional Teaching Standards (NBPTS). For each state or jurisdiction, list the specific field and/or grade level held.

State/Jurisdiction	Field(s)/Grade Level(s)	Validity Period	Copy Attached	Copy Being Sent

Do you currently hold a Georgia certificate? Yes No

Did you previously hold a Georgia certificate? Yes No

If yes, please indicate the validity dates: _____

Do you currently hold Georgia Master Teacher certification: Yes No

Do you currently hold NBPTS certification? Yes No If yes, please include a copy with your application.

Assessment Record: List and submit copies of any content/subject matter assessment(s) you have passed as a requirement for certification in any state. If no assessments were taken, see PSC Rule 505-2-.20 for possible exemptions based upon having a minimum of three full years of successful teaching experience in the same field while having held a professional out-of-state certificate. The experience must have been earned within five years of the date of the application for the GA certificate.

State/Jurisdiction	Content/Subject Matter Assessment(s)	Date Passed	Copy Attached	Copy Being Sent	No Tests Taken

Applicant's Name: GAMBIE HILTON EVANS SSN: _____
 Print Last First Middle

Personal Affirmation: The applicant should enter a truthful "Yes" or "No" response to each of the following questions. All questions must have a response in order for the application process to continue. "YES" responses require an attached explanation and any additional supporting documentation. DO NOT include matters that the PSC has investigated or is currently investigating.

- 1. Have you ever had an adverse action (i.e. warning, reprimand, suspension, revocation, denial, voluntary surrender, disbarment) taken against a professional certificate, license or permit issued by an agency OTHER THAN the Georgia Professional Standards Commission?
- 2. Are you currently the subject of an investigation involving a violation of a profession's laws, rules, standards or Code of Ethics by an agency OTHER THAN the Georgia Professional Standards Commission?
- 3. Have you ever received a less than honorable discharge from any branch of the armed services? (If "yes", provide a copy of form DD214.)
- 4. Have you ever left an employment position (retired, resigned, been dismissed, terminated, non-renewed or otherwise) while under investigation?
- 5. Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
- 6. Are you the subject of a pending investigation involving a criminal act?
- 7. For any felony or any crime involving moral turpitude, have you ever:
 - ◆ Pled guilty;
 - ◆ Entered a plea of *nolo contendere*;
 - ◆ Been found guilty;
 - ◆ Pled guilty to a lesser offense;
 - ◆ Been granted first offender treatment without adjudication of guilt;
 - ◆ Participated in a pre-trial diversion program;
 - ◆ Been found not guilty by reason of insanity; or
 - ◆ Been placed under a court order whereby an adjudication or sentence was withheld?
- 8. Have you ever been convicted, or pled to a lesser offense for any sexual offense?
- 9. Have you been convicted of a drug offense (felony or misdemeanor) after July 1, 2008, while holding any professional certificate, license or permit?

I affirm that all information is true and correct. I hereby give permission to the Professional Standards Commission to obtain copies of any criminal and personnel records relating to me which are held by any local, state or federal government agency or private entity. I authorize any such agency or entity to release those records to the Commission.

Signature: [Handwritten Signature] Date: 2-20-12

NOTE: This application must be completed, signed, dated and received by the PSC within 90 days of the date of completion.

NOTE: THE OFFICIAL COPY OF THIS CERTIFICATE WILL BE RECEIVED AND AVAILABLE ELECTRONICALLY ONLY BEGINNING JANUARY 1, 2010. AN EMAIL ADDRESS WILL BE REQUIRED IN ORDER TO DELIVER THE CERTIFICATE.

Moral Turpitude	
<p><u>Crimes involving moral turpitude:</u></p> <ul style="list-style-type: none"> • Fraud or false pretenses in obtaining something of value • Larceny or a misdemeanor theft by taking • Larceny after trust • Murder • Soliciting for prostitutes • Voluntary manslaughter • Sale of narcotics or other illegal drugs • Pattern of failure to file federal tax returns • <u>Criminal Issuance</u> of a bad check • Making a false report of a crime 	<p><u>Crimes NOT involving moral turpitude:</u></p> <ul style="list-style-type: none"> • Public drunkenness • Driving under the influence • Carrying a concealed weapon • Unlawful sale of liquor • Simple Battery and Simple Assault • Misdemeanor criminal trespass • Child abandonment • Misdemeanor offense of escape • Obstruction of a law enforcement officer (Misd.) • Possession of less than one ounce of marijuana

Applicant Registration

FP CTW

Step 4 - Registration Complete

DATE: 3 / 7 / 12

Registration ID: GA1237631434185
ORI: GA930700Z - BULLOCH CO BD OF EDUCATION

Last Name: HILTON
First Name: EVELYN

Transaction Type: School Employment-Public Schools

Payment Type: Credit Card
Transaction Fee: 52.9
Payment Confirmation Number: 3562032210

Please print information and take it to the fingerprinting site.

[Print](#)

[Home](#)

Renewal

03/07/12



Hire Date: _____ SSN: _____ OR GA PSC Certification I.D. _____



BULLOCH COUNTY SCHOOLS
Educator Certification Renewal Request
150 Williams Road, Suite A * Statesboro, GA 30458 * PH: 912.212.8520 * FAX: 912.764.8436

TO: **Penny O. Freeman, Director**
Professional Learning & Teacher Certification Department

SITE: Bulloch County Central Office

FROM: Dorlyn Gamble-Hilton HCMS Administrator
(Name) (Work Site) (Position/ Grade / Subject)

DATE: 1-11-12

RE: Certificate Renewal for Certificates Expiring June 30, 2012

My email address is _____ I understand that if I do not provide an accurate email address, I will not be contacted with the status of my attached renewal application.

Notice: Certification Renewal Deadline for Bulloch County Employees is April 15, 2012.

My Georgia paraprofessional or clear-renewable certificate field(s) will expire June 30, 2012. I wish to renew my certificate and have completed the mandatory requirements below. I understand that if the requirements on the checklist are not met, my documents will be returned to me.

Certification Renewal Process & Procedures to Renew Certificates Expiring on June 30, 2012
Educator Certification Renewal Checklist

Check all that apply when applicable.

- The current date is after January 1, 2012.
- I have setup my paperless account – MyPSC at www.gapsc.com in order to download my new certificate upon renewal.
- I was fingerprinted by the Cogent System G.A.P.S. on _____ and have attached a copy of my registration from the Human Resource Dept.

I have completed a PSC Certification Application requesting a certificate renewal

- The personal affirmation questions have been answered.
- I have signed and dated the application.

Important Notices:

Temporary Suspension of PLU Requirement...

House Bill 1307 temporarily suspends the PLU requirement for certificate renewal from July 1, 2010 – June 30, 2015. *The bill states... "from July 1, 2010 through June 30, 2015, no professional learning requirements shall be required for certificate renewal for clear renewal certificates for certificated personnel or for certificate renewal for paraprofessionals."*

- Unused PLUs, CEUs and/or college credits will not roll-over to the next renewal validity period.
- HB 1307 **DOES NOT** apply to **JROTC Permits and non-renewable (NT) certificate holders.** These educators must meet the PLU requirement originally outlined by the Professional Standards Commission prior to July 1, 2010.



Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON			
<i>Employee Name</i>		<i>Social Security Number</i>	
_____	Statesboro	Georgia	30461
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. Scope of work: The employee is assigned to the duty of Principal located at Langston Chapel Middle S in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. Term of Contract: The employee shall be employed for the period from 7/1/17 through 6/30/18. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. Payment: The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{\text{Number of Days in Work Year}} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. Certification: This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

5. Termination: This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice of by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted.

6. Evaluation: Certified employees who are teachers of record will have an annual evaluation for next school year based on the Teacher Keys Effectiveness System (TKES) and the school administrative positions of principal, assistant principal and teaching and learning specialist will have an annual evaluation for next school year based on the Leader Keys Effectiveness System (LKES). The evaluation systems will be implemented in accordance with Official Code of Georgia 20-2-210, all applicable rules of the State Board of Education, and their respective Implementation Handbook for TKES or LKES.

7. Other: Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 15 day of May, 2017.

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for **40** extended-year days.

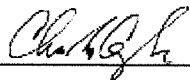
This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By



Signature of School System Superintendent

By

Evelyn Gamble-Hilton

Signature of Employee

Date of Offer 15 May 2017

Date of Acceptance 05/22/2017

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of Bulloch

I, Evelyn Gamble-Hilton, a citizen of Georgia and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn Gamble-Hilton

Signature of Employee

Sworn to and subscribed before me on this date: 05/22/2017

Kathryn E. Waters

Notary Public

EVELYN G HILTON	-->	KATHRYN E WATERS	05/22/17 08:49 AM	Approved	View (Modified)
Start: CONTRACT HUMAN RESOURCES	-->	EVELYN G HILTON	05/15/17 09:39 AM	Sent	View



Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON

Employee Name

Social Security Number

Statesboro

Georgia

30461

Street

City

State

Zip Code

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. Scope of work: The employee is assigned to the duty of Principal located at Langston Chapel Middle S in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. Term of Contract: The employee shall be employed for the period from 7/1/18 through 6/30/19. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. Payment: The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{\text{Number of Days in Work Year}} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. Certification: This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

5. Termination: This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice of by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted

6. Evaluation: Certified employees who are teachers of record will have an annual evaluation for next school year based on the Teacher Keys Effectiveness System (TKES) and the school administrative positions of principal, assistant principal and teaching and learning specialist will have an annual evaluation for next school year based on the Leader Keys Effectiveness System (LKES). The evaluation systems will be implemented in accordance with Official Code of Georgia 20-2-210, all applicable rules of the State Board of Education, and their respective Implementation Handbook for TKES or LKES.

7. Other: Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 05 day of March, 2018.

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for **40** extended-year days.

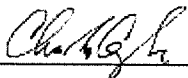
This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By



Signature of School System Superintendent

By

Evelyn G Hilton

Signature of Employee

Date of Offer 05 March 2018

Date of Acceptance 03/08/2018

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of Bulloch

I, Evelyn Gamble-Hilton, a citizen of Georgia and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn G Hilton

Signature of Employee

Sworn to and subscribed before me on this date: 03/08/2018

Kathryn E. Waters

Notary Public

KATHRYN E WATERS	-->	CONTRACT HUMAN RESOURCES	03/08/18 11:27 AM	Approved	View (Modified)
EVELYN G HILTON	-->	KATHRYN E WATERS	03/08/18 11:17 AM	Approved	View (Modified)
Start: CONTRACT HUMAN RESOURCES	-->	EVELYN G HILTON	03/05/18 04:30 PM	Sent	View



Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON

Employee Name

Social Security Number

STATESBORO

GEORGIA

30461

Street

City

State

Zip Code

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. Scope of work: The employee is assigned to the duty of PRINCIPAL located at LANGSTON CHAPEL MID in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. Term of Contract: The employee shall be employed for the period from 7/1/16 through 6/30/17. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. Payment: The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{\text{Number of Days in Work Year}} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. Certification: This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

5. Termination: This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice of by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted.

6. Evaluation: Certified employees who are teachers of record will have an annual evaluation for next school year based on the Teacher Keys Effectiveness System (TKES) and the school administrative positions of principal, assistant principal and teaching and learning specialist will have an annual evaluation for next school year based on the Leader Keys Effectiveness System (LKES). The evaluation systems will be implemented in accordance with Official Code of Georgia 20-2-210, all applicable rules of the State Board of Education, and their respective Implementation Handbook for TKES or LKES.

7. Other: Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 29 day of April, 2016.

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for **40** extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By



Signature of School System Superintendent

By

EVELYN GAMBLE-HILTON

Signature of Employee

Date of Offer 29 April 2016

Date of Acceptance 04/29/2016

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of Bulloch

I, EVELYN GAMBLE-HILTON, a citizen of GEORGIA and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

EVELYN GAMBLE-HILTON

Signature of Employee

Sworn to and subscribed before me this 29 day of April, 2016

KATHRYN E SPARKS

Notary Public

History

EVELYN G HILTON

--> KATHRYN SPARKS

04/29/16 09:51
AM

Approved

[View](#) (Modified)

Start: CONTRACT HUMAN RESOURCES

--> EVELYN G HILTON

04/29/16 09:11
AM

Sent

[View](#)



Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON

Employee Name

Social Security Number

STATESBORO

GEORGIA

30461

Street

City

State

Zip Code

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. **Scope of work:** The employee is assigned to the duty of PRINCIPAL located at LANGSTON CHAPEL MDC in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. **Term of Contract:** The employee shall be employed for the period from 7/1/15 through 6/30/16. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. **Payment:** The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{\text{Number of Days in Work Year}} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. **Certification:** This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

5. **Termination:** This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and dismissal of employees of local boards of education and as provided for in the regulations of the employer.

6. **Evaluation:** Certified employees who are teachers of record will have an annual evaluation for next school year based on the Teacher Keys Effectiveness System (TKES) and the school administrative positions of principal, assistant principal and teaching and learning specialist will have an annual evaluation for next school year based on the Leader Keys Effectiveness System (LKES). The evaluation systems will be implemented in accordance with Official Code of Georgia 20-2-210, all applicable rules of the State Board of Education, and their respective Implementation Handbook for TKES or LKES.

7. **Other:** Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 14 day of May, 2015

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for 40 extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer indentifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By [Signature]
Signature of School System Superintendent

By EVELYN GAMBLE-HILTON
Signature of Employee

Date of Offer 14 May 2015

Date of Acceptance 05/27/2015

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of Bulloch

I, EVELYN GAMBLE-HILTON, a citizen of GEORGIA and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

EVELYN GAMBLE-HILTON
Signature of Employee

Sworn to and subscribed before me this 27 day of May, 2015

KATHRYN E SPARKS
Notary Public

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History

Start: CONTRACT HUMAN RESOURCES	-->	EVELYN G HILTON	05/14/15 11:06 PM	Sent	View
EVELYN G HILTON	-->	KATHRYN SPARKS	05/27/15 07:29 AM	Approved	View (Modified)
KATHRYN SPARKS	-->	CONTRACT HUMAN RESOURCES	05/27/15 07:31 AM	Approved	View (Modified)
End: CONTRACT HUMAN RESOURCES	-->	Archive	06/01/15 12:28 PM	Approved	View (Modified)



Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON

Employee Name

Social Security Number

STATESBORO

GEORGIA

30461

Street

City

State

Zip Code

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. **Scope of work:** The employee is assigned to the duty of PRINCIPAL located at LANGSTON CHAPEL MIDE in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. **Term of Contract:** The employee shall be employed for the period from 7/1/14 through 6/30/15. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. **Payment:** The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{\text{Number of Days in Work Year}} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. **Certification:** This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

5. **Termination:** This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and dismissal of employees of local boards of education and as provided for in the regulations of the employer.

6. **Evaluation:** Certified employees who are teachers of record will have an annual evaluation for next school year based on the Teacher Keys Effectiveness System (TKES) and the school administrative positions of principal, assistant principal and teaching and learning specialist will have an annual evaluation for next school year based on the Leader Keys Effectiveness System (LKES). The evaluation systems will be implemented in accordance with Official Code of Georgia 20-2-210, all applicable rules of the State Board of Education, and their respective Implementation Handbook for TKES or LKES.

7. **Other:** Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 21 day of May, 2014.

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for **40** extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer indentifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By _____ <i>Signature of School System Superintendent</i>	By <u>EVELYN GAMBLE-HILTON</u> <i>Signature of Employee</i>
Date of Offer <u>21 May 2014</u>	Date of Acceptance <u>05/27/2014</u>

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE	
State of Georgia County of Bulloch	
I, <u>EVELYN GAMBLE-HILTON</u> , a citizen of <u>GEORGIA</u> and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.	
<u>EVELYN GAMBLE-HILTON</u> <i>Signature of Employee</i>	
Sworn to and subscribed before me this <u>27</u> day of <u>May</u> , <u>2014</u>	
<u>KATHRYN E SPARKS</u> <i>Notary Public</i>	

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History

Start: CONTRACT HUMAN RESOURCES	-->	EVELYN G HILTON	05/21/14 02:16 PM	Sent	View
EVELYN G HILTON	-->	KATHRYN SPARKS	05/27/14 04:40 PM	Approved	View (Modified)
KATHRYN SPARKS	-->	CONTRACT HUMAN RESOURCES	05/27/14 04:42 PM	Approved	View (Modified)
End: Admin	-->	Archive	06/05/14 08:55 AM	Admin Archived	View
Auto Archived by Admin					



Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON

Employee Name

Social Security Number

STATESBORO

GEORGIA

30461

Street

City

State

Zip Code

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. Scope of work: The employee is assigned to the duty of PRINCIPAL located at LANGSTON CHAPEL MID in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. Term of Contract: The employee shall be employed for the period from 7/1/13 through 6/30/14. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. Payment: The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{\text{Number of Days in Work Year}} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. Certification: This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

employer.

6. Other: Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 10 day of June, 2013.

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.


Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for **40** extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By 
Signature of School System Superintendent

By EVELYN GAMBLE-HILTON
Signature of Employee

Date of Offer 10 June 2013

Date of Acceptance 06/10/2013

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of Bulloch

I, EVELYN GAMBLE-HILTON, a citizen of GEORGIA and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

EVELYN GAMBLE-HILTON
Signature of Employee

Sworn to and subscribed before me this 10TH day of JUNE, 2013

KATHRYN E. SPARKS
Notary Public

History

Start: CONTRACT HUMAN RESOURCES -> EVELYN G HILTON 06/10/13 11:19 AM Sent [View](#)

KATHRYN SPARKS

-> CONTRACT HUMAN
RESOURCES

06/10/13
01:25 PM

Approved

[View](#) (Modified)

End:

CONTRACT HUMAN
RESOURCES

-> Archive

01/16/14
10:52 AM

Approved

STATE OF GEORGIA
COUNTY OF BULLOCH

BULLOCH COUNTY BOARD OF EDUCATION
CONTRACT OF EMPLOYMENT WITH ADMINISTRATOR

THIS AGREEMENT is made and entered into as of the dates indicated below, by and between the BULLOCH COUNTY BOARD OF EDUCATION (hereinafter called the EMPLOYER), and Evelyn Gamble-Hilton, Social Security number _____ Statesboro, GA 30461 (hereinafter called EMPLOYEE):

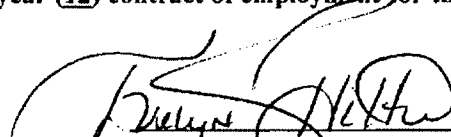
IN CONSIDERATION of the promises hereinafter stated, the EMPLOYER has offered and the EMPLOYEE has accepted employment, as a member of the administrative staff of the public school system of Bulloch County, Georgia.

SECTION ONE
TERM OF EMPLOYMENT

This shall be a(n) twelve-months each year (12) contract of employment for the period from 7/1/2012 to 6/30/2013.



Superintendent's Initials and Date



Employee's Initials and Date

SECTION TWO
SALARY

EMPLOYEE shall receive a salary during the first year of this 12 months based upon the current certificate level and verified years of credible service in accordance with official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules. Salary will be paid per annum, payable in no fewer than twelve (12) equal installments and subject to such deductions as may be authorized or as may be required by law. The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the EMPLOYEE has been assigned, without obligation by the EMPLOYER to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustments according to increases or decreases in state funding from the level provided for at the time this contract is signed.

The annual salary shall be subject to an adjustment on a pro rata basis for the number of days the EMPLOYEE does not work during the annual pay period due to employment after the start of the contract year, resignation, 230-day contract, or EMPLOYEE'S absence when there is no accumulated leave to cover such absence, in accordance with the following formula for eleven-month (11) employees.

Number of Days in Pay Status x Annual Salary – Amount Paid = 230 Amount Due

EMPLOYEE shall receive as a minimum an annual increase in salary equal to the percentage of increase in state teachers' salary schedule for the level applicable to EMPLOYEE, which is awarded by the General Assembly each year. EMPLOYER hereby reserves the right to

adjust the annual salary of EMPLOYEE during the term of this contract, but, in no event, shall such adjustment be less than the salary set forth herein. Any adjustment in salary made during the term of this contract shall be in the form of an amendment and shall become a part of this contract.

SECTION THREE
FRINGED BENEFITS

EMPLOYER shall extend to EMPLOYEE, at a minimum, such compensable and non-compensable leaves-of-absence, vacation; sick leave, insurance coverage, and such other benefits as shall be the substantial equivalent of those granted by EMPLOYER to other certificated personnel of the School District pursuant to agreement or Board of Education policy.

SECTION FOUR
ASSIGNMENT OF DUTIES

- a) The EMPLOYEE is assigned to the duty of principal Langston Chapel Middle, but the EMPLOYER reserves the right to effect a transfer of EMPLOYEE, in EMPLOYER'S sole discretion, at any time during the contract term to any other professional position and location under the jurisdiction of the EMPLOYER.
- b) The EMPLOYEE agrees to observe such curriculum and standards and to obey such reasonable rules and regulations as may from time to time be put in force by appropriate lawful action either of the EMPLOYER or of the State Board of Education.

SECTION FIVE
MEDICAL INFORMATION

The EMPLOYEE agrees to furnish to the EMPLOYER in writing and under oath such information (including medical information) as the EMPLOYER reasonably may request from time to time pertaining to the EMPLOYEE'S competence and fitness to perform assigned duties. If special medical information is requested by the EMPLOYER, the EMPLOYEE shall have the option to be examined by a physician of his own choice or a physician selected by the EMPLOYER. The EMPLOYER shall pay the costs of such special medical examination if such costs have been approved by the EMPLOYER as being reasonable prior to their being incurred. (As a prerequisite for employment or reemployment, the EMPLOYER may require an annual physical examination at the EMPLOYEE'S expense.)

SECTION SIX
LAWS OF GEORGIA

The terms and conditions of this contract are made expressly subject to provisions of the Constitution and the laws of the State of Georgia.

SECTION SEVEN
TERMINATION OF CONTRACT

- (a) Any provision in this contract to the contrary notwithstanding, this contract may be terminated and/or the EMPLOYEE suspended by EMPLOYER for any of the following reasons:
 - 1) The failure of EMPLOYEE to maintain any certification requirements for EMPLOYEE of EMPLOYER now or hereafter required by law or by the State Board of Education or by any rule or regulation thereof; both Parties to this contract agree that EMPLOYER can, at its option, terminate this contract if EMPLOYEE fails to maintain any certification requirements specified in this

Subsection (1) of this numbered SECTION SEVEN and does not correct such failure within ten (10) days of receiving written notice from EMPLOYER of the certification requirement(s) that EMPLOYEE has failed to maintain.

- 2) Any ground for termination of contracts of employment specified in Official Code of Georgia Annotated Sec. 20-2-940 (the Fair Dismissal Act) as the same now exists or as it may hereafter be amended and exists.
- 3) Disability of EMPLOYEE: EMPLOYER may terminate the contract by written notice to EMPLOYEE at any time after EMPLOYEE has been disabled by illness or incapacity for a period of ninety (90) consecutive calendar days. If a question exists concerning the capacity of EMPLOYEE to return to his/her duties, EMPLOYER may require that EMPLOYEE submit to a medical examination to be performed by a licensed physician. EMPLOYEE shall assume the cost of the medical examination. Upon such termination, EMPLOYER shall pay to EMPLOYEE the accrued salary and benefits through the date of this notice.
- 4) Mutual consent of the parties.
- 5) The EMPLOYEE'S death or retirement.

(b) While EMPLOYER is under no obligation to do so, it reserves the right at any time and under any circumstance to buy EMPLOYEE'S contract for the full value of the remainder of the term of such contract or for such part thereof as the parties may agree upon. In any case, where EMPLOYER buys the contract for the full value of the remainder of the term, it shall be required to pay only the monthly salary as it accrues and as is shown in SECTION TWO hereof and will not be required to pay the items shown as "FRINGE BENEFITS" under SECTION THREE hereof.

(c) EMPLOYER and EMPLOYEE further contract and agree that the termination of this contract or the suspension of EMPLOYEE for the reasons specified in Subsection (a)(2) of this numbered SECTION SEVEN shall be in accordance with the procedures specified in O.C.G.A 20-2-940, et. seq., as the same now or hereafter may be amended and exists.

SECTION EIGHT **NOTICE OF RESIGNATION**

EMPLOYEE shall give EMPLOYER at least sixty (60) days notice prior to his/her resignation or abandonment of his/her employment, but nothing herein shall be anticipated as consent to such abandonment or resignation. EMPLOYER and EMPLOYER reserve the right to accept a resignation from EMPLOYEE at any time the EMPLOYER deems such resignation to be in the best interest of EMPLOYER whether or not the EMPLOYER has received the notice specified in this paragraph.

SECTION NINE **ABSENCE OF TENURE**

It is expressly understood and agreed between EMPLOYER and EMPLOYEE that EMPLOYEE shall not acquire any tenure by virtue of having served under this contract or any renewal or extension of this contract. It is further expressly agreed that any tenure system, either statutory or otherwise, shall not be applicable to EMPLOYEE'S employment by EMPLOYER (Bulloch County Board of Education).

**SECTION TEN
OTHER CONTRACTS**

The EMPLOYEE hereby certifies that he/she is not under contract to any other board of education.

**SECTION ELEVEN
DEATH BENEFITS**

In the event of the death of the EMPLOYEE during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the EMPLOYEE'S estate in accordance with Georgia law.

**SECTION TWELVE
INVALIDITY**

If, during the term of this contract, any specific clause, paragraph, section or other portion of this contract is determined to be illegal or invalid under the laws of the State of Georgia or of the United States, the remainder of the contract not affected by such ruling or determination shall remain in full force and effect.

**SECTION THIRTEEN
ENTIRE AGREEMENT**

This contract shall constitute the entire agreement between the parties, and any prior understanding or representation of any kind preceding the date of this contract shall not be binding upon either party except to the extent incorporated in this contract.

**SECTION FOURTEEN
MODIFICATION OF CONTRACT**

Any modification of this contract or additional obligation assumed by either party in connection with this contract shall be binding only if evidenced in writing and signed by each party or an authorized representative of each party.

**SECTION FIFTEEN
NOTICES**

Any notice provided for or concerning this contract shall be in writing and shall be deemed sufficiently given when hand delivered to such party or when sent by certified or registered mail to the EMPLOYER at Bulloch County School System Central Office, 150 Williams Road, Suite A, Statesboro, Georgia 30458, or to EMPLOYEE at his residence address.

IN WITNESS WHEREOF, the parties have executed this CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

BULLOCH COUNTY BOARD OF EDUCATION, STATESBORO, GEORGIA

By: _____

Lewis D. Holloway, Ed. D
Superintendent

Evelyn Gamble-Hilton
Employee

Date of Offer

5/15/12

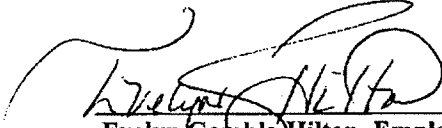
Date of Acceptance

5/25/12

STATE OF GEORGIA
COUNTY OF Bulloch County BOE

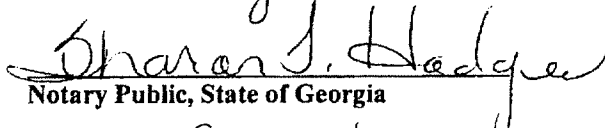
PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE
(Required by O.C.G.A. 45-3-11)

I, Evelyn Gamble-Hilton, a citizen of the State of Georgia and being an employee of the Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.



Evelyn Gamble-Hilton, Employee

Sworn to and subscribed before me this 25 day of May, 2012.



Notary Public, State of Georgia

County of: Bulloch

Commission Expires: 3/31/15



STATE OF GEORGIA
COUNTY OF BULLOCH

BULLOCH COUNTY BOARD OF EDUCATION
CONTRACT OF EMPLOYMENT WITH ADMINISTRATOR

THIS AGREEMENT is made and entered into as of the dates indicated below, by and between the BULLOCH COUNTY BOARD OF EDUCATION (hereinafter called the EMPLOYER), and Evelyn Gamble-Hilton, Social Security number _____, Statesboro, GA 30461 (hereinafter called EMPLOYEE):

IN CONSIDERATION of the promises hereinafter stated, the EMPLOYER has offered and the EMPLOYEE has accepted employment, as a member of the administrative staff of the public school system of Bulloch County, Georgia.

SECTION ONE
TERM OF EMPLOYMENT

This shall be a(n) twelve-months each year (12) contract of employment for the period from 7/1/2010 to 6/30/2012.

EH 4/26/10
Superintendent's Initials and Date

ESH 4/28/10
Employee's Initials and Date

SECTION TWO
SALARY

EMPLOYEE shall receive a salary during the first year of this 12 months based upon the current certificate level and verified years of credible service in accordance with official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee may be compensated as follows: As per State and Local Salary Schedules. Salary will be paid per annum, payable in no fewer than twelve (12) equal installments and subject to such deductions as may be authorized or as may be required by law. The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the EMPLOYEE has been assigned, without obligation by the EMPLOYER to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustments according to increases or decreases in state funding from the level provided for at the time this contract is signed.

The annual salary shall be subject to an adjustment on a pro rata basis for the number of days the EMPLOYEE does not work during the annual pay period due to employment after the start of the contract year, resignation, 230-day contract, or EMPLOYEE'S absence when there is no accumulated leave to cover such absence, in accordance with the following formula for eleven-month (11) employees.

Number of Days in Pay Status x Annual Salary – Amount Paid = 230 Amount Due

EMPLOYEE shall receive as a minimum an annual increase in salary equal to the percentage of increase in state teachers' salary schedule for the level applicable to EMPLOYEE, which is awarded by the General Assembly each year. EMPLOYER hereby reserves the right to

adjust the annual salary of EMPLOYEE during the term of this contract, but, in no event, shall such adjustment be less than the salary set forth herein. Any adjustment in salary made during the term of this contract shall be in the form of an amendment and shall become a part of this contract.

SECTION THREE
FRINGED BENEFITS

EMPLOYER shall extend to EMPLOYEE, at a minimum, such compensable and non-compensable leaves-of-absence, vacation; sick leave, insurance coverage, and such other benefits as shall be the substantial equivalent of those granted by EMPLOYER to other certificated personnel of the School District pursuant to agreement or Board of Education policy.

SECTION FOUR
ASSIGNMENT OF DUTIES

- a) The EMPLOYEE is assigned to the duty of principal Langston Chapel Middle, but the EMPLOYER reserves the right to effect a transfer of EMPLOYEE, in EMPLOYER'S sole discretion, at any time during the contract term to any other professional position and location under the jurisdiction of the EMPLOYER.
- b) The EMPLOYEE agrees to observe such curriculum and standards and to obey such reasonable rules and regulations as may from time to time be put in force by appropriate lawful action either of the EMPLOYER or of the State Board of Education.

SECTION FIVE
MEDICAL INFORMATION

The EMPLOYEE agrees to furnish to the EMPLOYER in writing and under oath such information (including medical information) as the EMPLOYER reasonably may request from time to time pertaining to the EMPLOYEE'S competence and fitness to perform assigned duties. If special medical information is requested by the EMPLOYER, the EMPLOYEE shall have the option to be examined by a physician of his own choice or a physician selected by the EMPLOYER. The EMPLOYER shall pay the costs of such special medical examination if such costs have been approved by the EMPLOYER as being reasonable prior to their being incurred. (As a prerequisite for employment or reemployment, the EMPLOYER may require an annual physical examination at the EMPLOYEE'S expense.)

SECTION SIX
LAWS OF GEORGIA

The terms and conditions of this contract are made expressly subject to provisions of the Constitution and the laws of the State of Georgia.

SECTION SEVEN
TERMINATION OF CONTRACT

- (a) Any provision in this contract to the contrary notwithstanding, this contract may be terminated and/or the EMPLOYEE suspended by EMPLOYER for any of the following reasons:
 - 1) The failure of EMPLOYEE to maintain any certification requirements for EMPLOYEE of EMPLOYER now or hereafter required by law or by the State Board of Education or by any rule or regulation thereof; both Parties to this contract agree that EMPLOYER can, at its option, terminate this contract if EMPLOYEE fails to maintain any certification requirements specified in this

Subsection (1) of this numbered SECTION SEVEN and does not correct such failure within ten (10) days of receiving written notice from EMPLOYER of the certification requirement(s) that EMPLOYEE has failed to maintain.

- 2) Any ground for termination of contracts of employment specified in Official Code of Georgia Annotated Sec. 20-2-940 (the Fair Dismissal Act) as the same now exists or as it may hereafter be amended and exists.
- 3) Disability of EMPLOYEE: EMPLOYER may terminate the contract by written notice to EMPLOYEE at any time after EMPLOYEE has been disabled by illness or incapacity for a period of ninety (90) consecutive calendar days. If a question exists concerning the capacity of EMPLOYEE to return to his/her duties, EMPLOYER may require that EMPLOYEE submit to a medical examination to be performed by a licensed physician. EMPLOYEE shall assume the cost of the medical examination. Upon such termination, EMPLOYER shall pay to EMPLOYEE the accrued salary and benefits through the date of this notice.
- 4) Mutual consent of the parties.
- 5) The EMPLOYEE'S death or retirement.

(b) While EMPLOYER is under no obligation to do so, it reserves the right at any time and under any circumstance to buy EMPLOYEE'S contract for the full value of the remainder of the term of such contract or for such part thereof as the parties may agree upon. In any case, where EMPLOYER buys the contract for the full value of the remainder of the term, it shall be required to pay only the monthly salary as it accrues and as is shown in SECTION TWO hereof and will not be required to pay the items shown as "FRINGE BENEFITS" under SECTION THREE hereof.

(c) EMPLOYER and EMPLOYEE further contract and agree that the termination of this contract or the suspension of EMPLOYEE for the reasons specified in Subsection (a)(2) of this numbered SECTION SEVEN shall be in accordance with the procedures specified in O.C.G.A 20-2-940, et. seq., as the same now or hereafter may be amended and exists.

SECTION EIGHT **NOTICE OF RESIGNATION**

EMPLOYEE shall give EMPLOYER at least sixty (60) days notice prior to his/her resignation or abandonment of his/her employment, but nothing herein shall be anticipated as consent to such abandonment or resignation. EMPLOYER and EMPLOYER reserve the right to accept a resignation from EMPLOYEE at any time the EMPLOYER deems such resignation to be in the best interest of EMPLOYER whether or not the EMPLOYER has received the notice specified in this paragraph.

SECTION NINE **ABSENCE OF TENURE**

It is expressly understood and agreed between EMPLOYER and EMPLOYEE that EMPLOYEE shall not acquire any tenure by virtue of having served under this contract or any renewal or extension of this contract. It is further expressly agreed that any tenure system, either statutory or otherwise, shall not be applicable to EMPLOYEE'S employment by EMPLOYER (Bulloch County Board of Education).

**SECTION TEN
OTHER CONTRACTS**

The EMPLOYEE hereby certifies that he/she is not under contract to any other board of education.

**SECTION ELEVEN
DEATH BENEFITS**

In the event of the death of the EMPLOYEE during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the EMPLOYEE'S estate in accordance with Georgia law.

**SECTION TWELVE
INVALIDITY**

If, during the term of this contract, any specific clause, paragraph, section or other portion of this contract is determined to be illegal or invalid under the laws of the State of Georgia or of the United States, the remainder of the contract not affected by such ruling or determination shall remain in full force and effect.

**SECTION THIRTEEN
ENTIRE AGREEMENT**

This contract shall constitute the entire agreement between the parties, and any prior understanding or representation of any kind preceding the date of this contract shall not be binding upon either party except to the extent incorporated in this contract.

**SECTION FOURTEEN
MODIFICATION OF CONTRACT**

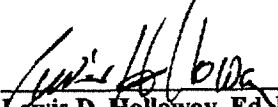
Any modification of this contract or additional obligation assumed by either party in connection with this contract shall be binding only if evidenced in writing and signed by each party or an authorized representative of each party.

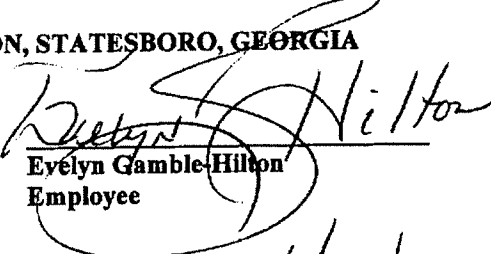
**SECTION FIFTEEN
NOTICES**

Any notice provided for or concerning this contract shall be in writing and shall be deemed sufficiently given when hand delivered to such party or when sent by certified or registered mail to the EMPLOYER at Bulloch County School System Central Office, 150 Williams Road, Suite A, Statesboro, Georgia 30458, or to EMPLOYEE at his residence address.

IN WITNESS WHEREOF, the parties have executed this CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

BULLOCH COUNTY BOARD OF EDUCATION, STATESBORO, GEORGIA

By: 
Lewis D. Holloway, Ed.D.
Superintendent


Evelyn Gamble-Hilton
Employee

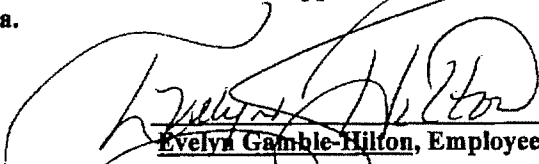
Date of Offer 4/26/10

Date of Acceptance 4/28/10

STATE OF GEORGIA
COUNTY OF Bulloch County BOE

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE
(Required by O.C.G.A. 45-3-11)

I, Evelyn Gamble-Hilton, a citizen of the State of Georgia and being an employee of the Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.



Evelyn Gamble-Hilton, Employee

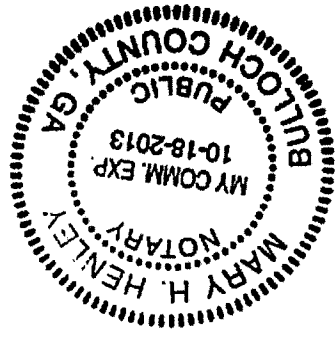
Sworn to and subscribed before me this 28th day of April, 2010.



Notary Public, State of Georgia

County of: Bulloch

Commission Expires: 10-18-2013





Contract of Employment

State of Georgia County of Bulloch.

This Agreement is made and entered into as of the date indicated below, by and between the Bulloch County Board of Education (hereinafter called employer), and

EVELYN G HILTON			
<i>Employee Name</i>		<i>Social Security Number</i>	
STATESBORO	GEORGIA	30461	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public system of Bulloch County Board of Education.

1. **Scope of work:** The employee is assigned to the duty of ADMINISTRATOR.SCHC located at SHS in said school system but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. **Term of Contract:** The employee shall be employed for the period from 7/1/09 through 6/30/10. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of the employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. **Payment:** The employee's annual salary is based upon the current certificate level and verified years of credible service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee will be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of credible service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the first start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\frac{\text{Number of Days in Pay Status}}{190} \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with the rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of an employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. **Certification:** This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above; Failure to secure certification renders the contract void.

5. **Termination:** This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted.

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 24 day of April, 2009

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities as required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for 10 extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer indentifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By


Signature of School System Superintendent

By

EVELYN G HILTON

Signature of Employee

Date of Offer 24 April 2009

Date of Acceptance 05/01/2009

The Public School Employment Oath of Allegiance must be executed by the employee.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE	
State of Georgia County of Bulloch	
I, <u>EVELYN G HILTON</u> , a citizen of <u>GEORGIA</u> and being an employee of Bulloch County Board of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.	
	<u>EVELYN G HILTON</u> Signature of Employee
Sworn to and subscribed before me this <u>1</u> day of <u>MAY</u> , <u>2009</u>	
	<u>KATHY S HENDRIX</u> Notary Public

Printed by DocuSign

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History

Start: CONTRACT HUMAN RESOURCES	->	EVELYN G HILTON	04/24/09 10:52 AM	Sent	View
EVELYN G HILTON	->	KATHY S HENDRIX	05/01/09 02:27 PM	Approved	View (Modified)

CONTRACT

05/01/09

Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into as of the dates indicated below, by and between the
Bulloch County
City or County Board of Education (hereinafter called employer), and

<u>HILTON</u> <i>Last Name</i>	<u>EVELYN</u> <i>First Name</i>	<u>G</u> <i>Middle Name</i>	
<u>STATESBORO</u> <i>Street</i>	<u>GA</u> <i>City</i>	<u>30461</u> <i>State</i>	<u></u> <i>Zip Code</i>

(hereinafter called employee).

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public school system of Bulloch County Board of Education
School System Name

1. **Scope of work:** The employee is assigned to the duty of ADMIN, SCHOOL located at STATESBORO HIGH
School Name and City in said school system but the employer reserves the right to effect

a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. **Term of contract:** The employee shall be employed for the period from 07/01/2008 through 06/30/2009. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. **Payment:** The employee's annual salary is based upon a T5 certificate level and 15 years of creditable service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee will be compensated as follows: As per State and Local Salary Schedules

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for at the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\left[\frac{\text{Number of Days in Pay Status}}{190} \right] \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of the employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. **Certification:** This contract is contingent upon the employee's securing and continuing to hold a valid certification issued by the Professional Standards Commission, as listed above. Failure to secure certification renders the contract void.

5. **Termination:** This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and dismissal of employees of local boards of education and as provided for in the regulations of the employer.

6. **Other:** Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia

County of Bulloch

I, EVELYN G HILTON, a citizen of USA and being an employee of Bulloch Co BOE and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn G Hilton
Signature of Employee

Sworn to and subscribed before me this 31 day of March, 2008.

Kathy S. Hendrix
Notary Public



Required by O.C.G.A. 45-3-11

Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 28 day of March, 2008

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well as all amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities is required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for 10 extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

Bulloch County Board of Education, Bulloch County, Georgia

By Lynda M. Yawn
Signature of School System Superintendent

By *Evelyn G Hilton*
Signature of Employee

Date of Offer March 28, 2008

Date of Acceptance

The Public School Employment Oath of Allegiance on the attached sheet must be executed by the employee.

Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into as of the dates indicated below, by and between the
Bulloch County
City or County Board of Education (hereinafter called employer), and

GAMBLE EVELYN B
Last Name First Name Middle Name Social Security Number
STATESBORO GA 30461
Street City State Zip Code (hereinafter called employee).

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public school system of Bulloch County Board of Education
School System Name

1. Scope of work: The employee is assigned to the duty of CLASSROOM TEACHER SHS
Staff Position Administrator located at STATESBORO HIGH
School Name and City in said school system but the employer reserves the right to effect

a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. Term of contract: The employee shall be employed for the period from 07/01/2007 through 06/30/2008. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. Payment: The employee's annual salary is based upon a 15 certificate level and 14 years of creditable service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee will be compensated as follows: As per State and Local Salary Schedules.

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for at the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\left[\frac{\text{Number of Days in Pay Status}}{190} \right] \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of the employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. Certification: This contract is contingent upon the employee's securing and continuing to hold a valid certificate issued by the Professional Standards Commission, as listed above; however, if the employee is unable to be properly certified, the daily rate of pay may be adjusted to that of a substitute employee retroactive to the beginning date of employment under this contract or to the date the certificate became invalid, whichever is more recent.

5. Termination: This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and dismissal of employees of local boards of education and as provided for in the regulations of the employer.

6. Other: Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

Bulloch County Bulloch
City or County Board of Education, *County, Georgia*
By [Signature] By [Signature]
Signature of School System Superintendent *Signature of Employee*
Date of Offer February 12, 2007 Date of Acceptance 2-14-07

The Public School Employment Oath of Allegiance on the attached sheet must be executed by the employee

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of Bulloch

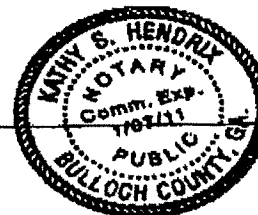
EVELYN B GAMBLE a citizen of USA and being an employee of Bulloch Co. BOE and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn B Gamble
Signature of Employee

Sworn to and subscribed before me this 14 day of February, 2007

Kathy S. Hendrix
Notary Public

Required by O.C.G.A. 15-1-11



Addendum to Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into this 12 day of February, 2007

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well as all amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities is required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education:

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for 10 extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature
Bulloch County Board of Education, Bulloch County, Georgia

By *Gene W. ...*
Signature of School System Superintendent

By *Evelyn B Gamble*
Signature of Employee

Date of Offer February 12, 2007

Date of Acceptance 2-14-07

The Public School Employment Oath of Allegiance on the attached sheet must be executed by the employee.

Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into as of the dates indicated below, by and between the

Bulloch County

City or County

Board of Education (hereinafter called employer), and

<u>GAMBLE</u>	<u>EVELYN</u>	<u>B</u>	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Social Security Number</i>
<u>STATESBORO</u>	<u>GA</u>	<u>30461</u>	
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

(hereinafter called employee).

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public school system of Bulloch County Board of Education
School System Name

1. **Scope of work:** The employee is assigned to the duty of ADMIN, SCHOOL located at STATESBORO HIGH
School Name and City in said school system but the employer reserves the right to effect

a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. **Term of contract:** The employee shall be employed for the period from 07/01/2006 through 06/30/2007. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. **Payment:** The employee's annual salary is based upon a T5 certificate level and 12 years of creditable service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee will be compensated as follows: As per State and Local Salary Schedules

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for at the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\left[\frac{\text{Number of Days in Pay Status}}{190} \right] \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of the employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. **Certification:** This contract is contingent upon the employee's securing and continuing to hold a valid certificate issued by the Professional Standards Commission, as listed above; however, if the employee is unable to be properly certified, the daily rate of pay may be adjusted to that of a substitute employee retroactive to the beginning date of employment under this contract or to the date the certificate became invalid, whichever is more recent.

5. **Termination:** This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and dismissal of employees of local boards of education and as provided for in the regulations of the employer.

6. **Other:** Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum.

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

Bulloch County

Board of Education,

Bulloch

County, Georgia

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia

County of Bulloch

I, EVELYN B GAMBLE, a citizen of the USA and being an employee of Bulloch County B.O.E. and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn B Gamble - Wilcox
Signature of Employee

Sworn to and subscribed before me this 23 day of May, 2006

Sandy L Lane
Notary Public

My Commission Expires Jan. 4, 2010

Required by O.C.G.A. 45-3-11

Addendum to Contract of Employment

State of Georgia

County of Bulloch

This Agreement is made and entered into this 14 day of April, 2006

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well as all amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed.

Compensation is for time required and work actually performed beyond the employee's normal work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities is required in accordance with the rules of the State Board of Education and the Bulloch County Board of Education.

Upon certification that extended-year work has been performed, compensation will be paid at the rate of the employee's daily rate per day for 10 extended-year days.

This addendum is for the extended year responsibilities and is renewable at the discretion of the employer identifying services to be performed.

Bulloch County Board of Education, Statesboro, Georgia

IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the dates shown by each party's signature.

Bulloch County

Board of Education,

Bulloch

County, Georgia

City or County

By _____
Signature of School System Superintendent

By *Evelyn B Gamble - Wilcox*
Signature of Employee

Date of Offer April 14, 2006

Date of Acceptance 5/23/06

The Public School Employment Oath of Allegiance on the attached sheet must be executed by the employee.

Contract of Employment

State of Georgia
County of Bulloch

This Agreement is made and entered into as of the dates indicated below, by and between the
Bulloch County Board of Education (hereinafter called employer), and
City or County

<u>GAMBLE</u> <i>Last Name</i>	<u>EVELYN</u> <i>First Name</i>	<u>B</u> <i>Middle Name</i>	<u>30461</u> <i>Social Security Number</i>
<u>STATESBORO</u> <i>City</i>	<u>GA</u> <i>State</i>	<u>30461</u> <i>Zip Code</i>	(hereinafter called employee).

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public school system of Bulloch County Board of Education
School System Name

1. Scope of work: The employee is assigned to the duty of CLASSROOM TEACHER located at WILLIAM JAMES MIDDLE
School Name and City in said school system but the employer reserves the right to effect

a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. Term of contract: The employee shall be employed for the period from 07/01/2006 through 06/30/2007. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. Payment: The employee's annual salary is based upon a T5 certificate level and 13 years of creditable service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee will be compensated as follows: As per State and Local Salary Schedules

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for at the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\left[\frac{\text{Number of Days in Pay Status}}{190} \right] \times \text{Annual Salary} - \text{Amount Paid} - \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of the employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. Certification: This contract is contingent upon the employee's securing and continuing to hold a valid certificate issued by the Professional Standards Commission, as listed above; however, if the employee is unable to be properly certified, the daily rate of pay may be adjusted to that of a substitute employee retroactive to the beginning date of employment under this contract or to the date the certificate became invalid, whichever is more recent.

5. Termination: This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract whether by formal notice or by willful failure or refusal to continue duties without such written consent, the employer may recommend to the agency designated by state law to investigate complaints of ethics violations by educators, that action be taken against the employee's certificate or application for certification. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and dismissal of employees of local boards of education and as provided for in the regulations of the employer.

6. Other: Amendments to this contract shall be in writing and signed by both parties. The terms and conditions of this contract are made expressly subject to provisions of the Constitution, laws, and regulations of the State of Georgia and the federal government. The employee hereby certifies that he/she is not under contract to any other board of education, unless such other contract provides no conflict with the duties required by this contract and addendum. IN WITNESS WHEREOF, the parties have executed the CONTRACT OF EMPLOYMENT in duplicate on the date shown by each party's signature.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia

County of Bulloch

EVELYN B GAMBLE

a citizen of USA - Georgia and being an employee of Bulloch County BOE and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn B Gamble
Signature of Employee

Sworn to and subscribed before me this 23 day of April, 2006.

Sandy Lane
Notary Public

Required by O.C.G.A. 45-3-11

My Commission Expires Jan. 4, 2010

Complete in Duplicate

Revised April 2001

Contract of Employment

State of Georgia
County of Bulloch County

This Agreement is made and entered into as of the dates indicated below, by and between the
Bulloch County Board of Education Board of Education (hereinafter called employer), and
City or County

GAMBLE EVELYN B
Last Name First Name Middle Name Social Security Number
STATESBORO GA 30461 (hereinafter called employee).
Street City State Zip Code

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the
teaching or administrative staff of the public school system of Bulloch County Board of Education
School System Name

1. **Scope of work:** The employee is assigned to the duty of CLASSROOM TEACHER located at
WILLIAM JAMES MIDDLE in said school system but the employer reserves the right to effect
School Name and City Staff Position

a transfer to any other location under the jurisdiction of the employer. The employee agrees to perform such duties as assigned, observe and implement such curriculum, standards and policy, and abide by such rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or the State Board of Education.

2. **Term of contract:** The employee shall be employed for the period from 07/01/2005 through 06/30/2006. The employee hereby agrees to complete a full school year for certified staff, as defined by the rules of the State Board of Education, and in accordance with the annual school calendar and regulations adopted by the employer. If this contract commences subsequent to the beginning of an academic school year, the employee agrees to perform designated duties on the remainder of employee work days in the school year, as defined by the rules of the State Board of Education and in accordance with the employer's annual school calendar and work schedules.

3. **Payment:** The employee's annual salary is based upon a T5 certificate level and 12 years of creditable service in accordance with the official salary schedule, approved by the State Board of Education for certified personnel employed for a full school year, as defined by the rules of the State Board of Education and in accordance with the official work schedules adopted by the employer. The employee will be compensated as follows:

\$ <u>45,429</u> State base salary (based on State Salary Schedule)	*State supplement (Check as appropriate):
\$ <u>0</u> State supplement*	___ Principal's supplement (\$ <u> </u>)
\$ <u>1,122</u> Local supplement	___ Teacher of the Year (\$ <u> </u>)
\$ <u>46,551</u> TOTAL	___ National Board for Professional Teaching Standards certification (min. 10% of state base salary) (\$ <u> </u>)
	___ Other (\$ <u> </u>) (\$ <u> </u>)

The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for at the time this contract is signed. The salary stated herein shall be subject to an adjustment on a pro rata basis for the number of employee work days the employee does not complete during the annual school year due to employment after the start of the academic school year, resignation, termination, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula:

$$\left[\frac{\text{Number of Days in Pay Status}}{190} \right] \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

The number of days in pay status shall be equal to the actual number of employee work days completed by the employee, as defined in the rules of the State Board of Education, and in accordance with the official work schedule adopted by the employer, during the term of this contract. In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with rules of the State Board of Education and the employer, compensation for such services shall be in accordance with the terms and conditions of an addendum to this contract. In the event of the death of the employee during the term of this contract, earned but unpaid salary or other monies will be disbursed to the authorized representative of the employee's estate in accordance with Georgia law.

4. **Certification:** This contract is contingent upon the employee's securing and continuing to hold a valid certificate issued by the Professional Standards Commission, as listed above; however, if the employee is unable to be properly certified, the daily rate of pay may be adjusted to that of a substitute employee retroactive to the beginning date of employment under this contract or to the date the certificate became invalid, whichever is more recent.

5. **Termination:** This contract shall not be terminated by the employee without the written consent of the employer. In the event that the employee does

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia

Bulloch County

County of _____

I, EVELYN B GAMBLE, a citizen of USA and being an employee of Bulloch Co. BOE and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn Gamble
Signature of Employee

Sworn to and subscribed before me this 20th day of April, 2005.

Ruby Ann Abner
Notary Public

CONTRACT OF EMPLOYMENT

State of Georgia
County of

BULLOCK

Revised February 1999

This Agreement is made and entered into as of the dates indicated below, by and between the BULLOCK CO. BOARD OF EDUC. (hereinafter called the employer), and GAMBLE, EVELYN B.

SS#

STATESBORO, GA 30461 (hereinafter called employee):

IN CONSIDERATION of the promises hereinafter stated, the employer has offered and the employee has accepted employment, as a member of the teaching or administrative staff of the public school system of BULLOCK CO. BOARD OF EDUC.

A. The employee is not a first-time hire by the BULLOCK Board of Education or was hired by the BULLOCK Board of Education on or before July 1, 1994, and shall be employed for the period 07/01/2004 TO 06/30/2005

The annual contract salary will consist of amounts on the STATE SALARY SCHEDULE plus LOCAL SALARY SCHEDULE based upon a T5 certificate 11 years of creditable experience to be paid in accordance with the official salary schedule and official work schedules adopted by the employer. The salary specified herein may be subject to adjustment according to the Official Code of Georgia Annotated, Title 20, applicable to the classification and type of service to which the employee has been assigned, without obligation by the employer to make up any deficit beyond such sum as shall become uniformly applicable to all employees of the same group, classification, type and length of creditable service, as determined by any law or laws now or hereinafter in operation regulating the financing of public school systems. The salary is conditioned upon the continued availability of state funds under appropriations acts, as well as all amendments thereto, of the General Assembly, with all salaries subject to upward or downward adjustment according to increases or decreases in state funding from the level provided for at the time this contract is signed. The annual salary shall be subject to an adjustment on a pro rata basis for the number of days the employee does not work during the annual pay period due to employment after the start of the contract year, resignation, 200-day contract, or employee's absence when there is no accumulated leave to cover such absence, in accordance with the following formula for 10-month employees.

$$\text{Number of Days in Pay Status } (/190) \times \text{Annual Salary} - \text{Amount Paid} = \text{Amount Due}$$

In the event the employee is eligible for and participates in instructional programs for which extended-day or extended-year salaries are earned in accordance with rules of the State Board of Education and the employer, compensation for such service shall be in accordance with the terms and conditions of an addendum to this contract.

The employee is assigned to the duty of CERTIFICATED EMPLOYEE located at WILLIAM JAMES MIDDLE in said school system, but the employer reserves the right to effect a transfer to any other location under the jurisdiction of the employer

The employee agrees to observe such curriculum and standards and obey such reasonable rules and regulations as may from time to time be put in force by appropriate lawful action either of the employer or of the State Board of Education.

The employee agrees to furnish to the employer in writing and under oath such information (including medical information) as the employer reasonably may request from time to time pertaining to the employee's competence and fitness to perform assigned duties. If special medical information is requested by the employer, the employee shall have the option to be examined by a physician of his/her own choice or a physician selected by the employer. The employer shall pay the costs of such special medical examination if such costs have been approved by the employer as being reasonable prior to their being incurred. (As a pre-requisite for employment or reemployment the employer may require an annual physical examination at the employee's expense.)

The terms and conditions of this contract are made expressly subject to provisions of the Constitution and the Laws of the State of Georgia.

Except in situations which the employer, in the reasonable exercise of its discretion, deems to be an emergency, this CONTRACT OF EMPLOYMENT shall not be terminated by the employee without the written consent of the employer. In the event that the employee does terminate this contract, whether by formal notice or by willful failure or refusal to continue to perform assigned duties without such written consent or emergency situation, the employer may recommend to the Professional Practices Commission that action be taken against the employee's certificate.

In the event of wrongful termination of the contract by the employer, it is agreed that the amount payable hereunder shall represent the monthly rate of salary for the number of months and days during which such employment has continued and services have been rendered. This contract shall not be terminated by the employer except as provided for in any law of the State of Georgia presently in force or hereafter enacted pertaining to the retention and/or dismissal of employees of local boards of education.

Amendments to this contract shall be in writing and signed by both parties.

This contract is contingent upon the employee's securing and continuing to hold a valid certificate issued by the Professional Standards Commission; however, if the employee is unable to be properly certified, the daily rate of pay may be adjusted to that of a substitute employee retroactive to the beginning date of employment under this contract or to the date the certificate expired.

PUBLIC SCHOOL EMPLOYMENT OATH OF ALLEGIANCE

State of Georgia
County of BULLOCH

I, GAMBLE, EVELYN B. a citizen of USA

and being an employee of BULLOCH CO. BOARD OF EDUC

and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of Georgia.

Evelyn B. Gamble
Signature of Employee

Sworn to and subscribed before me this 16th day of April, 2004

Sandy Moore Lane
Secretary Public

Required by O.C.G.A. 46-3-11 My Commission Expires July 30, 2008

ADDENDUM TO CONTRACT OF EMPLOYMENT

State of Georgia
County of BULLOCH

This Agreement is made and entered into this 12 day of APRIL, 2004

The terms and conditions of this addendum are made expressly subject to rules and regulations as may, from time to time, be put in force by appropriate lawful action either by the employer or the State Board of Education. The compensation is conditioned upon availability of state funds under appropriations acts, as well as all amendments according to increases or decreases in state funding from the level provided for at the time this addendum is signed. Compensation is for time required and work actually performed beyond the employee's normal workday and/or work year as defined in state board rules. Documentation of the fulfillment of the following responsibilities is required in accordance with rules of the State Board of Education.

Upon certification that extended-day and/or extended-year work has been performed, compensation will be paid at a rate of \$ per hour for extended-day work and at the rate of \$ per day for extended-year work.

This addendum is for the responsibilities listed and is renewable at the discretion of the employer identifying services to be performed.

BULLOCH Board of Education BULLOCH County, Georgia

By _____
Signature of School System Superintendent

Evelyn B. Gamble
Signature of Employee

STATE OF GEORGIA

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. YOUR FULL NAME <i>Evelyn Bonnette Gamble</i>	2. YOUR SOCIAL SECURITY NUMBER
HOME ADDRESS (Number, Street, or Rural Route)	CITY, STATE AND ZIP CODE <i>Statesboro GA 30461</i>

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3-8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: enter 0 or 1 []

B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 []

C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 []

D. Married Filing Separate: enter 0 or 1 or 2 []

Head of Household: enter 0 or 1 or 2 []

4. DEPENDENT ALLOWANCES *2*

5. ADDITIONAL ALLOWANCES [] (complete worksheet below)

6. ADDITIONAL WITHHOLDING \$

7. LETTER USED (Marital Status A, B, C, D, or E) *EV* TOTAL ALLOWANCES (Total of Lines 3 - 5) *3*
(Employer: The letter indicates the tax tables on pages 16 through 35 of the Employer's Tax Guide)

8. EXEMPT: I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature *Evelyn Gamble* Date *2-9-04*

Employer: Complete Line 9 if the employee claims over 14 allowances or exempt from withholding. Mail entire form to Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN: EMPLOYER'S WH#:

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: Age 65 or over Blind
Spouse: Age 65 or over Blind Number of boxes checked ___ x 1300 \$

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions \$

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
Each Spouse \$1,500 \$

C. Subtract Line B from Line A \$

D. Allowable Deductions to Federal Adjusted Gross Income \$

E. Add the Amounts on Lines 1, 2C, and 2D \$

F. Estimate of Taxable Income not Subject to Withholding \$

G. Subtract Line F from Line E (if zero or less, stop here) \$

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$

(This is the number of additional allowances. If the remainder is over \$1,500 round up).



Georgia Bureau of Investigation
3121 Panthersville Road
Decatur, Georgia 30034
404-244-2639

LSTCN:9139791168
GBITCN:70521850089996
DATE/TIME:2017-02-21 14:18:48
NAME:HILTON, EVELYN GAMBLE
PHOTO:PHOTO NOT AVAILABLE

THE FOLLOWING GEORGIA AND FBI NATIONAL CRIMINAL HISTORY RECORD INFORMATION WAS FOUND:

THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR RECORD REQUEST FOR FBI/254697RA8. THE RECORD MAY BE OBTAINED FROM WITHIN YOUR STATE. THE INTERSTATE IDENTIFICATION INDEX CONTAINS NO ADDITIONAL DATA.
END

===== RAP SHEET SEPARATOR =====

Georgia Crime Information Center
3121 Panthersville Road
Decatur, GA 30037
(404) 244-2639

CTW
Phillip R. Small
2/23/2017

***** CRIMINAL HISTORY RECORD *****

Produced on 2017-02-21

***** Introduction *****

This rap sheet was produced in response to the following request:

FBI/UCN 254697RA8
State Id Number GA1905312L (GA)
Purpose Code W
Attention 70521850089996

The information in this rap sheet is subject to the following caveats:

**THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST SENT: 2017-02-21
(GA; 2007-08-11)

Important! Criminal history record information is obtained one of two ways: 1) by conducting an inquiry using personal identifiers such as name and date of birth (name search), or 2) by submitting fingerprint cards to the Georgia Crime Information Center (GCIC). When conducting a name search for criminal history record information, there is a possibility that the information returned belongs to a different person with the same, or similar, identifiers. In this case, a positive match of the person whose criminal history record is sought requires submission of fingerprint cards to GCIC. When conducting a fingerprint search for criminal history record information, the information returned does, in fact, belong to the individual. In this case, conducting a name search using the individual's personal identifiers

would be the same information. (GA; 2007-08-11)

When the information contained in a criminal history report causes an adverse employment or licensing decision the individual, business or agency making the decision must inform the applicant of all information pertinent to the decision. The disclosure must include information that a criminal history record check was conducted, the specific contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor offense under Georgia law. Additionally, any unauthorized dissemination of this record or information herein also violates Georgia law. The plea of nolo contendere may be considered a conviction for some purposes: however, except as otherwise provided by law, it shall not be used against the defendant in any other court as a conviction or admission of guilt or for the purpose of effecting any civil disqualification of the defendant to hold public office, to vote, to serve upon any jury, or any other civil disqualification imposed upon a person convicted of any offense under the laws of this state. (GA; 2007-08-11)

In the event that identifiers are not clearly associated to a specific cycle, the information is most likely non-fingerprint based information received from the Department of Corrections at the time of release from incarceration. (GA; 2007-08-11)

***** IDENTIFICATION *****

Subject Name(s)

GAMBLE, EVELYN (2007-08-08)
BONNIE, (AKA) (2007-08-08)

Subject Description

FBI/UCN State Id Number
254697RA8 GA1905312L

Social Security Number
(2007-08-08)

Sex Race
Female (1992-08-28) Black (1992-08-28)

Height Weight Date of Birth
5'02" (1992-08-28) 155 (1992-08-28) (2007-08-08)

Hair Color Eye Color
Black (1992-08-28) Brown (1992-08-28)

Place of Birth
GEORGIA (1992-08-28)

III Record SSO

***** CRIMINAL HISTORY *****

=====
Offender Tracking Number (OTN) 00043291371 (Cycle 001 of 001)
Earliest Event Date 00043291371
Offense Date 1992-08-28
1992-08-28

Arrest SRF 43861420
Judicial SRF 47802307

Arrest (Cycle 001)
Arrest Date 1992-08-28
Arresting Agency GA0160200 BROOKLET POLICE DEPARTMENT
Subject's Name GAMBLE, EVELYN
Arrest Type Adult

Charge 1
Charge Tracking Number 00043291371-001
Charge Literal COMMERCIAL GAMBLING
Statute 16-12-22; GA
State Offense Code 3932
Severity Felony

Court Disposition (Cycle 001)
Court Agency GA016015J BULLOCH COUNTY SUPERIOR COURT
Subject's Name GAMBLE, EVELYN

Charge 1
Charge Tracking Number 00043291371-001
Charge Literal COMMERCIAL GAMBLING
Statute 16-12-22; GA
State Offense Code 3932
Severity Felony
Disposition DISMISSED (1993-06-23; Dismissed)

***** INDEX OF AGENCIES *****

Agency BULLOCH COUNTY SUPERIOR COURT; GA016015J;
JUDGE
Address 20 SIEBALD STREET
STATESBORO, GA 304588421

Agency BROOKLET POLICE DEPARTMENT; GA0160200;
CHIEF
Address PO BOX 67
BROOKLET, GA 304150000

* * * END OF RECORD * * *



Applicant Fingerprinting Online Services



**Applicant Registration
Step 4 - Registration Complete**

Thank you for Registering

Receipt

Registration ID: GA172LA10155125
ORI: GA930700Z - BULLOCH CO BD OF EDUCATION
Last Name: HILTON
First Name: EVELYN
Transaction Type: School Employment - Public Schools
Payment Type: Credit Card
Transaction Fee: 48.25
Payment Confirmation #: 3695483976
Message:

*This registration will expire after 90 days from the registration date.
It will be cancelled and any payment refunded at this time if the applicant has not been fingerprinted.*

Please print information and take it to the fingerprinting site.

Print Receipt

Close

*Lam
Renewal
CO*



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

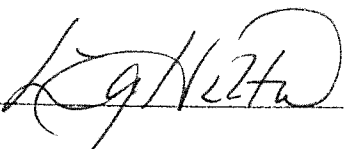
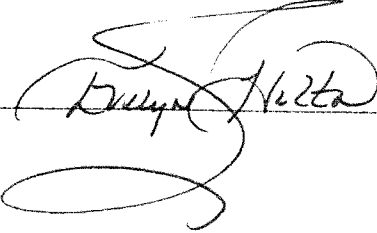
I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By:


 

Date:

2-21-17

Response Body

Registration ID:	GA1237631434185
Applicant Name:	EVELYN HILTON
Applicant Address:	FATESBORO GA 30461
Applicant Phone No.:	
Applicant email:	
LS TCN:	9132320346
Response Type:	STATE RESPONSE
Response Time:	2012-03-07 09:28:23
FBI Number:	
GBI TCN:	20671146089994
SAN:	
RCode:	
RLiteral:	
IDent:	RECORD ON FILE
Name:	HILTON, EVELYN GAMBLE
OCA:	
SID:	1905312L
ORI:	GA930700Z
Reason:	School Employment-Public Schools
Agency Name:	BULLOCH CO BD OF EDUCATION
Agency Address:	150 Williams Rd., Suite A, Statesboro, GA, 30458
Agency Phone:	(912)764-1676
Response Body:	TYPE:mid LSTCN:9132320346 GBITCN:20671146089994 DATE/TIME:2012/03/07 12:46:43 NAME:HILTON, EVELYN GAMBLE SID:1905312L OTN: OCA:

CTW

 3/8/2012

	IDENT:RECORD ON FILE
Printed:	No

Close

Print

Response Body

Registration ID:	GA1237631434185
Applicant Name:	EVELYN HILTON
Applicant Address:	STATESBORO GA 30461
Applicant Phone No.:	
Applicant email:	
LS TCN:	9132320346
Response Type:	STATE RAPSHEET
Response Time:	2012-03-07 10:02:17
FBI Number:	
GBI TCN:	
SAN:	
RCode:	
RLiteral:	
IDent:	
Name:	
OCA:	
SID:	
ORI:	GA930700Z
Reason:	School Employment-Public Schools
Agency Name:	BULLOCH CO BD OF EDUCATION
Agency Address:	150 Williams Rd., Suite A, Statesboro, GA, 30458
Agency Phone:	(912)764-1676
	THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR RECORD REQUEST FOR FBI/254697RA8. THE RECORD MAY BE OBTAINED FROM FILES WITHIN YOUR STATE. THE INTERSTATE IDENTIFICATION INDEX CONTAINS NO ADDITIONAL DATA. END

=====
RAP SHEET SEPARATOR
=====

Georgia Crime Information Center
3121 Panthersville Road
Decatur, GA 30037
(404) 244-2639

***** CRIMINAL HISTORY RECORD *****

Produced on 2012-03-07

***** Introduction *****

This rap sheet was produced in response to the following request:

FBI Number 254697RA8
State Id Number GA1905312L (GA)
Purpose Code W
Attention 20671146089994

The information in this rap sheet is subject to the following caveats:

****THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST
SENT: 2012-03-07
(GA; 2007-08-11)**

Important! Criminal history record information is obtained one of two ways: 1) by conducting an inquiry using personal identifiers such as name and date of birth (name search), or 2) by submitting fingerprint cards to the Georgia Crime Information Center (GCIC). When conducting a name search for criminal history record information, there is a possibility that the information returned belongs to a different person with the same, or similar, identifiers. In this case, a positive match of the person whose criminal history record is sought requires submission of fingerprint cards to GCIC. When conducting a fingerprint search for criminal history record information, the information returned does, in fact, belong to the individual. In this case, conducting a name search using the individual's personal identifiers would be the same information. (GA; 2007-08-11)

When the information contained in a criminal history report causes an adverse employment or licensing decision the individual, business or agency making the decision must inform the applicant of all information pertinent to the decision. The disclosure must include information that

Response Body:

a criminal history record check was conducted, the specific contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor offense under Georgia law. Additionally, any unauthorized dissemination of this record or information herein also violates Georgia law. The plea of nolo contendere may be considered a conviction for some purposes: however, except as otherwise provided by law, it shall not be used against the defendant in any other court as a conviction or admission of guilt or for the purpose of effecting any civil disqualification of the defendant to hold public office, to vote, to serve upon any jury, or any other civil disqualification imposed upon a person convicted of any offense under the laws of this state. (GA; 2007-08-11)

In the event that identifiers are not clearly associated to a specific cycle, the information is most likely non-fingerprint based information received from the Department of Corrections at the time of release from incarceration. (GA; 2007-08-11)

***** IDENTIFICATION *****

Subject Name(s)

GAMBLE, EVELYN (2007-08-08)
BONNIE, (AKA) (2007-08-08)

Subject Description

FBI Number State Id Number
254697RA8 GA1905312L

Social Security Number
07-08-08)

Sex Race
Female (1992-08-28) Black (1992-08-28)

Height Weight Date of Birth
5'02" (1992-08-28) 155 (1992-08-28) (2007-08-08)

Hair Color Eye Color
Black (1992-08-28) Brown (1992-08-28)

Place of Birth
GEORGIA (1992-08-28)

III Record SSO

***** CRIMINAL HISTORY *****

===== OTN 00043291371 (Cycle 001 of 001)

Offender Tracking Number (OTN) 00043291371
Earliest Event Date 1992-08-28
Offense Date 1992-08-28
Arrest SRF 43861420
Judicial SRF 47802307

Arrest (Cycle 001)
Arrest Date 1992-08-28
Case Number
Arresting Agency GA0160200 BROOKLET POLICE DEPARTMENT
Subject's Name GAMBLE, EVELYN
Arrest Type Adult

Charge
Charge Tracking Number 00043291371-001
Charge Literal COMMERCIAL GAMBLING
Statute 16-12-22; GA
State Offense Code 3932
Severity Felony

Court Disposition (Cycle 001)
Case Number
Court Agency GA016015J
Subject's Name GAMBLE, EVELYN

Charge
Charge Tracking Number 00043291371-001
Charge Literal COMMERCIAL GAMBLING
Statute 16-12-22; GA
State Offense Code 3932
Severity Felony
Disposition DISMISSED (1993-06-23; Dismissed)

***** INDEX OF AGENCIES *****

Agency BULLOCH COUNTY SUPERIOR COURT; GA016015J;
JUDGE
Address
20 SIEBALD STREET
STATESBORO, GA 304588421

	<p>----- Agency BROOKLET POLICE DEPARTMENT; GA0160200; CHIEF Address PO BOX 67 BROOKLET, GA 304150000 * * * END OF RECORD * * *</p>
Printed:	No

Close

Print

Applicant Registration

Step 4 - Registration Complete

Registration ID: GA1237631434185
ORI: GA930700Z - BULLOCH CO BD OF EDUCATION

Last Name: HILTON
First Name: EVELYN

Transaction Type: School Employment-Public Schools

Payment Type: Credit Card
Transaction Fee: 52.9
Payment Confirmation Number: 3562032210

Please print information and take it to the fingerprinting site.

[Print](#)

[Home](#)

Renewal
03/07/12
HW



COGENT  SYSTEMS
Georgia Applicant Processing Services

Acknowledgement

I authorize Cogent Systems, Inc. to conduct a fingerprint based criminal history record check of me.

I understand that Cogent Systems, Inc. will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files and to the Federal Bureau of Investigation for a search of its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Cogent Systems, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Cogent Systems, Inc. will not maintain a copy of my record and that Cogent Systems, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

By: _____

A handwritten signature in black ink, appearing to read "K. Kelly S. Hill", is written over a horizontal line. The signature is fluid and cursive.

Date: _____

3-7-12

TYPE: mid
LSTCN: 1657013463
GBITCN: 70161187089995
DATE/TIME: 2007/01/16 16: 59: 43
NAME: HILTON, EVELYN GAMBLE
SID: 1905312L
IDENT: RECORD ON FILE

Admin
SFS
entered in
CSI 7/9/07
@

Cleared to insert.
Shelf Number
1/18/07

TYPE: mfi - FBI Identification Response
LS TCN: 1657013463
GBI TCN: 70161187089995
DATE/TIME: 2007/01/16 17: 51: 43
OCA:
FBI NUMBER: 254697RA8
SID: GA1905312L
NAME: GAMBLE,EVELYN
FBI IDENT: Y
FBI RAPSHEET RESPONSE BELOW:

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000
TCN 20070161187089995-1657013463

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED
THE FOLLOWING DESCRIPTORS:

NAME HILTON,EVELYN GAMBLE
DATE ARRESTED/FINGERPRINTED 2007/01/16

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	B	502	163	BROWN	BLACK	

STATE ID	BIRTH PLACE
GA1905312L	GEORGIA

CITIZENSHIP
UNITED STATES

OTHER BIRTH	SOCIAL		
DATES	SCARS-MARKS-TATTOOS	SECURITY	MISC NUMBERS

ALIAS NAME(S)

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000

ICN IFCS0002000023552203

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE
FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST

PM 05 08 13 07 WU WU AU LS RS WU WU

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000
PART 2

ICN IFCS0002000023552203

- FBI IDENTIFICATION RECORD - FBI NO-254697RA8

1-ARRESTED OR RECEIVED 1992/08/28 SID- GA1905312L
AGENCY-POLICE DEPARTMENT BROOKLET (GA0160200)
CHARGE 1-COMMERCIAL GAMBLING

COURT-SUPERIOR COURT STATESBORO (GA016015J)
CHARGE-COMMERCIAL GAMBLING
SENTENCE-
DISP- DISMISSED

RECORD UPDATED 2007/01/16

THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT



GEORGIA EDUCATOR CERTIFICATE

Georgia Professional Standards Commission

Two Peachtree Street, Suite 6000

Atlanta, GA 30303

The Georgia Professional Standards Commission affirms that this individual has met the requirements for a Georgia Educator Certificate as indicated.

Evelyn Bonnette Gamble

Statesboro, GA 30461

Certificate Number 198305	Date Printed 3/5/2007
Certificate Level 5	Effective Date of Certificate Level 10/11/2003

Title/Type	Field	Validity Period
EDUCATIONAL LEADERSHIP (P-12)	(FLD704)	07/01/07 TO 06/30/12
MIDDLE GRADE (4-8)	(FLD808)	07/01/07 TO 06/30/12
MIDDLE GRADE (4-8)	LANGUAGE ARTS (FLD853)	
MIDDLE GRADE (4-8)	MATH (FLD851)	
MIDDLE GRADE (4-8)	SOCIAL SCIENCE (FLD854)	

This is a transferable certificate. It is valid for the holder to teach in any public school in the State of Georgia. Professional Learning Unit (PLU) is required for this certificate. The holder must complete the PLU and pass the PLU exam. The holder must also complete the annual record check. Refer to Rule 500-40-01 for information.

Please see reverse side for legends and other information

The holder of this certificate is responsible for being knowledgeable about current and revised rules.

Deborah Wilkes

F. D. Toth

Deborah Wilkes

F. D. Toth

OATH TO CONSTITUTION OF U.S. AND STATE OF GEORGIA

To comply with State Standard G-5, all persons employed by the Bulloch County Board of Education must take an oath that they will support the Constitution of the United States and State of Georgia.

Please complete the oath below and return with your personnel folder. We deeply appreciate your help in meeting the above state requirement.

I Phyllis B. Sammons this 24 day of

August, 19 99, do solemnly swear or

affirm that I support and defend the Constitution and laws of this State and of the

United States.

Phyllis B. Sammons
Signature



Employment Certification for Public Service Loan Forgiveness (PSLF)

William D. Ford Federal Direct Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

INSTRUCTIONS FOR COMPLETING AND SUBMITTING THIS EMPLOYMENT CERTIFICATION

Read the accompanying instructions for completing this Employment Certification for Public Service Loan Forgiveness. Type or print using blue or black ink. You must sign and date this form in Section 2 and an authorized official from the public service organization which employs/employed you must completely fill out, sign, and date Section 3. If any information is crossed out or altered in Sections 1 or 2, you must initial beside the change; any changes in Section 3 must be initialed by your employer.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. Check this box if any of your information has changed.

1a. SSN _____ 1b. Date of Birth (MM-DD-YYYY) _____

2a. Name GAMBLE-Hilton Freelyn B 2b. Former Name Gamble Freelyn B.
Last First MI Last First MI

3. Permanent Address _____
Street Address City State Zip
Statesboro GA 30461

Mailing Address _____
(if different) Street Address City State Zip

4. Area Code/Telephone - Home _____ Area Code/Telephone - Other _____ (work)

5. E-mail (optional) _____

SECTION 2: BORROWER'S CERTIFICATION REQUESTS, AUTHORIZATIONS, AND UNDERSTANDINGS

Before signing, carefully read the entire form, including the instructions and accompanying letter.

I **request** that the Public Service Loan Forgiveness servicer, on behalf of the U.S. Department of Education (the Department), accept this Employment Certification from the public service organization at which I am/was employed for purposes of qualifying me for the Public Service Loan Forgiveness Program. If I submit this form before I am eligible to apply for forgiveness, I request that the PSLF servicer retain this certification form until I submit the Application for Public Service Loan Forgiveness.

I **authorize** my employer(s) or other entities having records about the employment that is part of the basis for my request for forgiveness to make information from those records available to the Department, including the Public Service Loan Forgiveness servicer. I also authorize the Department and its respective agents and contractors, to contact me regarding this Employment Certification, at the current or any future number that I provide for my cellular telephone or other wireless device using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

I understand that:

- (1) I may only qualify for Public Service Loan Forgiveness after I have made 120 separate, on-time, qualifying monthly payments on an eligible Direct Loan, after October 1, 2007, while employed full-time by a public service organization(s), or serving in a full-time AmeriCorps or Peace Corps position, in accordance with the definitions in Section 5. These 120 payments do not have to be consecutive;
- (2) I must be employed full-time by a public service organization(s) or serving in a full-time AmeriCorps or Peace Corps position at the time I apply for loan forgiveness and at the time the forgiveness is granted. I may be employed part-time concurrently by more than one eligible public service organization and meet the full-time requirement;
- (3) Only the remaining balance of my loan(s) after I have made the 120 separate, on-time, qualifying monthly payments and met all other eligibility requirements of the PSLF Program may be forgiven;
- (4) I am not required to submit any Employment Certification(s) before applying for loan forgiveness, but if I do, the PSLF servicer will review each Employment Certification I submit to ensure that it is complete, will verify that my employer qualifies as a public service organization, and that the loan payments I made during the period covered by the Employment Certification(s) are qualifying payments. Following this review, the PSLF servicer will notify me in writing or electronically of the number of qualifying payments I have made while employed in qualifying public service and the remaining number I must make before I am eligible to apply for PSLF. I will also be notified in writing or electronically if the PSLF servicer determines that the form(s) I submitted is incomplete or that my employment does not meet the qualifying criteria, including the reason(s) for the determination(s), along with the steps I would need to take to complete this form, correct this information, and submit the corrected or additional information to the PSLF servicer; and
- (5) The Department will only determine whether I have fulfilled all of the requirements to be eligible for PSLF after I have made all 120 qualifying payments and have submitted my loan forgiveness application. I understand that the law does not permit partial forgiveness based on making a lesser number of qualifying monthly payments while working at a qualifying public service organization.

Freelyn B. Gamble-Hilton
 Signature of Borrower

06-06-2012
 Date (MM-DD-YYYY)

Borrower Name: _____

Borrower SSN: _____

SECTION 3: CERTIFICATION OF EMPLOYMENT

See Section 3 of the accompanying *Instructions for Completing Employment Certification for Public Service Loan Forgiveness* for detailed information on completing this section. These *Instructions* are also located at www.studentaid.ed.gov/publicservice

An authorized official (see Section 5) of the public service organization at which the borrower is/was employed must complete this section.

Instructions for Authorized Official:

- Complete this form only if you are an authorized official of the public service organization at which the borrower identified in Section 1 is/was employed or, if the borrower is/was a full-time AmeriCorps or Peace Corps volunteer, an authorized official of AmeriCorps or the Peace Corps.
- Read the definitions in Section 5 before completing this form.
- Type or print using blue or black ink. All fields must be completed if applicable. Your signature date must include month, day, and year (MM-DD-YYYY).
- Provide all requested information for Items 1, 2, and 3 below. Complete the employer's certification at the bottom of this page. The Employment Certification form cannot be processed if the information requested in this section is missing.
- If you make any changes to the information you provide in this section, you must initial each change.

Please return the completed form to the borrower. The U.S. Department of Education or the PSLF servicer may contact you for additional information or documentation.

Instructions for Borrower when there is no Authorized Official:

- Check this box if you are unable to obtain certification from an authorized official, for example, because the organization no longer exists. Provide all requested information for Items 1, 2, and 3 below. For Item 1, list the organization's address from when you worked there, and consult your W2 records for the EIN. The Department will require you to submit additional evidence of your qualifying employment. Do not submit supporting documents until requested to do so.

1. Information about the public service organization at which the borrower is/was employed.

Bulloch County Schools 5181-161009197
 Public Service Organization Name Federally Assigned Employer ID# (EIN)
150 Williams Rd, Statesboro, GA 30458
 Public Service Organization Address

2. Borrower's Employment Status.

(a) Dates of employment: Start: 08-23-1999 End: 06-15-2012
(MM-DD-YYYY) (If the borrower is still employed, put today's date)

(b) Borrower's employment status at your organization:

Full-Time Average number of hours per week: 40+
 Part-Time Average number of hours per week: _____

For purposes of eligibility for PSLF, full-time employment is defined as:

- (1) Working in qualifying employment in one or more jobs for the greater of:
 - (A) An annual average of at least 30 hours per week or, for a contractual or employment period of at least 8 months, an average of 30 hours per week; or
 - (B) Unless the qualifying employment is with two or more employers, the number of hours the employer considers full-time.
 - (2) Vacation or leave time provided by the employer or leave taken for a condition that is a qualifying reason for leave under the Family and Medical Leave Act of 1993, 29 U.S.C. 2612(a)(1) and (3) is equivalent to hours worked in qualifying employment.
- NOTE: A full-time AmeriCorps or Peace Corps volunteer is considered a full-time employee for eligibility purposes for PSLF.

3. Type of Public Service Organization, in accordance with the definition in Section 5 (check one):

- (a) A government organization (including a Federal, State, local or Tribal organization, agency or entity; a public child or family service agency; or a Tribal college or university);
- (b) A non-profit, tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code;
- (c) A private, non-profit organization (that is not a labor union or a partisan political organization) that provides at least one of the following public services (check all that apply):
 - Emergency management,
 - Military service,
 - Public safety,
 - Law enforcement,
 - Public interest law services,
 - Early childhood education (including licensed or regulated child care, Head Start, and State-funded pre-kindergarten),
 - Public service for individuals with disabilities and the elderly,
 - Public health (including nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in health care practitioner occupations and health support occupations, as such terms are defined by the Bureau of Labor Statistics),
 - Public education,
 - Public library services,
 - School library services, or
 - Other school-based services.

NOTE as to categories (b) and (c): For purposes of the full-time requirement (Section 3, Item 2.(b) above), a borrower's qualifying employment does not include time spent on job duties that are related to religious instruction, worship services, or any form of proselytizing.

I certify that the borrower identified in Section 1 above is/was employed at a public service organization, as indicated above, or is/was serving in an AmeriCorps or Peace Corps position (in accordance with the definitions of these terms in Section 5) during the period identified in Item 2(a) of this section.

Kevin A Judy Asst. Superintendent of Human Resources
 Authorized Official's Name (Printed) Authorized Official's Title
[Signature] (912) 212-8510 6-15-12
 Authorized Official's Signature Authorized Official's Telephone Today's Date (MM-DD-YYYY)

SECTION 4: ELIGIBILITY REQUIREMENTS / TERMS AND CONDITIONS FOR PUBLIC SERVICE LOAN FORGIVENESS

You may obtain loan forgiveness under this program if:

- (1) You are not in default on the loan(s) for which forgiveness is requested.
- (2) Except as provided below for AmeriCorps and Peace Corps volunteers, you have made 120 separate, on-time, qualifying monthly payments after October 1, 2007, on the Direct Loan(s) for which you are requesting forgiveness under one or more of the following repayment plans—
 - The Income-Based Repayment (IBR) Plan;
 - The Income Contingent Repayment (ICR) Plan;
 - The 10-Year Standard Repayment Plan* (Standard Repayment Plan with a maximum 10-year repayment period); or
 - Any other Direct Loan repayment plan, but only payments that are at least equal to the monthly payment amount that would be required under the Standard Repayment Plan with a 10-year repayment period may be counted toward the required 120 payments.

In addition, each of the required 120 separate, qualifying monthly payments must have been made on time (no more than 15 days after the scheduled due date) and for the full scheduled installment amount.

* **IMPORTANT:** The Standard Repayment Plan for Direct Consolidation Loans entered on or after July 1, 2006 have varying repayment terms based on the loan amount. For purposes of qualifying for Public Service Loan Forgiveness, monthly payments you make under the Standard Repayment Plan on a Direct Consolidation Loan are only qualifying payments if made under the 10-year repayment term.

Note for AmeriCorps/Peace Corps volunteers: If you were an AmeriCorps or Peace Corps volunteer, you may receive credit for making qualifying payments if you make a lump sum payment on an eligible loan for which you are seeking forgiveness by using all or part of a Segal Education Award received after a year of AmeriCorps service, or by using all or part of a Peace Corps transition payment (if the payment is made within 6 months after you leave the Peace Corps). The Department will consider the lump sum payment you have made as the equivalent of qualifying payments equal to the lesser of:

- (1) The number of payments resulting after dividing the amount of the lump sum payment by the monthly payment amount you would have made under one of the qualifying repayment plans listed above; or
- (2) Twelve payments.

Peace Corps volunteers making an eligible lump sum payment must do so within 6 months of the End Date, as reported in Section 3 by the authorized official.

- (3) You were/are employed full time by one or more public service organizations or serving in a full-time AmeriCorps or Peace Corps position at the time you made each of the required 120 qualifying monthly payments, at the time you apply for loan forgiveness, and at the time loan forgiveness is granted.

NOTE: You are not permitted to apply the same period of service to receive a benefit under the PSLF Program and the Teacher Loan Forgiveness, Service in Areas of National Need, and Civil Legal Assistance Attorney Student Loan Repayment Programs.

You may not apply for PSLF until after you have met the eligibility requirements listed above. Since only qualifying payments made after October 1, 2007, while employed at a qualifying public service organization may be counted toward the required 120 payments, and borrowers may not apply for loan forgiveness until after they have made all 120 payments, the earliest date that any borrower will be eligible to apply for and receive loan forgiveness is October 2017. A PSLF Application will be made available to the public before October 2017.

SECTION 5: DEFINITIONS

Eligible Loans

Loans that are eligible for Public Service Loan Forgiveness are:

- Federal Direct Stafford/Ford Loans (Direct Subsidized Loans)
- Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans)
- Federal Direct PLUS Loans (Direct PLUS Loans)
- Federal Direct Consolidation Loans (Direct Consolidation Loans).

Loans that are in default are not eligible for forgiveness.

Note: Federal Family Education Loan (FFEL) Program loans, Federal Perkins Loans, and certain Health Professions and Nursing Loans may be consolidated into a Direct Consolidation Loan. However, payments made on these loans prior to consolidation into the Direct Loan Program are not qualifying payments and are not counted toward the required 120 payments for PSLF.

Qualifying Payments

- Separate, on-time, full monthly payments made after October 1, 2007 under a qualifying Direct Loan repayment plan. A payment is considered on-time if it is made for the full scheduled installment amount no more than 15 days after the due date for the payment.
- Qualifying Direct Loan repayment plans are:
 - The IBR Plan;
 - The ICR Plan;
 - The 10-Year Standard Repayment Plan (Standard Repayment Plan with a maximum 10-year repayment period); and
 - Any other Direct Loan repayment plan, but only payments that are at least equal to the monthly payment amount that would be required under the Standard Repayment Plan with a 10-year repayment period may be counted toward the required 120 monthly payments.

Qualifying Employment

- **AmeriCorps position** means a position approved by the Corporation for National and Community Service under Section 123 of the National and Community Service Act of 1990 (42 U.S.C. 12573).
- An **authorized official** is an official of a public service organization (including AmeriCorps or the Peace Corps) who has access to the borrower's employment or service records and is authorized by the public service organization to certify the employment status of the organization's employees or former employees, or the service of AmeriCorps or Peace Corps volunteers.
- An **employee** means an individual who is hired and paid by a public service organization.
- **Full-time** means working in qualifying employment in one or more jobs for the greater of:
 - An annual average of at least 30 hours per week or, for a contractual or employment period of at least 8 months, an average of 30 hours per week; or
 - Unless the qualifying employment is with two or more employers, the number of hours the employer considers full time.Vacation or leave time provided by the employer or leave taken for a condition that is a qualifying reason for leave under the Family and Medical Leave Act of 1993, 29 U.S.C. 2612(a)(1) and (3) is equivalent to hours worked in qualifying employment.
- **Government employee** means an individual who is employed by a local, State, Federal, or Tribal government, but does not include a member of the U.S. Congress.
- **Law enforcement** means service performed by an employee of a public service organization that is publicly funded and whose principal activities pertain to crime prevention, control or reduction of crime, or the enforcement of criminal law.
- **Military service** for uniformed members of U.S. Armed Forces or the National Guard means "active duty" service or "full-time National Guard duty" as defined in Section 101(d)(1) and (d)(5) of Title 10 in the United States Code, but does not include active duty for training or attendance at a service

school. For civilians, military service means service on behalf of the U.S. Armed Forces or the National Guard performed by an employee of a public service organization.

- **Peace Corps** position means a full-time assignment under the Peace Corps Act as provided for under 22 U.S.C. 2504.
- **Public interest law** refers to legal services provided by a public service organization that are funded in whole or in part by a local, State, Federal, or Tribal government.
- **A public service organization is:**
 - A Federal, State, local or Tribal government organization, agency or entity;
 - A public child or family service agency;
 - A non-profit organization under Section 501(c)(3) of the Internal Revenue Code that is exempt from taxation under Section 501(a) of the Internal Revenue Code;
 - A Tribal college or university; or
 - A private organization (that is not a labor union or a partisan political organization) that provides at least one of the following public services:
 - emergency management,
 - military service,
 - public safety,
 - law enforcement,
 - public interest law services,
 - early childhood education (including licensed or regulated child care, Head Start, and State funded pre-kindergarten),
 - public service for individuals with disabilities and the elderly,
 - public health (including nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in health care practitioner occupations and health support occupations, as such terms are defined by the Bureau of Labor Statistics),
 - public education,
 - public library services,
 - school library services, or
 - other school-based services.

NOTE: For purposes of the full-time requirement (Section 3, Item 2.(b) above), an individual borrower's qualifying employment with a Section 501(c)(3) non-profit or other private public service organization does not include time spent on job duties that are related to religious instruction, worship services, or any form of proselytizing.

SECTION 6: WHERE TO SEND THE COMPLETED FORM

Send the completed *Employment Certification* to:

U.S. Department of Education
FedLoan Servicing
P.O. Box 69184
Harrisburg, PA 17106-9184
Or Fax to: 717-720-1628

If you need help completing this form, call: 855-265-4038
If you use a telecommunications device for the deaf (TDD), call: 800-722-8189
Web site: www.MyFedLoan.org

SECTION 7: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., §461 et seq., and §420L et seq. of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., 20 U.S.C. 1087aa et seq., and 20 U.S.C. 1070g et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and §31001(i)(1) of the Debt Collection Improvement Act of 1996 (31 U.S.C. 7701(c)). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a Direct Loan, to receive a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness), to permit the servicing of your loan(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices.

For a loan, the routine uses of the information that we collect about you include, but are not limited to, its disclosure to federal, state, or local agencies, to institutions of higher education, and to third party servicers to determine your eligibility to receive a loan, to investigate possible fraud, and to verify compliance with federal student financial aid program regulations.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

For a loan, the routine uses of this information also include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to creditors, to financial and educational institutions, and to guaranty agencies to verify your identity, to determine your program eligibility and benefits, to permit making, servicing, assigning, collecting, adjusting, or discharging your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, or to verify whether your debt qualifies for discharge or cancellation. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state or local agencies. To provide financial aid history information, disclosures may be made to educational institutions. To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment status, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.5 hours (30 minutes) per response, including time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 685.219. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20210-4537 or e-mail ICDocketMgr@ed.gov and reference OMB Control Number 1845-0110. **Note: Please do not return the completed Employment Certification for Public Service Loan Forgiveness to this address.**

If you have comments or concerns regarding the status of your individual submission of this form, contact the PSLF servicer (see Section 6).



TEACHER LOAN FORGIVENESS APPLICATION

Federal Family Education Loan Program/William D. Ford Federal Direct Loan Program
YOU MAY QUALIFY FOR LOAN FORGIVENESS ONLY IF YOU HAD NO OUTSTANDING BALANCE ON A FEDERAL FAMILY EDUCATION LOAN (FFEL) PROGRAM LOAN OR A WILLIAM D. FORD FEDERAL DIRECT LOAN (DIRECT LOAN) PROGRAM LOAN ON OCTOBER 1, 1998, OR HAD NO OUTSTANDING BALANCE ON A FFEL OR DIRECT LOAN PROGRAM LOAN ON THE DATE YOU OBTAINED A LOAN AFTER OCTOBER 1, 1998.

OMB No. 1845-0059
Form Approved
Exp. Date 10/31/2004

TLFA

WARNING: Any person who knowingly makes a false statement or misrepresentation on this application or on any accompanying documents shall be subject to penalties which may include fines, imprisonment or both, under the U. S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information. If you make a correction, check this box:

SSN

Name: Evelyn B. Gamble

Address

City/State/Zip: Statesboro, GA 30461

Telephone - Home

Telephone - Office

E-mail (Optional)

SECTION 2: BORROWER'S LOAN FORGIVENESS REQUEST AND CERTIFICATIONS *This section must be completed by the borrower.*

Before completing this section, please read the entire application, including the General Information and Instructions, Definitions and Eligibility Requirements, and Terms and Conditions in Sections 4, 5, and 6.

- I request forgiveness of my FFEL and/or Direct Loan program loan(s), up to the maximum amount for which I am eligible, based on my employment as a full-time teacher in an eligible elementary or secondary school.

Check the appropriate box:

I have not previously applied for nor received forgiveness of my FFEL and/or Direct Loan program loan(s) under this Teacher Loan Forgiveness Program.

I have applied for or received forgiveness of my FFEL and/or Direct Loan program loan(s) under this Teacher Loan Forgiveness Program with the loan holder(s) listed below. (If you have applied for forgiveness but have not yet received forgiveness, leave "Forgiveness Amount" blank.)

U.S. Dept. of Education William D. Ford Federal Direct Loan (1-800-848-0979)	Loan Holder's Name	Loan Holder's Telephone	\$	Forgiveness Amount
	Loan Holder's Name	Loan Holder's Telephone	\$	Forgiveness Amount

- Unless I notify my loan holder otherwise, I understand that a forbearance of principal and accrued interest will be applied on the qualifying loan(s) from the date my loan holder receives my completed loan forgiveness application through the date the loan forgiveness request is either approved or denied. I understand that any unpaid interest that accrues during the forbearance period may be capitalized.

- I certify that: (1) I did not have an outstanding balance on a FFEL and/or Direct Loan program loan on October 1, 1998, or on the date that I obtained a FFEL or Direct Loan program loan after October 1, 1998; (2) I received the loan(s) for which I am seeking forgiveness before the end of my fifth academic year of qualifying teaching service; (3) I have not received loan forgiveness benefits through the AmeriCorps program under Subtitle D of Title I of the National and Community Service Act of 1990 for the same teaching service for which I am seeking forgiveness of my FFEL and/or my Direct Loan program loan(s); (4) I have read, understand, and meet all of the definitions and eligibility requirements for loan forgiveness as described in Section 5; (5) The information that I have provided in this application is true and correct.

Evelyn B. Gamble
Borrower's Signature

1-19-07
Date

SECTION 3: CHIEF ADMINISTRATIVE OFFICER'S CERTIFICATION *This section must be completed by the Chief Administrative Officer.*

Before completing this section, please read the General Information and Instructions and Definitions and Eligibility Requirements in Sections 4 and 5. More than one Chief Administrative Officer's certification may be required. Return the completed application to the borrower.

I certify, to the best of my knowledge and belief, that the borrower named above: (1) has taught full-time for (circle one) 1 2 3 4 5 or Other _____ consecutive complete academic year(s) from 08-23-1999 to 01-31-2004 at an eligible Title I school(s) as an elementary school teacher who demonstrated knowledge and teaching skills in reading, writing, mathematics, and other areas of the elementary school curriculum, or as a secondary school teacher in a subject area that is relevant to his or her academic major, and (2) has met the teaching service requirements for loan forgiveness as specified under Definitions and Eligibility Requirements in Section 5.

WILLIAM JAMES MIDDLE (BULLOCH CO. BOE)
School's Name

150 WILLIAMS RD. SUITE A STATESBORO, GA. 30458
School's Address (Street, City, State, Zip)

BULLOCH County
(912) 764-6201 Telephone

EDGE NE NATSON, JR.
Chief Administrative Officer's Name and Title (Printed)

Edge Natson
Chief Administrative Officer's Signature

JAN 21, 2004
Date

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 of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last <u>Gamble</u>	First <u>Evelyn</u>	Middle Initial <u>E</u>	Maiden Name
Address (Street Name and Number)		Appt #	Date of Birth (month/day/year)
City <u>Brooklet</u>	State <u>GA</u>	Zip Code <u>30415</u>	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 checked="" 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 <u>Evelyn Gamble</u>		Date (month/day/year) <u>8-24-99</u>	

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: _____		<u>GA Dr. License</u>		<u>Soe Sec Card</u>
Issuing authority: _____		<u>State</u>		<u>600</u>
Document #: _____		<u>054787883</u>		
Expiration Date (if any): ____/____/____		<u>7/17/2003</u>		<u>N/A</u>
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).

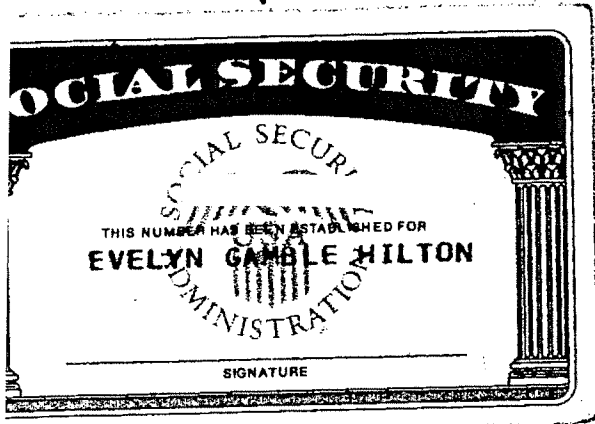
Signature of Employer or Authorized Representative <u>Jane B. Kennedy</u>	Print Name <u>Jane B. Kennedy</u>	Title <u>Insurance Clerk</u>
Business or Organization Name <u>Bulloch County Board of Education, 500 Northside Dr. E. Statesboro, GA 30458</u>	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year) <u>8/26/99</u>

Section 3. Updating and Reverification. To be completed and signed by employer

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)
--	-----------------------



**BULLOCH COUNTY BOARD OF EDUCATION
403B & 457 ANNUITY PROVIDERS**

<p>American Fidelity Assurance Michael Haisten 1109 Bartlett Dr Statesboro, GA 30461 912-682-5376 Michael.Haisten@af-group.com</p>	<p>Ameriprise Greg Sykes or Ron Washburn 144 North Main Statesboro, GA 30458 Office: 912-764-7718 Gregory.p.sykes@ampf.com Ronald.a.washburn@ampf.com</p>
<p>AXA Equitable Diane Key Riley 3800 Campcreek Parkway SW Bldg. 1800 Ste. 110 Atlanta, GA 30331 Office: 404-344-0007 Ext. 114 Cell: 912-531-6349 Driley.bec74@primerica.com</p>	<p>Edward Jones Wade Elliott, 912-489-8636 Wade.elliott@edwardjones.com Alex McGhee, 912-764-5560 Alex.mcghee@edwardjones.com David Beaubien, 912-681-4820 David.Beaubien@edwardsjones.com</p>
<p>Horace Mann Blake Mitchell 888 Northside Dr. East Statesboro, GA 30458 Office: 912-764-9276 Blake.Mitchell@Horacemann.com</p>	<p>VOYA Financial Talbert Edenfield 106 Heritage Drive Guyton, GA 31312 Office: 912-772-5022 talbert@edenfieldfinancial.com</p>
<p>VOYA Financial Jimmy Caparelli 7505 Waters Ave., Suite A-3 Savannah, GA 31406 Office: 912-354-6363 Cell: 912-441-5577 Fax: 912-354-3379 jimmy@caparelliwealth.com</p>	<p>Valic Waine Skinner 2115 Sawmill Rd Ailey, GA 30410 Office: 912-687-0238 Waine.skinner@valic.com</p>



New Hire Checklist

July 12, 2010
July + Aug + July

TO BE COMPLETED BY SCHOOL / DEPARTMENT

School: LCM Employee Full Name: Evelyn B. Gamble-Hilton
(Same as on Social Security Card)

Transfer from another Georgia County? Y / N County: _____

TRS Retiree? Yes / No

* Administrator Checklist:*

- Recommendation Form
- Telephone Reference Check Form (2 minimum)
- Copy of Application
- Copy of Teaching Certificate (if applicable)

* Without all the above paperwork attached, applicant will not be placed on Board Agenda.

When offering position - info to share with Applicant:

- Background Check (\$52.90) Needs to come to the Central Office
- N/A Certification Application - if applicable
- 3/11/2010 Date of recommendation before BOE
- 7/1/2010 Date to start work
- New hire paperwork - complete day after Board approval
(Must have Driver's License and Social Security Card)

Principal / Supervisor Signature: _____ Date: _____

TO BE COMPLETED BY H.R. DEPARTMENT

Certification:

Certificate type: _____	Signature _____	Date _____

Parapro:

<input checked="" type="checkbox"/> Rank 1: (High School/ Parapro Test Passed)	_____
<input checked="" type="checkbox"/> Rank 2: (Associated Degree or 2 years of college)	_____
<input checked="" type="checkbox"/> Rank 3: (College graduate)	_____

Criminal Background Check:

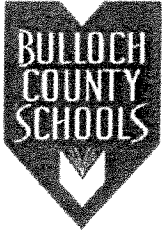
Date: <u>Current Employee</u>	<u>N/A</u>	_____
	Signature _____	Date _____

Job Code Verification:

<u>610</u>	Signature _____	Date _____
------------	-----------------	------------

Approved for Board Recommendation:

Signature _____	Date <u>6-18-10</u>
Signature _____	Date _____



Certificated Employee Recommendation to Hire

School: Langston Chapel Middle Employee to begin work on: 7/1/20

Position Title: Principal Grade: N/A Job Code: 6

Full Time: Part-time: # of hours/week: _____

New Position:

To Replace: Elizabeth Williams Reason for replacement: Retirement

Employee Name: Gamble-Hilton, Evelyn Bonnette SS#: _____
(As listed on SS Card) Last First M.I.

Street Address: _____
 City: Statesboro State: GA Zip: 30461

Home Phone #: _____ Cell #: _____

Degree & Colleges Attended: EDD - GSU (Fall 2008-Present)
EDLD - GSU (8/06 - 5/08)

Teaching Experiences (Give Places & Dates) SHS - Asst. Principal - 7/06 - Present
WJM - 8th Gr. - 7/98 - 5/06
Claxton Middle School - 6th Grade - 7/95 - 5/98

1. Teacher Certification Status (Must be filled out by administrator making recommendation.)

Does applicant hold a GA Certificate Yes No State of: Georgia

Is the applicant In-Tech certified: Yes No

Certification Level & Field: L-5 Validity Dates: 7/1/07-6/30/11

Certification Type: (T, NT, L, S, I (Intern), W (Waiver), X (Int'l Exchange), JROTC (Permit) L

Certificate is attached to this form: Yes No

Applicant has met all testing requirements. (Praxis / GACE) Yes No

HiQ Yes No

Teacher of Record Yes No

Collaborative / Inclusion Yes No

Subject to be taught: Principal (Leadership) Grade(s): Middle 6-8

Important Notice: All foreign applicants that do not hold a GA Certificate, must complete a Foreign Credential Report. A list of

A "Salary Beyond Base" form must be attached for any new employee who "extends" beyond 10 months or has salary supplements for additional job responsibilities.

Employee Name: Evelyn Gamble-Hilton

2. Please list in order the applicants you considered for this position.

NAME	GENDER Male / Female	RACE W B H O
Keith King	Male	W
Bobby Costlow	Male	W
Paul Mizell	Male	W
Larry Moore	Male	B
Angelica Collins	Female	B
Harold Roach	Male	W
Chris Wood	Male	W

3. Please list the criteria used in selection.

- 1. Applicant Screening
- 2. Interview Questions
- 3. Writing Assignment
- 4. Scoring Rubric
- 5. _____

4. Results of reference checking/verification:

Use Reference Check Forms and Attach them to this document.

(The above item must be completed or recommendation will be returned.)

5. Applicant interviewed by: Kevin Judy / Gwen Harvey
Trey Robertson / Betty Harper
Fran Stephens



Administrator Signature

3/12/10

Date

LEGAL NAME Gamble-Hilton Evelyn Bonnette
(Same as on SS Card) Last First Middle

- Application Con
- Transcripts
- Certificate
- Test Results
- Letters of Refere

Social Security No. _____

PERMANENT ADDRESS : _____
Street Statesboro GA 30461
City State Zip Area Code Telephone No.

PRESENT ADDRESS Same As Above
Street City State Zip Area Code Telephone No.



BULLOCH COUNTY BOARD OF EDUCATION Certificated Employee Application

Lewis Holloway, Ed.D
Superintendent

Kevin Judy
Assistant Superintendent
Human Resources & Student Services

150 Williams Road, Suite A
Statesboro, Georgia 30458
Phone: (912) 764-6201/764-1611

DATE: February 2, 2010

FOR THE POSITION OF:

Langston Chapel Middle School Principal
(If elementary teacher, indicate grades in order of preference; if secondary teacher, subject certified in.)

Type of Georgia Certificate held or for which you can qualify:

L-5 Educational Leadership, Middle Grades (4-8) LA, Social Science, Math
TYPE ALL AREAS OF CERTIFICATION/CONCENTRATION

When could you begin work here? Summer 2010

***Please note: Applications are not complete without your official college transcript, teaching certificate, Praxis scores and 3 letters of reference.**

EDUCATION

NAME OF SCHOOL AND LOCATION Include High School, College, Graduate Work and Summer Sessions in Order Taken	Dates		Time Spent	Degree Obtained		Major Subjects and Semester Hrs. or Quarter Hrs. Credit (1 Sem. Hr. equals 1.5 Qtr. Hr.)	Minor Subjects and Semester Hrs. or Quarter Hrs. Credit
	From	To		Name	Date		
Georgia Southern University	Fall 08-	Present		EDD 2011		Second Sem.	12
Georgia Southern University	8/06 -	5/08	2 yrs.	Educational Specialist			EDLD
Georgia Southern University	8/02 -	5/04	2 yrs.	Master of Education			EDLD
Georgia Southern University	8/93 -	8/95	2 yrs.	BS Middle Grades Education			
Georgia Southern College	8/88 -	5/92	4 yrs.	BS Criminal Justice			

PRACTICE TEACHING Name of School and Location	Dates		Time Spent	Hours Credit	Grade or Subject Taught	Name of Principal or Supervising Teacher
	From	To				
Claxton Middle School Claxton, GA 30417	7/95 -	12/95			6th Grade Science	D. Holland

EXPERIENCE

Report in chronological order, beginning with the first position, all teaching and administrative school experience including teaching in accredited colleges. Report substitute teaching only if it was full-time. Continuous experience in one system should be reported on one line. If a teacher teaches six or more months during a school year, credit for a year of experience is given.

SCHOOL	LOCATION	STATE	Began		Ended		No. of School Years	NATURE OF WORK If grades, specify what grades and subjects; if high school, the subjects taught and any extra-curricular work handled.
			Month	Year	Month	Year		
Statesboro High School	Statesboro, GA		7	06	Presently		3	Grades 9 - 12
William James Middle School	Statesboro, GA		7	98	5	06	8	Grade 8
Claxton Middle School	Claxton, GA		7	95	5	98	3	Grade 6
MILITARY: Up to three years of experience can be counted for military service if properly verified.								
Total number of years teaching and military service								

WORK EXPERIENCE OTHER THAN TEACHING:

Name of Employer	Address	Nature of Work	Inclusive Dates	
			From	To
See Resume				

Have you completed the technology competency requirement? Yes No
 Check method: Intech training College Coursework Online Test

PERSONAL DATA

1. Have you ever failed to have a contract renewed? Yes _____ No X
If yes, attach an explanation.

2. Have you successfully completed three continuous years with another Georgia public school district, thereby attaining tenure under the Georgia Fair Dismissal Law? Yes

If yes, then complete the following:

School: Claxton Middle School & William James Middle School

District/System: Evans County BOE & Bulloch County BOE

City, State, Zip Code: Claxton, GA 30417 & Statesboro, GA 30458

Dates Employed: From 7/95 & 7/98 To 5/98 & 7/06
(Mo/Yr) (Mo/Yr)

3. Give name, address and telephone number of a person who will always know your address:

Frankie Lee Hilton Pineneedle Ln. Statesboro, GA 30461 (912)587-2726

4. List honors and professional activities: See Attached Resume

5. State briefly your reasons for desiring employment with the Bulloch County School System.

Because I'm a product of the Bulloch County School system, I believe the greatest service I can give is to help educate others within my community.

Have you ever been placed on disciplinary probation or been suspended from a job, college or university?
YES _____ NO X If yes, attach an explanation.

Have you ever declared bankruptcy or have you had any judgments, garnishments, or legal proceedings against you related to financial matters? YES _____ NO X If yes, attach an explanation.

Have you ever been convicted of a violation of any Federal Law, State Law, County or Municipal Law, regulation or ordinance? (Disregard events before your 16th birthday and minor traffic violations.)
YES _____ NO X If yes, attach an explanation.

If you have completed a placement file with a college placement office, give the name and address of the office from which it may be obtained.

COMPLETE NAMES AND ADDRESSES ARE NECESSARY FOR SUCCESS IN CHECKING REFERENCES.

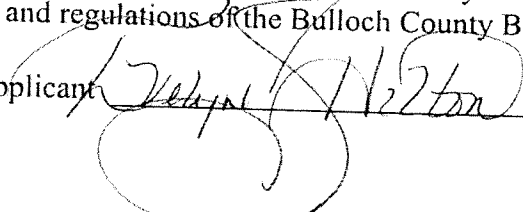
These should be persons qualified to give information to show your fitness for the position you seek. Be sure to include your former administrators if you are an experienced teacher. For beginning teachers, include college supervisors and student teaching supervisors. Please attach at least two reference letters from individuals familiar with your work.

Current Supervisor Dr. Martin G. Waters

OK to contact Please notify me before contacting

NAME	ADDRESS	POSITION	TELEPHONE
Dr. Martin Waters	10 Lester Rd. Statesboro, GA	Principal	(912)489-8753
Mike Sparks	2171 Prather Rd. Statesboro, GA 30461		(912) 842-2460
Penny Teachey-Gary	506 Pleasant Point Rd. Statesboro, GA 30458		(912)681-9

I certify that the information given on this application is accurate to the best of my knowledge. I agree that, if employed, I will abide by the policies and regulations of the Bulloch County Board of Education.

Date February 2, 2010 Signature of Applicant 

NOTE: All new certified employees hired by the Bulloch County Board of Education will be required to undergo a fingerprinting and criminal-records background check.

THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT



GEORGIA EDUCATOR CERTIFICATE

Georgia Professional Standards Commission

Two Peachtree Street, Suite 6000

Atlanta, GA 30303

The Georgia Professional Standards Commission affirms that this individual has met the requirements for a Georgia Educator Certificate as indicated.

Evelyn Bonnette Gamble

Statesboro, GA 30461

Certificate Number 198305	Date Printed 3/5/2007
Certificate Level 5	Effective Date of Certificate Level 10/11/2003

Title/Type	Field	Validity Period
L	EDUCATIONAL LEADERSHIP (P-12) [FLD704]	07/01/07 TO 06/30/12
T	MIDDLE GRADES (4-8) [FLD809]	07/01/07 TO 06/30/12
	MIDDLE GRADES (4-8) - LANGUAGE ARTS [FLD853]	
	MIDDLE GRADES (4-8) - MATH [FLD851]	
	MIDDLE GRADES (4-8) - SOCIAL SCIENCE [FLD854]	

Clear Renewable certificates may be renewed by earning 6 semester hours of college course work or 10 credits of Georgia Professional Learning Units (PLUs) or 10 credits of acceptable Continuing Education Units and completion of a criminal record check. Refer to Rule 505-2-.24 for information on renewal requirements.

Please see reverse side for legends and other information

The holder of this certificate is responsible for being knowledgeable about current and revised rules.

Deborah Wilkes

F. S. [Signature]

Evelyn Gamble-Hilton

I strongly believe that all students should be prepared for a meaningful life in the 21st century; to be a good citizen, economically self-sufficient, and respectful to themselves and others. Therefore, as an administrator it is my goal to inspire students and teachers that there are many paths to self-fulfillment and a productive, meaningful life. In spite the variability that I may encounter as a principal as it relates to the working conditions and working styles, what I know about school subjects and believe about teaching and learning dramatically affects the decisions I make and the actions I take. Because of my decisions and actions as the principal, I'm the key to instructional quality and it is important for students, teachers, parents, community members, and the central office staff to understand what I do and how to support both my decisions and action. In other words, my vision is to keep the school learning community focused on higher student achievement and serving ALL students at ALL costs, even if individual teacher wishes don't get met.

I believe schools must inculcate honor and respect for all avenues to success and that it is important not to denigrate any of them in the eyes of the students. In order to be an excellent principal, I must be willing to spend enormous amounts of time visiting classrooms and observing the instructional process. Most importantly, I must be willing to roll up my sleeves, teach model lessons, work with teachers, and supervise students to improve student achievement. When the principal displays a true love for students and teachers and shows students and teachers that you care about them, it means a lot. As a principal, it is my obligation to make sure students are encouraged to aspire towards any of the myriad of paths leading to a meaningful life that they find personally satisfying. When everyone in the school and community works together, we are ALL successful academically.

Sincerely,

 Evelyn Hilton

EVELYN B. GAMBLE

STATESBORO, GA 30461

Home:

Cell:

Email:

January 19, 2009

Dr. Lewis Holloway
Bulloch County Schools Superintendent
150 Williams Road, Suite A
Statesboro, Georgia 30458

Dr. Lewis Holloway:

It is with great pleasure that I am applying for the principalship position at Langston Chapel Middle School. I have enjoyed thirteen years in the field of education and have obtained tenure during my professional experience. I am perceived by my colleagues as enthusiastic and I'm prepared to contribute and fully devote this enthusiasm to the Bulloch County School system. My knowledge of organizational structures, programs and curricula help me on a daily basis to maximize student learning experiences.

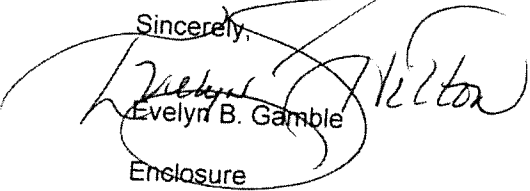
With experience in program initiatives, optimizing the learning atmosphere, staff development, and promoting a safe environment, I have a proven record for expecting the best and demanding my students to excel in academic achievement. My expectations of my students are reflective of my own. I am an effective internal and external communicator skilled in mediation between the school, teachers, and parents. As an educator, I stand on a firm commitment and an uncompromising belief that all students can learn given a positive, student-centered learning atmosphere that welcomes exploration and enhances student confidence. It is my belief that an educator's mission is to make school more enjoyable and exciting—if students look forward to attending school they will want to LEARN. I believe that should be the mission of all schools.

While the enclosed resume cannot explain my devotion to my students and the Bulloch County School System, it can give a brief view of my experiences and offerings. Below are strengths I possess and believe to be a crucial trait for any administrator:

- ♦ **Leadership Competence:** The ability to promote the philosophy of the school program; provide team-building leadership; and make informed, objective judgments.
- ♦ **Administrative Competence:** The talent to maintain a safe, respectful, positive, and effective learning environment.

I look forward to meeting with you and other staff personnel to discuss my career experiences. At that time I can share a more personal view of what I have to contribute to the students of the Bulloch County school system. Thank you for taking the time to speak with me.

Sincerely,


Evelyn B. Gamble

Enclosure

Evelyn Gamble-Hilton

Statesboro, GA 30461

Home:

Cell:

Email:

OBJECTIVE:

I strongly believe that all students should be prepared for a meaningful life in the 21st century; to be a good citizen, economically self-sufficient, and respectful to themselves and others. Therefore, as an administrator it is my goal to inspire students and teachers that there are many paths to self-fulfillment and a productive, meaningful life. I believe schools must inculcate honor and respect for all avenues to success and that it is important not to denigrate any of them in the eyes of the students. Furthermore, students should be encouraged to aspire towards any of the myriad paths leading to a meaningful life that they find personally satisfying.

QUALIFICATIONS:

Upon continuous observation, the roles of a principal are multi-faceted. My contributions include 13 years of achievement in developing a productive, student-focused environment that maximizes learning experiences. Assessment and evaluation data reflect my ability to effectively and efficiently implement the following objectives:

- create and monitor policies and practices that promote a safe learning environment;
- ensure a school culture that encourages continuous improvements for teachers and students;
- develop an environment that encourages open communication with colleagues, students, parents, and the community;
- mentor educators in the creation and implementation of effective classroom management and instruction;
- develop lesson plans with authentic student assessment correlated and aligned to state learning regulations.

In addition, other educational knowledge and core skills include:

- student-centered instruction;
- parental and community involvement;
- development of Individual Educational Plans (IEPs);
- extracurricular: cheerleading coach, administrative designee for athletic events, and coordinator for the "Miss WJMS" Pageant
- after school instructional program coordinator;
- lead teacher and classroom management consultant;
- educational administration/supervision and other duties as assigned by administration.

EDUCATION

Present

Education of Doctoral Studies

Georgia Southern University
Statesboro, GA

Educational Leadership

2008

Educational Specialist

Georgia Southern University
Statesboro, GA

Educational Leadership

2004	Master of Education Georgia Southern University Statesboro, GA	Education Administration
1995	Bachelor of Science Georgia Southern University Statesboro, GA	Middle Grades Education
1992	Bachelor of Science Georgia Southern College Statesboro, GA	Criminal Justice

EMPLOYMENT/WORK EXPERIENCE

2008- present	Statesboro High School 9 th Grade Academy Administrator Statesboro High School On -Site Credit Recovery Administrator District Administrator Credit Recovery Administrator Summer School Administrator Excessive Absences No Credit Program Administrator Bulloch County School System Handbook Committee Member Bulloch County School System Alternative School Committee Member	Statesboro, GA
2006-present	Statesboro High School Assistant Principal Grades 10-12 Attendance Administrator Grades 9-12 Bulloch County School System Sick Bank Committee Member	Statesboro, GA
2006-present	Statesboro High School Bulloch County Schools Summer School Administrator Credit Recovery Administrator	Statesboro, GA
1998 -2006	William James Middle School 8 th Grade Math Teacher: General, Pre-Algebra, and Algebra I 8 th Grade Lead Teacher Elected School Council Teacher Representative	Statesboro, GA
1999-2002	Statesboro High School Summer School Math Teacher: Concepts of Problem Solving	Statesboro, GA
1998-2001	William James Middle School 8th Grade Language Arts Teacher	Statesboro, GA
1998	Statesboro High School Summer School Math Teacher: Algebra I	Statesboro, GA

1996 - 2004

**Statesboro High School
Summer School**

Statesboro, GA

Teacher: Business Law

1995-1998

Claxton Middle School

Claxton, GA

6th Grade Teacher: Science and Social Studies

PROFESSIONAL ACCOMPLISHMENTS

- Georgia Southern University Leadership Coach
- Savannah Morning News Awards of Excellence 2008
- Statesboro High School Rookie of the Year Award 2006-2007 school year
- Georgia's Leadership Institute for School Improvement Completion 2006-2007
- Southeast Bulloch High School Athletic Hall of Fame Inductee 2005-2006
- William James Middle School Teacher of the Year for the 2004-2005 school year
- Member of the William James Middle School Leadership Team in 2003 - present
- William James Middle School Council Member for the 2004-2006 school years
- William James Middle School 8th Grade Team Leader for the 2004-2005 school years
- William James Middle School 8th grade Language Arts Chairperson for the 1999-2002 school years
- Increased CRCT test scores from 76% in 2002 to 95% in 2003 and 2004 by utilizing the Accelerated Math Program
- Recognized by the Georgia Department of Education for all 8th grade students EXCEEDING the End of Course Exam for Algebra I in 2003-2004
- In-TECH certification completed 2002

PROFESSIONAL AFFILIATIONS

- Professional Association of Georgia Educators
- Zeta Phi Beta Sorority Incorporated

PERSONAL AFFILIATIONS/DUTIES

- Thomas Grove Baptist Church Member: Choir member and Women Ministries President

REFERENCES

Available upon request

506 Pleasant Point Road
Statesboro, GA 30458

April 23, 2009

Dr. Lewis Holloway
Superintendent Bulloch County Schools
150 Williams Road
Statesboro, GA 30458

Dear Dr. Holloway

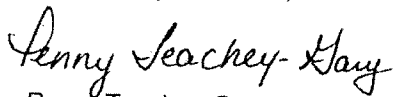
I am writing to recommend an outstanding professional, Evelyn Gamble Hilton, for the Principals position in the Bulloch County School System. I have known Mrs. Gamble-Hilton for approximately five years. We have collaborated together on research, and writing in multiple contexts. In addition, Mrs. Gamble-Hilton has served as my mentor this school year, during which time I have completed my course work in Educational Leadership.

I have known Mrs. Gamble-Hilton in numerous capacities, as a teacher she is knowledgeable, as an administrator she is phenomenal, as a community leader she is a servant and as a friend she is priceless.

Mrs. Gamble-Hilton is a person of extremely high integrity – an exceptionally-talented, well organized, well prepared administrator with outstanding personal qualities. She is cooperative, poised and self-reliant. Further, she has well prepared knowledge of administration, student development and teacher practices in American middle and high school pedagogy. Her strong care for students is demonstrated in sound pedagogical practices for the development of each student's and teacher's potential as she holds high expectations not only for her subordinates, but also, for herself in the classroom – and beyond.

Maintaining awareness of current educational research and practice, Mrs. Gamble Hilton is also, a reflective researcher. In sum, Mrs. Gamble Hilton's pedagogical skills are caring and highly effective; her presentation skills are superb; her acquisitive interests in current research is vivacious and reflective; and her interpersonal skills demonstrate high levels of professionalism and collaboration with others. Thus I highly recommend Evelyn Gamble-Hilton for a Principal position in the Bulloch County School System. We will be fortunate to have such a devoted, well-prepared administrator, and advocate for strong and excellent public education in Bulloch County.

Respectfully submitted,



Penny Teachey-Gary
Business Education Teacher
Statesboro High School

04/09/09

To Whom It May Concern,

It is a distinct privilege to be able to write a letter of recommendation for Bonnie Gamble-Hilton for the position of Principal at Southeast Bulloch High School.


I have had the privilege of knowing Bonnie all of her life and I was fortunate to be able to watch her grow from an infant into a mature, responsible, conscientious, and motivated young woman. Bonnie has always been very self motivated in all areas of her life and I believe the Southeast Bulloch community would be very blessed and privileged to have Bonnie as principal of their high school.

Bonnie has had to overcome many obstacles in her life, many more than most people ever imagine. Bonnie has never been one to wallow in self pity, but has always picked herself up and continued on her quest for her dreams. Bonnie has always had the "where there is a will, there is a way" mentality and has always focused on her task at hand, not on her conditions.

Bonnie was one of my best ever basketball players, which was rewarded by her induction into the Southeast Bulloch Athletic Hall of Fame two years ago.. Bonnie was a great leader, serving as the captain of my team for two years. I am very particular as to whom I put in positions of leadership, but there was never a doubt that Bonnie would be a great leader. Bonnie leads by example and I am sure she would do the same today. Bonnie never expects more of someone than she expects of herself. Bonnie would always be the first one on the court and the last one to leave each day. Bonnie was always striving to be the best she possibly could, not only athletically, but academically.

Bonnie is a disciplinarian of the firm, fair and consistent mentality which, honestly, SEB High needs tremendously at this time. I believe Bonnie would bring a needed sense of stability to SEB, which is something we need very much, as well. Bonnie is well known in the community for what she stands and I am sure, beyond a shadow of a doubt, that the SEB community would embrace her as the principal at SEB.

I do not hesitate to support and recommend Bonnie Gamble-Hilton for the position of Principal at Southeast Bulloch High School

Sincerely,

Mike Sparks, Retired
Southeast Bulloch High School

April 20, 2009

To Whom It May Concern:

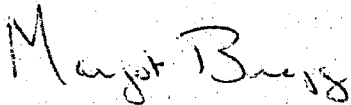
It is with my pleasure that I write a letter of recommendation for Mrs. Evelyn Gamble-Hilton. I have known Mrs. Hilton for many years, and I have had the pleasure of working with her during the 2008-2009 school year at Statesboro High School.

Mrs. Hilton has been the administrator over the freshman Smaller Learning Community, of which I am a part. She has proven to be a very effective leader as she relates well with students, parents and teachers. She has built trusting and respectful relationships with her students and faculty through her honest devotion for the overall concern of the individual student and the school as a whole. She has an uncanny ability to motivate students to behave in a respectful manner and to value their education. In addition, I have also seen Mrs. Hilton be a firm disciplinarian when necessary, as structure and a quality-learning environment are essential ingredients to a successful school.

Moreover, Mrs. Hilton has worked closely this year with the freshmen teachers to try to help improve academics and discipline. She is consistent in how she relates to others, never exhibiting favoritism or biased. During Mrs. Hilton's leadership, the faculty members on our team have been encouraged to strive to do their very best this year and we have been given the support needed to have a great SLC.

In closing, it is my opinion that Mrs. Hilton would make a great Principal.

Sincerely,



Margot Bragg
Statesboro High School
CCAEC Coordinator

February 12, 2010

**Statesboro High School
10 Lester Road
Statesboro, Georgia 30458**

**Lewis Holloway, Ed.D., Superintendent
Bulloch County Schools
150 Williams Road, Suite A
Statesboro, Georgia 30458**

Dear Dr. Holloway,

Evelyn Gamble-Hilton is a shining example of what a true leader should be. As my assistant principal, mentor, and friend she has helped to empowered me to grow as an educator and become a solid teacher-leader for the past two years. She is always available to talk when I need advice and is willing to assist me in every way possible. I appreciate her honesty, enthusiasm, and her genuine concern for the welfare of the students and teachers of Statesboro High school.

As I aspire to become a principal one day myself, I am confident that I am working with and learning from one of the best school leaders around. I can say with a doubt that Mrs. Gamble-Hilton will make a stellar principal and has the ability to lead any educational organization to high academic and operational levels of performance.

It has been my pleasure to work with her. She truly empowers teachers to make decisions in the classroom as well as at the Smaller Learning Community level. I applaud her leadership and dedication to the students, parents, teachers, and the entire Statesboro High school family!

Sincerely,



**Mr. Reginald D. Dawson
Business Education Teacher
9th Grade Team Leader
Statesboro High School
rdawson@bulloch.k12.ga.us
912-489-8753 Office
912-687-5968 Cellular
912-764-4835 Home**

To Whom It May Concern:

It is with great admiration that I write this recommendation for the position of Principal for Evelyn B. Gamble. I have worked with Ms. Gamble during the last four years at Statesboro High School. During the first few years, she was not my direct supervisor but from a distance I observed her and listened to those teachers and students for whom she was directly responsible. Time and time again, she was called "consistent and fair," "hard-working and compassionate," and "no nonsense and dedicated" by those in daily contact with her.

The first actual project on which we worked together was Prom 2008. Ms. Gamble came to me, parent to prom co-chair, to ask if she could help with the provision of food and table decorations. I was extremely impressed by this because I knew of all the other responsibilities on her plate at the time. She organized and provided everything we needed for that aspect of the prom. To date, she is the only administrator to have offered her services as a parent of a junior. In my opinion, this shows that she lives by example: educators want parent involvement and Ms. Gamble is an excellent model. Two years ago when the SLC team leader position under her direct supervision was vacant, I requested the opportunity to work with her in that post and it is in that capacity that I have come to appreciate her the most.

Ms. Gamble lives her objective for our school for all to see: she perpetuates an aura of respect for all adults and children in our school. This respect is visible in the way that Ms. Gamble approaches every situation. Her decisions are based on what is best for the achievement of students, regardless of whether the decision will be a popular one. She strives to maintain safety first and communicates that frequently to our staff and to our students. She is diligent in all aspects of her duties and is an ever-present figure in our classrooms and hallways. This communicates to students that she supports and values their education and demonstrates to teachers that she is interested in the quality of instruction. When she sees a teacher who is struggling, she meets with the teacher individually to discuss ways for improvement and she follows up on the implementation of that improvement.

Ms. Gamble is very direct. She does not speak in vague innuendos or give answers with hidden meaning. She communicates with students and teachers so that everyone understands her expectations. She is kind but firm and I believe this engenders much respect from our school body. When she speaks, everyone listens.

Aside from these personal characteristics that would greatly serve her as Principal, Ms. Gamble also involves herself in current research related to contemporary schools concerning best practices and innovative pedagogy. She is open-minded in her pursuit to help students find success at all levels. She truly values all paths that lead to individual student success after high school and she encourages our students to seek ways to contribute positively to our growing, global world. In addition, as the assistant principal of a specific grade level structured on the Smaller Learning Communities model, Ms. Gamble has learned how to organize and effectively run a school. She is in charge of

evaluating student performance data every four weeks and in leading the teachers to determine how best to meet the needs of the students based on their performance. It is her responsibility to coordinate every aspect of our SLC that mirrors the function of the whole school: the guidance department, advisories, discipline, reward parties for successful students, teacher evaluations, coordination of ISS, coordination of OSR, and her many duties before and after school involving student supervision. In fulfilling all of these roles, Ms. Gamble has well prepared herself to step into the role of Principal without any hesitation.

I believe that Ms. Gamble will make an excellent Principal. Statesboro High School would miss her daily presence in our hallways, but we would reap the rewards of having her as the Principal of a middle school which feeds into our great institution!

Sincerely,

Tara D. Britt

Tara D. Britt, Ed.D.
Modern Language Department Chair
10th Grade Team Leader
Statesboro High School

Bulloch County Board of Education
150 Williams Road, Suite A
Statesboro, GA 30458

February 5, 2010

To Whom It May Concern:

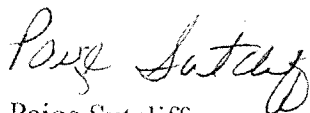
It is my pleasure to write a letter of recommendation for Mrs. Evelyn Gamble-Hilton for the position of Principal at one of our middle schools in Bulloch County. I am a math teacher currently working in Bulloch County and Mrs. Hilton is an administrator in my school.

During the last ten years, I've know Mrs. Hilton as a teacher and as an administrator. She has demonstrated many qualities in both capacities as an educator and leader among students, teachers, and other administrators in our district. Mrs. Hilton has established a trust among students that is not seen in many schools; she knows the names and faces of each student in her 10th grade learning community, as well as most of their families and special circumstances. She has experience working with students at both the middle and high school levels, and understands the value of working with teachers and administrators across the county as students transition from one school community to another.

Mrs. Hilton would agree that we sometimes we do not see eye to eye on an issue and have to lay it all out on the table for discussion; on more than one occasion she has invited me to "come on down to the office and let's talk about this." One of the most important qualities in any leader is the establishment of trust with those they lead. I believe Mrs. Hilton has the heart for students and pushes all of us to put our students' needs first. She is clear, has a no-nonsense approach to her job, and expects all of us to give our best to our kids. Most importantly, Mrs. Hilton has demonstrated the desirable quality of reflection, listening to teachers as they provide critical input to help in the decision-making process. A good leader listens to their troops, gets their hands dirty, and shares the work. Mrs. Hilton does all of these and more on a daily basis. She has earned the title of leader.

I appreciate the opportunity to share my thoughts with the members of the selection committee and thank you for considering Mrs. Evelyn Gamble-Hilton for the principalship.

Sincerely,



Paige Sutcliff
Math Teacher
Statesboro High School

BULLOCH COUNTY BOARD OF EDUCATION
Certificated Personnel Recommendation

OK

Principal MARTY WATERS

School STATESBORO HIGH SCHOOL

Certified Individual to be employed:

Name EVELYN BONNIE GAMBLE-HILTON

Address _____

STATESBORO GA 30461

Phone Number _____

Social Security No. _____

To Replace: NAME BRUCE WALKER

Position: ASSISTANT PRINCIPAL

REASON For Above Person Leaving RETIRING

Degree & Colleges Attended:	EDS / ADMINISTRATION	GEORGIA SOUTHERN UNIV	2005
	MASTERS	GEORGIA SOUTHERN UNIV	2004
	BACHELORS / MIDDLE GRADES ED	GEORGIA SOUTHERN	1995
	BACHELORS / CRIMINAL JUSTICE	GEORGIA SOUTHERN	1992

Teaching Experiences
 Give Places & Dates

WILLIAMS JAMES MIDDLE SCH	1998-PRESENT
STATESBORO HIGH (SUMMER SCH)	1996-2004
CLAYTON MIDDLE SCH	1995-1998

1. Teacher Certificate:
- | | | |
|---|--|-----------|
| L | EDUCATIONAL LEADERSHIP (P-12) [FLD 704] | 6/30/2007 |
| T | MIDDLE GRADES (4-8) [FLD 809] | 6/30/2007 |
| T | MIDDLE GRADES (4-8) LANGUAGE [LD 853] | 6/30/2007 |
| T | MIDDLE GRADES (4-8) MATH [FLD 851] | 6/30/2007 |
| T | MIDDLE GRADES (4-8) SOCIAL SCIENCE [854] | 6/30/2007 |
2. Please list in order the applicants you considered for this position.

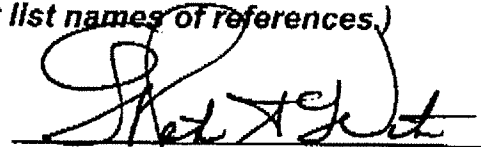
- | | |
|--------------------|-----------------------|
| 1. ABIIE LACIENSKI | 5. NICOLE WASHINGTON |
| 2. BRIAN KNOX | 6. TRONYA FULCHER |
| 3. BONNIE GAMBLE | 7. KNOLA MOSLEY |
| | 8. LISA EASON |
| | 9. CHAD PROSSER |
| 4. ROBERT WARNOCK | 10. WILLIAM PATTERSON |

3. Also list the criteria used in selection.

1. EDUCATION
2. LEADERSHIP EXPERIENCES
3. LEADERSHIP PHILOSOPHY
4. WRITTEN CRITERIA
- 5.

4. Results of reference checking/verification: DOES A GOOD JOB AT INSTRUCTION. CAN
RELATE TO OTHER TEACHERS. TRUSTWORTHY, WORKS WELL WITH DIVERSE POPULATIONS

(This item must be completed or recommendation will be returned. Include substance of reference statements. Do not list names of references.)



Administrator Signature

4/12/06

Date



Georgia Professional Standards Commission

Home

Certification

Educator Prep

Ethics

Workforce

TeachGeorgia

Certification

Certification Home

Ms. Evelyn Bonnette Gamble

Certification ID: **198305**

Certification is held at level 5 effective 10/11/2003

Fields in ~~strikeout font~~ with a **RED** background have expired. If all fields have expired, the certificate has expired.

Type	Field	First Issued	Current Issued	Begin Validity	End Validity
L	EDUCATIONAL LEADERSHIP (P-12) [FLD704]	04/21/2005	04/21/2005	07/01/2004	06/30/2007
T	MIDDLE GRADES (4-8) [FLD809]	07/08/1997	07/08/1997	07/01/2002	06/30/2007
T	MIDDLE GRADES (4-8) - LANGUAGE ARTS [FLD853]	09/01/2001	09/01/2001	07/01/2002	06/30/2007
T	MIDDLE GRADES (4-8) - MATH [FLD851]	06/10/2005	06/10/2005	04/16/2005	06/30/2007
T	MIDDLE GRADES (4-8) - SOCIAL SCIENCE [FLD854]	09/01/2001	09/01/2001	07/01/2002	06/30/2007

Clear Renewable certificates may be renewed by earning 6 semester hours of college course work or 10 credits of Georgia Professional Learning Units (PLUs) or 10 credits of acceptable Continuing Education Units and completion of a criminal record check. Refer to Rule 505-2-.24 for information on renewal requirements.

F	MIDDLE GRADES (4-8) [FLD809]	07/08/1997	01/02/2003	07/01/2003	06/30/2008
F	MIDDLE GRADES (4-8) [FLD809]	07/08/1997	07/09/1997	06/13/1997	06/30/2002
BF	MIDDLE GRADES (4-8) [FLD809]	08/11/1995	08/11/1995	07/01/1995	06/30/1998
F	MIDDLE GRADES (4-8) - LANGUAGE ARTS [FLD853]	09/01/2001	01/02/2003	07/01/2003	06/30/2008
F	MIDDLE GRADES (4-8) - LANGUAGE ARTS [FLD853]	09/01/2001	09/01/2001	07/01/2001	06/30/2002

⌘	MIDDLE GRADES (4-8) SOCIAL SCIENCE [FLD854]	09/01/2001	01/02/2003	07/01/2003	06/30/2008
⌘	MIDDLE GRADES (4-8) SOCIAL SCIENCE [FLD854]	09/01/2001	09/01/2001	07/01/2001	06/30/2002

Case history		
Date Opened	Description	Date Closed
06/09/2005	Add Field	06/10/2005
04/20/2005	Add Field	04/21/2005
11/24/2003	Upgrade	12/03/2003
11/06/2002	Renewal	01/02/2003

Documents received and on-file	
Date received	Description
06/09/2005	Praxis test reports
06/09/2005	Application
04/20/2005	Miscellaneous
04/20/2005	Praxis test reports
04/20/2005	Experience Verification/Electronic
04/20/2005	Application
04/19/2005	Employer Assurance/Electronic
01/28/2004	College Recommendation - GEORGIA SOUTHERN UNI
01/28/2004	Official Transcript - GEORGIA SOUTHERN UNI
12/09/2003	Official Transcript - GEORGIA SOUTHERN UNI
11/24/2003	Miscellaneous
11/24/2003	Praxis test reports
11/24/2003	Application
11/19/2003	Employer Assurance/Electronic
11/17/2003	Official Transcript - GEORGIA SOUTHERN UNI
12/30/2002	Staff Development Unit Report
12/30/2002	Miscellaneous
11/06/2002	Experience Verification
11/06/2002	Employer Assurance
11/06/2002	Staff Development Unit Report
11/06/2002	Application
12/17/2001	Miscellaneous
12/01/1997	Backend-scanned 96-97

Test results are on-file for the following areas...	
Description	Effective Date
Computer Competency (InTech)	05/22/2002
Educational Leadership (Passed)	09/13/2003
Middle Childhood (Passed)	03/11/1995

Middle Grades Language Arts (Coursework)	12/08/2004
Middle Grades Mathematics (Passed)	04/16/2005
Middle Grades Social Studies (Coursework)	12/08/2004

The following correspondence has been sent...

Type	Date Sent
Certificate	06/10/2005
Certificate	04/21/2005
Certificate	12/03/2003
Letter to applicant	11/25/2003
Certificate	01/02/2003
Letter to applicant	11/12/2002

Lookup another record

Key to Certificate Level, Title and Type

<u>Certificate Levels</u>	<u>Certificate Types</u>
<ul style="list-style-type: none"> • 1 - High school diploma or GED • 2 - Associate of Arts degree • 4 - Bachelors degree • 5 - Masters degree • 6 - Education Specialist or All But Dissertation (ABD) • 7 - Doctorate degree 	<ul style="list-style-type: none"> • T - Teaching • S - Service • L - Leadership • TS - Technical Specialist • P - Permit • Para - Paraprofessional

Certificate Titles

Renewable

- (No symbol) Clear Renewable
- PB - Performance-Based

Non-Renewable

- N - Non-Renewable
- I - Intern
- X - International Exchange
- D - Life
- W - Waiver

Some non-renewable titles have been replaced by "N" and are no longer issued. They may be found on active certificates until they expire: (B) Provisional, (E) Emergency, (PA) Probationary, (C) Conditional.

You can find additional information about level, title and type in PSC Rule 505-2-.02 CLASSIFICATION: CATEGORY, TITLE, TYPE, FIELD, LEVEL

NOTE: All rules are posted as Adobe Portable Document Format files, and require the Adobe Reader available by clicking here (opens in a new browser window).

**Bulloch
County
Schools**

Academics, Arts and Athletics

Lynn Batten
SUPERINTENDENT

500 Northside Drive East • Statesboro,
(912) 764-6201 (FAX) 912

EXPERIENCE VERIFICATION

MEMORANDUM

TO:

Trans Co. Board of Education

Wayton GA 30

FROM:

Bulloch County Board of Education

RE:

Verification of Professional Employment

DATE:

June 21, 1999

The individual whose name appears below has been employed by the Bulloch County Board of Education. In order to establish salary placement necessary to verify previous professional employment. Please complete reverse side of this form and return. Thank you for this service former employee.

FORMER EMPLOYEE'S NAME:

Rudyn Bonnette Samble
FIRST MIDDLE MAIDEN

SOCIAL SECURITY NUMBER:

DATES OF EMPLOYMENT: FROM

Aug 1995

TO

Jan Aug.

POSITION:

Sci/Soc. Teacher

Rudyn Samble

RETURN TO:

Bulloch County Board of Education
ATTN: Eugene Natson, Jr., Assistant Superintendent
500 Northside Drive, East
Statesboro, GA 30458

ATTN: Billie Vickery

*** PLEASE COMPLETE ALL ITEMS CHECKED ***

Verification of Professional Employment

✓ A. Employee's Name Evelyn Bonnette Gamble Hilton Social Security Number _____
 TO BE COMPLETED BY PREVIOUS GEORGIA EMPLOYER (Georgia Public School System Or
 PLEASE COMPLETE ALL INSTRUCTIONS B-I.

✓ B. Name of Verifying Georgia School System _____

	DATES OF SERVICE		TOTAL DAYS EACH YEAR	HOURS PER DAY
	FROM MO/DAY/YR	TO MO/DAY/YR		
INCLUDE ONLY EXPERIENCE WITH ABOVE GEORGIA SYSTEM ONLY. USE MORE THAN ONE LINE IF THERE WAS A BREAK IN SERVICE.	8-21-95	5-26-99	190	8

✓ C. This teacher was granted 0 years prior experience from other schools systems in accordance with Georgia Department of Education regulations up ment with the above named verifying school system.

✓ D. TOTAL OF EXPERIENCE VERIFIED ABOVE (B & C) 4 YEARS _____ MONTHS

✓ E. TEACHING CERTIFICATE TYPE T4 (ATTACH A COPY OF CERTIFICATE AND SI INFORMATION)

✓ F. ACCUMULATED SICK LEAVE ELIGIBLE FOR TRANSFER 7.5 DAYS

✓ G. STATE MERIT INSURANCE - EMPLOYEE WAS COVERED () SINGLE (X) FAMILY () NO COVERAGE () STANDARD (X) HIGH OPTI

✓ H. DID EMPLOYEE HAVE TENURE IN THE SYSTEM? (X) YES () NO

✓ I. WAS EMPLOYEE "ADVANCED" ON GEORGIA PAY SCALE? (X) YES () NO
 STEP LAST YEAR _____ (INDICATE () OLD or () NEW STEP COLUMN)

✓ J. CURRENT STATE SALARY \$ 27,662 (1997-98)

OUT OF STATE AND PRIVATE INSTITUTIONS ONLY

INSTITUTION/SYSTEM	STATE	TIME ACTUALLY SERVED- BEGIN DATE-END DATE	TOTAL DAYS EACH YEAR

TOTAL NUMBER OF YEARS EMPLOYED IN THIS INSTITUTION/SYSTEM _____

THE ABOVE NAMED IS A PUBLIC _____ SCHOOL AND IS FULLY ACCREDITED BY _____

STATE DEPARTMENT OF EDUCATION AND/OR _____ ACCREDITIN

I certify that the information and the verification of professional experie above is complete and accurate according to the official records on file in system.

NAME OF SYSTEM/INSTITUTION Evans County Board of Education

MAILING ADDRESS PO Box 526

BULLOCH COUNTY
Teacher Employment

Principal: Ernest Dupree

School: William James Middle School

Teacher to be employed:

Name: Evelyn Bonnette Gamble **B|F**

Address: _____

Statesboro, Ga 30415

Phone Number: _____

Social Security No.: _____

To Replace: Name Dottie Jones **W|F** Position: 4-8 Teacher

Reason for above Person Leaving: Transferred to Mill Creek Elementary

Degree & College Attended: Georgia Southern University (BS)

Teaching Experiences:

(Give Places & Dates) Evans County Schools 96 - Present

Teacher Certificate: Type: T-4 Number: _____ Date Expires: _____

Teacher Retirement Number: _____


Principal Signature

1. Please list in order the applicants you considered for this position.

Randy Cowart
Wanda Oglesby
Amy Bass
Brad Anderson
Stephanie Lane

2. Also list the criteria used in selection.

Middle School Experience
Content Area Experience
Extra Curricular Experience
Teacher Leadership Qualities

APPLICATION FOR MEMBERSHIP

TRS Form 2-A (8/84)

Teachers Retirement System of Georgia

Suite 400 • Two Northside 75 • Atlanta, Georgia 30381

619970
Member Number

TO THE BOARD OF TRUSTEES:

(PLEASE PRINT OR TYPE)

In order that I may be properly enrolled in the Teachers Retirement System of Georgia, I have carefully and truthfully filled out the following form. I understand that the full amount of deductions from my compensation for annuity purposes with compound interest will be returned to me if I leave the service without a retirement benefit or will be paid to my beneficiary if I die in active service.

Name of System or Institution Employing You <i>Bulloch Co. BOE</i>		System Number (Leave Blank)	Home Address
Name (Last) <i>GAMBLE</i>	(First) <i>Evelyn</i>	(Middle/Maiden) <i>B.</i>	(City) (State) (Zip) <i>Statesboro GA 30460</i>
Sex (Check by "x") 1. Male _____ 2. Female <input checked="" type="checkbox"/>	Marital Status (Check by "x") 1. Single _____ 2. Married _____ 3. Widowed _____ 4. Divorced _____		
Social Security Number	Date of Birth (Mo./Day/Yr.)		
Date your employment begins this school yr.: <i>8/23/99</i>	Months in Contract 9 10 11 12 <input checked="" type="checkbox"/> 10		Check One
Title of Position <i>Teacher</i>	If you are presently employed by more than one school system list each system.		
If previously employed prior to this session list name, if different. <i>Evans Co. BOE</i>	If you have previous teaching experience prior to this session, list experience on the back of this form.		

Use this side to designate one primary and one secondary beneficiary. Use side 2 (over) to designate more than one primary or secondary beneficiary.

DESIGNATION OF PRIMARY BENEFICIARY PRIOR TO RETIREMENT

In accordance with the Act governing the Teachers Retirement System of Georgia as amended, I, the undersigned, do hereby designate my primary beneficiary:

Name _____ Who was born on _____ (Month) (Day) (Year)

And whose present address is _____ (Number) (Street) (City) *Statesboro GA 30460* (State) (Zip Code)

And whose relationship to me is that of _____, to whom I authorize the Teachers Retirement System to pay the event of my death prior to retirement, the total amount of accumulated contributions, standing to my credit in the annuity savings fund and/or other benefits that may be provided under the Act.

DESIGNATION OF SECONDARY BENEFICIARY PRIOR TO RETIREMENT

In the event the primary beneficiary named above does not survive me, I hereby authorize the Teachers Retirement System of Georgia to pay the above benefit to:

Name _____ Who was born on _____ (Month) (Day) (Year)

And whose present address is _____ (Number) (Street) (City) *Statesboro GA 30460* (State) (Zip Code)

And whose relationship to me is that of _____ I reserve the right to change the beneficiaries above any time before my retirement takes effect.

After you fill in the information above, you should sign this form before a Notary Public.

Date *8/26* 19 *99* Signature of Applicant *Evelyn B. Gamble*

State of *GA* County of *Bulloch*

On this *26* Day of *August*, 19 *99*, I personally appeared before me the said named *Evelyn B. Gamble* who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being sworn by me, in oath that the statements in the application are true.

If you have

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 92605.18	2 Federal income tax withheld 15031.68	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 100202.28	6 Medicare tax withheld 1452.91	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 524-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30401			
7 Social security tips	8 Allocated tips	9 Verification code	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 16717.26	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	92605.18	4614.82
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2017 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service www.irs.gov/w2

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 92605.18	2 Federal income tax withheld 15031.68	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 100202.28	6 Medicare tax withheld 1452.91	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 524-0299			
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Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	92605.18	4614.82
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 92605.18	2 Federal i
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social st
	5 Medicare wages and tips 100202.28	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-		
d Control Number 524-0299		
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7 Social security tips	8 Allocated tips	9 Verificat
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	92605.18
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Localit

Form W-2 Wage and Tax Statement 2017 Dept

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 92605.18	2 Federal i
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social st
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7 Social security tips	8 Allocated tips	9 Verificat
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	92605.18
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Localit

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 93883.42	2 Federal income tax withheld 15128.35	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 101554.67	6 Medicare tax withheld 1472.56	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 510-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 17576.51	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	93883.42	4675.32
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2016 Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service www.irs.gov/efile

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 93883.42	2 Federal i	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social sr	
	5 Medicare wages and tips 101554.67	6 Medicar	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 510-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E	
13 Statutory employee	14 Other	12b Code DD	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
GA	1285888JX	93883.42	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State	
18 Local wages, tips, etc.	19 Local income tax	20 Locali	

Form W-2 Wage and Tax Statement 2016 Dept.

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 93883.42	2 Federal income tax withheld 15128.35	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
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c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 510-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 17576.51	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	93883.42	4675.32
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 93883.42	2 Federal i	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social sr	
	5 Medicare wages and tips 101554.67	6 Medicar	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 510-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E	
13 Statutory employee	14 Other	12b Code DD	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
GA	1285888JX	93883.42	
15 State Employer's state ID number	16 State wages, tips, etc.	17 Stati	
18 Local wages, tips, etc.	19 Local income tax	20 Locali	

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 90286.48	2 Federal income tax withheld 14790.33	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 97729.54	6 Medicare tax withheld 1417.06	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 488-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 16655.42	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	90286.48	4533.22
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2015** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 90286.48	2 Federal income tax withheld 14790.33	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 97729.54	6 Medicare tax withheld 1417.06	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 488-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 16655.42	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	90286.48	4533.22
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 90286.48	2 Federal i
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social st
	5 Medicare wages and tips 97729.54	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-		
d Control Number 488-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	90286.48
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Localit

Form W-2 Wage and Tax Statement **2015** Dept.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 90286.48	2 Federal i
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social st
	5 Medicare wages and tips 97729.54	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-		
d Control Number 488-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	90286.48
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Localit

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	89811.40	14784.09	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
	0.00	0.00	
586000197	5 Medicare wages and tips	6 Medicare tax withheld	
	97119.64	1408.22	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 476-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
0.00		E 1200.00	
13 Statutory employee	14 Other	12b Code	
		DD 14647.58	
Retirement plan		12c Code	
X		0.00	
Third-party sick pay		12d Code	
		0.00	
GA	1285888JX	89811.40	4504.70
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2014 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal i	
	89811.40		
b Employer ID number (EIN)	3 Social security wages	4 Social st	
	0.00		
586000197	5 Medicare wages and tips	6 Medicar	
	97119.64		
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 476-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
0.00		E	
13 Statutory employee	14 Other	12b Code	
		DD	
Retirement plan		12c Code	
X		0.00	
Third-party sick pay		12d Code	
		0.00	
GA	1285888JX	89811.40	4504.70
15 State Employer's state ID number		16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.		19 Local income tax	20 Locali

Form W-2 Wage and Tax Statement 2014 Dept.

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
	89811.40	14784.09	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
	0.00	0.00	
586000197	5 Medicare wages and tips	6 Medicare tax withheld	
	97119.64	1408.22	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 476-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
0.00		E 1200.00	
13 Statutory employee	14 Other	12b Code	
		DD 14647.58	
Retirement plan		12c Code	
X		0.00	
Third-party sick pay		12d Code	
		0.00	
GA	1285888JX	89811.40	4504.70
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM	
a Employee's soc. sec. no.	1 Wages, tips, other comp.	2 Federal i	
	89811.40		
b Employer ID number (EIN)	3 Social security wages	4 Social st	
	0.00		
586000197	5 Medicare wages and tips	6 Medicar	
	97119.64		
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 476-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458-			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
0.00		E	
13 Statutory employee	14 Other	12b Code	
		DD	
Retirement plan		12c Code	
X		0.00	
Third-party sick pay		12d Code	
		0.00	
GA	1285888JX	89811.40	4504.70
15 State Employer's state ID number		16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.		19 Local income tax	20 Locali

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 85524.28	2 Federal income tax withheld 13834.84	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 92744.14	6 Medicare tax withheld 1344.78	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 476-0299			
e Employee's name, address, and ZIP code Suff. EVELYN G HILTON STATESBORO, GA 30458			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 16245.00	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	85524.28	4247.46
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2013** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 85524.28	2 Federal income tax withheld 13834.84	
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social security tax withheld 0.00	
	5 Medicare wages and tips 92744.14	6 Medicare tax withheld 1344.78	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-			
d Control Number 476-0299			
e Employee's name, address, and ZIP code Suff. EVELYN G HILTON STATESBORO, GA 30458			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 16245.00	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	85524.28	4247.46
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 85524.28	2 Federal i
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social st
	5 Medicare wages and tips 92744.14	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-		
d Control Number 476-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	85524.28
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Locali

Form W-2 Wage and Tax Statement **2013** Dept.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 85524.28	2 Federal i
b Employer ID number (EIN) 586000197	3 Social security wages 0.00	4 Social st
	5 Medicare wages and tips 92744.14	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD SUITE A STATESBORO, GA 30458-		
d Control Number 476-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	85524.28
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Locali

Copy B -- To Be Filed With Employee's FEDERAL Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 82126.92	2 Federal income tax withheld 14600.23	
	3 Social security wages 0.00	4 Social security tax withheld 0.00	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 88882.57	6 Medicare tax withheld 1288.76	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458-			
d Control Number 478-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 13881.55	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	82126.92	4043.61
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2012** Dept. of the Treasury - IRS
This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 82126.92	2 Federal income tax withheld 14600.23	
	3 Social security wages 0.00	4 Social security tax withheld 0.00	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 88882.57	6 Medicare tax withheld 1288.76	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458-			
d Control Number 478-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code DD 13881.55	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA	1285888JX	82126.92	4043.61
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 82126.92	2 Federal i
	3 Social security wages 0.00	4 Social s
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 88882.57	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458-		
d Control Number 478-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	82126.92
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Locali

Form W-2 Wage and Tax Statement **2012** Dept.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 82126.92	2 Federal i
	3 Social security wages 0.00	4 Social s
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 88882.57	6 Medicar
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458-		
d Control Number 478-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code DD
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA	1285888JX	82126.92
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Locali

Copy B -- To Be Filed With Employee's Federal Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 78134.34	2 Federal income tax withheld 15133.60	
	3 Social security wages 0.00	4 Social security tax withheld 0.00	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 84274.74	6 Medicare tax withheld 1221.97	
	c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
d Control Number 478-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code 0.00	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA		1285888JX	78134.34
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement **2011** Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 78134.34	2 Federal income tax withheld 15133.60	
	3 Social security wages 0.00	4 Social security tax withheld 0.00	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 84274.74	6 Medicare tax withheld 1221.97	
	c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
d Control Number 478-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code See inst. for box 12 E 1200.00	
13 Statutory employee	14 Other	12b Code 0.00	
Retirement plan X		12c Code 0.00	
Third-party sick pay		12d Code 0.00	
GA		1285888JX	78134.34
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 78134.34	2 Federal i
	3 Social security wages 0.00	4 Social s
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 84274.74	6 Medicar
	c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458	
d Control Number 478-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA		1285888JX
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Locali

Form W-2 Wage and Tax Statement **2011** Dept.

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OM
a Employee's soc. sec. no.	1 Wages, tips, other comp. 78134.34	2 Federal i
	3 Social security wages 0.00	4 Social s
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 84274.74	6 Medicar
	c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458	
d Control Number 478-0299		
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30461		
7 Social security tips	8 Allocated tips	9
10 Dependent care benefits 0.00	11 Nonqualified plans	12a Code E
13 Statutory employee	14 Other	12b Code
Retirement plan X		12c Code
Third-party sick pay		12d Code
GA		1285888JX
15 State Employer's state ID number	16 State wages, tips, etc.	17 State
18 Local wages, tips, etc.	19 Local income tax	20 Locali

Copy B -- To Be Filed With Employee's Federal Tax Return.		41-0852411 OMB NO. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 88377.84	2 Federal income tax withheld 18111.57	
	3 Social security wages 0.00	4 Social security tax withheld 0.00	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 94555.55	6 Medicare tax withheld 1371.07	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458			
d Control Number 486-0299			
e Employee's name, address, and ZIP code Suff. EVELYN G HILTON STATESBORO, GA 30458			
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12 1200.00 E	
13 Statutory employee	14 Other		12b Code 0.00
Retirement plan X			12c Code 0.00
Third-party sick pay			12d Code 0.00
GA	1285888JX	88377.84	4418.70
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement 2010 Dept. of the Treasury -- IRS
This information is being furnished to the Internal Revenue Service.

Copy C -- For EMPLOYEE'S RECORDS. (See Notice to Employee on the back of Copy B.)		41-0852411 OMB NO. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 88377.84	2 Federal income tax withheld 18111.57	
	3 Social security wages 0.00	4 Social security tax withheld 0.00	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 94555.55	6 Medicare tax withheld 1371.07	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458			
d Control Number 486-0299			
e Employee's name, address, and ZIP code Suff. EVELYN G HILTON STATESBORO, GA 30458			
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code See inst. for box 12 1200.00 E	
13 Statutory employee	14 Other		12b Code 0.00
Retirement plan X			12c Code 0.00
Third-party sick pay			12d Code 0.00
GA	1285888JX	88377.84	4418.70
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OR	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 88377.84	2 Federal i	
	3 Social security wages 0.00	4 Social st	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 94555.55	6 Medicar	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458			
d Control Number 486-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458			
7 Social security tips	8 Allocated tips	9 Advance	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code 1200.00 E	
13 Statutory employee	14 Other		12b Code
Retirement plan X			12c Code
Third-party sick pay			12d Code
GA	1285888JX	88377.84	
15 State Employer's state ID number	16 State wages, tips, etc.	17 Stat	
18 Local wages, tips, etc.	19 Local income tax	20 Localit	

Form W-2 Wage and Tax Statement 2010 Dept

Copy 2 -- To Be Filed With Employee's State, City, or Local Income Tax Return.		OR	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 88377.84	2 Federal i	
	3 Social security wages 0.00	4 Social st	
b Employer ID number (EIN) 586000197	5 Medicare wages and tips 94555.55	6 Medicar	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458			
d Control Number 486-0299			
e Employee's name, address, and ZIP code EVELYN G HILTON STATESBORO, GA 30458			
7 Social security tips	8 Allocated tips	9 Advance	
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a Code	
13 Statutory employee	14 Other		12b Code
Retirement plan X			12c Code
Third-party sick pay			12d Code
GA	1285888JX	88377.84	
15 State Employer's state ID number	16 State wages, tips, etc.	17 Stat	
18 Local wages, tips, etc.	19 Local income tax	20 Localit	

d Control Number 834-2054	1 Wages, tips, other compensation 81075.27	2 Federal income tax withheld 15882.27
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 86096.78	6 Medicare tax withheld 1248.41

c Employer's name, address, and ZIP code
BULLOCH CO BOARD OF EDUCATION
 150 WILLIAMS ROAD, SUITE A
 STATESBORO, GA 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 C O P E 1200.00
12b C O P 0.00	12c C O P 0.00	12d C O P 0.00

b Employer identification number (EIN) **586000197** a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
EVELYN G HILTON

This information is being furnished to the Internal Revenue Service. You are required to file a tax return if this income is taxable and you fail to report it.

2009 15 State Employer's state I.D. No. **GA 1285888JX** 16 State wages, tips, etc. **81075.27**

W-2 Wage and Tax Statement Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 3974.52	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

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10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 C O P E 1200.00
12b C O P 0.00	12c C O P 0.00	12d C O P 0.00

b Employer identification number (EIN) **586000197** a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
EVELYN G HILTON

2009 15 State Employer's state I.D. No. **GA 1285888JX** 16 State wages, tips, etc. **81075.27**

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b Employer identification number (EIN) **586000197** a Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code
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10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 C O P E 1200.00
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	X		

e Employee's name, address and ZIP code
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BULLOCH CO BOARD OF EDUCATION
 150 WILLIAMS ROAD, SUITE A
 STATESBORO, GA 30458

d Control Number 861-2054	1 Wages, tips, other compensation 73154.57	2 Federal income tax withheld 14169.71
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 77969.76	6 Medicare tax withheld 1130.56
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 160 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 E 1200.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number (EIN) 586000197		a Employee's social security number
13 Statutory employee	Retirement plan X	Third-party sick pay
e Employee's name, address and ZIP code EVELYN G HILTON STATESBORO, GA 30458		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
2008	15 State Employer's state I.D. No. GA 1285888JX	16 State wages, tips, etc. 73154.57
W-2 Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 3469.27	18 Local wages, tips, etc.
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d Control Number 883-2054	1 Wages, tips, other compensation 60444.70	2 Federal income tax withheld 11058.10
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 65070.37	6 Medicare tax withheld 943.51
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 160 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a See instructions for box 12 E 1200.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number (EIN) 586000197		a Employee's social security number
13 Statutory employee	Retirement plan X	14 Other Third-party sick pay
e Employee's name, address and ZIP code EVELYN G HILTON STATESBORO, GA 30458		
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2007	15 State Employer's state I.D. No. GA 1285888JX	16 State wages, tips, etc. 60444.70
W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 2706.67	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

d Control Number 883-2054	1 Wages, tips, other compensation 60444.70	2 Federal income tax withheld 11058.10
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
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b Employer's identification number (EIN) 586000197		a Employee's social security number
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	19 Local income tax	20 Locality name

a Control Number 741-2054		1 Wages, tips, other compensation 43213.67		2 Federal income tax withheld 6814.43	
OMB NO. 1545-0008		3 Social security wages 0.00		4 Social security tax withheld 0.00	
		5 Medicare wages and tips 46921.67		6 Medicare tax withheld 680.36	
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458					
7 Social security tips		8 Allocated tips		9 Advance EIC payment 0.00	
10 Dependent care benefits 0.00		11 Nonqualified plans 0.00		12a See instructions for box 12 E 1200.00	
12b 0.00		12c 0.00		12d 0.00	
b Employer's identification number (EIN) 586000197			d Employee's social security number		
13 Statutory employee		Retirement plan X		Third-party sick pay	
		14 Other			
e Employee's name, address and ZIP code EVELYN B GAMBLE			This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2006		15 State Employer's state I.D. No. GA 1285888-JX		16 State wages, tips, etc. 43213.67	
W-2 Wage and Tax Statement		17 State income tax 1708.83		18 Local wages, tips, etc.	
Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)		19 Local income tax		20 Locality name	

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7 Social security tips		8 Allocated tips		9 Advance EIC payment 0.00	
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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		19 Local income tax		20 Locality name	

a Control Number 14-0198	1 Wages, tips, other compensation 43742.70	2 Federal income tax withheld 6727.55
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 47307.19	6 Medicare tax withheld 685.95
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a see instructions for box 12 E 1200.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number 586000197	d Employee's social security number	
13 Statutory Retirement employee plan	Third-party sick pay	14 Other 0.00
X		
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OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
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OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 47307.19	6 Medicare tax withheld 685.95
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a see instructions for box 12 E 1200.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number 586000197	d Employee's social security number	
13 Statutory Retirement employee plan	Third-party sick pay	14 Other 0.00
X		
e Employee's name, address and ZIP code EVELYN B GAMBLE STATESBORO, GA 30458		
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		
2005	15 State Employer's state I.D. No. GA 1285888-JX	16 State wages, tips, etc. 43742.70
W-2 Wage and Tax Statement Copy For EMPLOYEE'S State, City, or Local Income Tax Return Department of the Treasury Internal Revenue Service	17 State income tax 1663.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

a Control Number 125-0198	1 Wages, tips, other compensation 43742.70	2 Federal income tax withheld 6727.55
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 47307.19	6 Medicare tax withheld 685.95
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a see instructions for box 12 0.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number 586000197		d Employee's social security number
13 Statutory employee	Retirement plan X	Third-party sick pay
e Employee's name, address and ZIP code EVELYN B GAMBLE STATESBORO, GA 30458		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
2005	15 State Employer's state I.D. No. GA 1285888-JX	16 State wages, tips, etc. 43742.70
W-2 Wage and Tax Statement Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	17 State income tax 1663.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

a Control Number 125-0198	1 Wages, tips, other compensation 43742.70	2 Federal income tax withheld 6727.55
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 47307.19	6 Medicare tax withheld 685.95
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a see instructions for box 12 0.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number 586000197		d Employee's social security number
13 Statutory employee	Retirement plan X	Third-party sick pay
e Employee's name, address and ZIP code EVELYN B GAMBLE STATESBORO, GA 30458		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
2005	15 State Employer's state I.D. No. GA 1285888-JX	16 State wages, tips, etc. 43742.70
W-2 Wage and Tax Statement Copy B To Be Filed With Employee's FEDERAL Tax Return	17 State income tax 1663.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

a Control Number 125-0198	1 Wages, tips, other compensation 43742.70	2 Federal income tax withheld 6727.55
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 47307.19	6 Medicare tax withheld 685.95
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a see instructions for box 12 0.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number 586000197		d Employee's social security number
13 Statutory employee	Retirement plan X	Third-party sick pay
e Employee's name, address and ZIP code EVELYN B GAMBLE STATESBORO, GA 30458		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
2005	15 State Employer's state I.D. No. GA 1285888-JX	16 State wages, tips, etc. 43742.70
W-2 Wage and Tax Statement Copy For EMPLOYEE'S State, City, or Local Income Tax Return Department of the Treasury Internal Revenue Service	17 State income tax 1663.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

a Control Number 125-0198	1 Wages, tips, other compensation 43742.70	2 Federal income tax withheld 6727.55
OMB NO. 1545-0008	3 Social security wages 0.00	4 Social security tax withheld 0.00
	5 Medicare wages and tips 47307.19	6 Medicare tax withheld 685.95
c Employer's name, address, and ZIP code BULLOCH CO BOARD OF EDUCATION 150 WILLIAMS ROAD, SUITE A STATESBORO, GA 30458		
7 Social security tips	8 Allocated tips	9 Advance EIC payment 0.00
10 Dependent care benefits 0.00	11 Nonqualified plans 0.00	12a see instructions for box 12 0.00
12b 0.00	12c 0.00	12d 0.00
b Employer's identification number 586000197		d Employee's social security number
13 Statutory employee	Retirement plan X	Third-party sick pay
e Employee's name, address and ZIP code EVELYN B GAMBLE STATESBORO, GA 30458		This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
2005	15 State Employer's state I.D. No. GA 1285888-JX	16 State wages, tips, etc. 43742.70
W-2 Wage and Tax Statement Copy For EMPLOYEE'S State, City, or Local Income Tax Return Department of the Treasury Internal Revenue Service	17 State income tax 1663.90	18 Local wages, tips, etc.
	19 Local income tax	20 Locality name

BULLOCH CO. BOARD OF EDUCATION
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30458

EVELYN B. GAMBLE
STATESBORO, GA 30461

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service		
a Control number 01290 0198	1 Wages tips, other compensation 42108.33	2 Federal Income tax withheld 6702.34
	3 Social security wages .00	4 Social security tax withheld .00
	5 Medicare wages and tips 45579.65	6 Medicare tax withheld 660.88

c Employer's name, address, and ZIP code
BULLOCH CO. BOARD OF EDUCATION
150 WILLIAMS ROAD, SUITE A
STATESBORO, GA
30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Non qualified plans .00	c 12a See instructions for box 12 E 1200.00
c 12b d	c 12c d	c 12d d

b Employer identification number 58-6000197	d Employee's social security number
13 Statutory Retirement Third-party employee plan sick pay	14 Other
X	

e Employee's name, address, and ZIP code
EVELYN B. GAMBLE
STATESBORO, GA 30461

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service		
a Control number 01290 0198	1 Wages tips, other compensation 42108.33	2 Federal Income tax withheld 6702.34
	3 Social security wages .00	4 Social security tax withheld .00
	5 Medicare wages and tips 45579.65	6 Medicare tax withheld 660.88

c Employer's name, address, and ZIP code
BULLOCH CO. BOARD OF EDUCATION
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STATESBORO, GA
30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Non qualified plans .00	c 12a See instructions for box 12 E 1200.00
c 12b d	c 12c d	c 12d d

b Employer identification number 58-6000197	d Employee's social security number
13 Statutory Retirement Third-party employee plan sick pay	14 Other
X	

e Employee's name, address, and ZIP code
EVELYN B. GAMBLE
STATESBORO, GA 30461

Form	15 State	Employer's state I.D. No.	16 State wages, tips, etc
W-2 Wage and Tax Statement 2004	GA	691285888	42108.33
	17 State income tax	18 Local wages, tips, etc	
	1646.46	.00	
	19 Local income tax	20 Locality name	
	.00		

Copy 2 To be filed with Employee's State, City, or Local Income Tax Return

Form	15 State	Employer's state I.D. No.	16 State wages, tips, etc
W-2 Wage and Tax Statement 2004	GA	691285888	42108.33
	17 State income tax	18 Local wages, tips, etc	
	1646.46	.00	
	19 Local income tax	20 Locality name	
	.00		

Copy 2 To be filed with Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service		
a Control number 01290 0198	1 Wages tips, other compensation 42108.33	2 Federal Income tax withheld 6702.34
This information is being furnished to the Internal Revenue Service	3 Social security wages .00	4 Social security tax withheld .00
	5 Medicare wages and tips 45579.65	6 Medicare tax withheld 660.88

c Employer's name, address, and ZIP code
BULLOCH CO. BOARD OF EDUCATION
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30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12

OMB No. 1545-0008 Department of the Treasury - Internal Revenue Service		
a Control number 01290 0198	1 Wages tips, other compensation 42108.33	2 Federal Income tax withheld 6702.34
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	3 Social security wages .00	4 Social security tax withheld .00
	5 Medicare wages and tips 45579.65	6 Medicare tax withheld 660.88

c Employer's name, address, and ZIP code
BULLOCH CO. BOARD OF EDUCATION
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7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12

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W2-COPY B

W2-COPY C

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EVELYN B. GAMBLE

STATESBORO, GA
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OMB No. 1545-0048		Department of the Treasury - Internal Revenue Service	
a Control number	01290 0198	1 Wages tips, other compensation	2 Federal income tax withheld
		36868.48	5604.31
		3 Social security wages	4 Social security tax withheld
		.00	.00
		5 Medicare wages and tips	6 Medicare tax withheld
		40381.52	585.51

c Employer's name, address, and ZIP code
 BULLOCH CO. BOARD OF EDUCATION
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 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12
.00	.00	E 1200.00
c 12b	c 12c	c 12d

b Employer identification number	d Employee's social security number		
58-6000197			
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code
 EVELYN B. GAMBLE

STATESBORO, GA
 30461

OMB No. 1545-0048		Department of the Treasury - Internal Revenue Service	
a Control number	01290 0198	1 Wages tips, other compensation	2 Federal income tax withheld
		36868.48	5604.31
		3 Social security wages	4 Social security tax withheld
		.00	.00
		5 Medicare wages and tips	6 Medicare tax withheld
		40381.52	585.51

c Employer's name, address, and ZIP code
 BULLOCH CO. BOARD OF EDUCATION
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7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12
.00	.00	E 1200.00
c 12b	c 12c	c 12d

b Employer identification number	d Employee's social security number		
58-6000197			
13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code
 EVELYN B. GAMBLE

STATESBORO, GA
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Form W-2 Wage and Tax Statement 2003	15 State	Employer's state I.D. No.	16 State wages, tips, etc
	GA	691285888	36868.48
	17 State income tax	18 Local wages, tips, etc	.00
	1772.10		
	19 Local income tax	20 Locality name	
	.00		

Copy 2 To be filed with Employee's State, City, or Local Income Tax Return

Form W-2 Wage and Tax Statement 2003	15 State	Employer's state I.D. No.	16 State wages, tips, etc
	GA	691285888	36868.48
	17 State income tax	18 Local wages, tips, etc	.00
	1772.10		
	19 Local income tax	20 Locality name	
	.00		

Copy 2 To be filed with Employee's State, City, or Local Income Tax Return

OMB No. 1545-0048		Department of the Treasury - Internal Revenue Service	
a Control number	01290 0198	1 Wages tips, other compensation	2 Federal income tax withheld
This information is being furnished to the Internal Revenue Service		36868.48	5604.31
		3 Social security wages	4 Social security tax withheld
		.00	.00
		5 Medicare wages and tips	6 Medicare tax withheld
		40381.52	585.51

c Employer's name, address, and ZIP code
 BULLOCH CO. BOARD OF EDUCATION
 150 WILLIAMS ROAD, SUITE A
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7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12

OMB No. 1545-0048		Department of the Treasury - Internal Revenue Service	
a Control number	01290 0198	1 Wages tips, other compensation	2 Federal income tax withheld
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		36868.48	5604.31
		3 Social security wages	4 Social security tax withheld
		.00	.00
		5 Medicare wages and tips	6 Medicare tax withheld
		40381.52	585.51

c Employer's name, address, and ZIP code
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7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00

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EVELYN B. GAMBLE
 STATESBORO, GA
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OMB No. 1545-0008		Department of the Treasury - Internal Revenue Service	
a Control number 01290 0198	1 Wages tips, other compensation 37357.04	2 Federal income tax withheld 5922.81	
	3 Social security wages .00	4 Social security tax withheld .00	
	5 Medicare wages and tips 40779.97	6 Medicare tax withheld 591.30	

c Employer's name, address, and ZIP code
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7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Non qualified plans .00	c 12a See instructions for box 12 d E 1200.00
c 12b d e	c 12c d e	c 12d d e

b Employer identification number
58-6000197

d Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code
 EVELYN B. GAMBLE
 STATESBORO, GA
 30461

OMB No. 1545-0008		Department of the Treasury - Internal Revenue Service	
a Control number 01290 0198	1 Wages tips, other compensation 37357.04	2 Federal income tax withheld 5922.81	
	3 Social security wages .00	4 Social security tax withheld .00	
	5 Medicare wages and tips 40779.97	6 Medicare tax withheld 591.30	

c Employer's name, address, and ZIP code
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7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Non qualified plans .00	c 12a See instructions for box 12 d E 1200.00
c 12b d e	c 12c d e	c 12d d e

b Employer identification number
58-6000197

d Employee's social security number

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code
 EVELYN B. GAMBLE
 STATESBORO, GA
 30461

Form	15 State	Employer's state I.D. No.	16 State wages, tips, etc.
W-2	GA	691285888	37357.04
Wage and Tax Statement 2002	17 State income tax	1801.38	18 Local wages, tips, etc. .00
	19 Local income tax	.00	20 Locality name

Copy 2 To be filed with Employee's State, City, or Local Income Tax Return

Form	15 State	Employer's state I.D. No.	16 State wages, tips, etc.
W-2	GA	691285888	37357.04
Wage and Tax Statement 2002	17 State income tax	1801.38	18 Local wages, tips, etc. .00
	19 Local income tax	.00	20 Locality name

Copy 2 To be filed with Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008		Department of the Treasury - Internal Revenue Service	
a Control number 01290 0198	1 Wages tips, other compensation 37357.04	2 Federal income tax withheld 5922.81	
This information is being furnished to the Internal Revenue Service	3 Social security wages .00	4 Social security tax withheld .00	
	5 Medicare wages and tips 40779.97	6 Medicare tax withheld 591.30	

c Employer's name, address, and ZIP code
 BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12

OMB No. 1545-0008		Department of the Treasury - Internal Revenue Service	
a Control number 01290 0198	1 Wages tips, other compensation 37357.04	2 Federal income tax withheld 5922.81	
OMB No. 1545-0008.	3 Social security wages .00	4 Social security tax withheld .00	
	5 Medicare wages and tips 40779.97	6 Medicare tax withheld 591.30	

c Employer's name, address, and ZIP code
 BULLOCH CO. BOARD OF EDUCATION
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7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits	11 Non qualified plans	c 12a See instructions for box 12

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 30458

EVELYN B. GAMBLE

STATESBORO, GA
 30461

OMB No. 1545-0048		
a Control number	1 Wages tips, other compensation	2 Federal income tax withheld
01290 0198	34666.16	5616.02
	3 Social security wages	4 Social security tax withheld
	.00	.00
	5 Medicare wages and tips	6 Medicare tax withheld
	37914.35	549.78

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
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 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00
10 Dependent care benefits	11 Non-qualified plans	12a See instructions for box 12
.00	.00	E 1200.00
12b	12c	12d
b Employer's identification number		c Employer's social security number
58-6000197		
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
e Employee's first name and initial		Last name
EVELYN B. GAMBLE		
STATESBORO, GA		30461

OMB No. 1545-0048		
a Control number	1 Wages tips, other compensation	2 Federal income tax withheld
01290 0198	34666.16	5616.02
	3 Social security wages	4 Social security tax withheld
	.00	.00
	5 Medicare wages and tips	6 Medicare tax withheld
	37914.35	549.78

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
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 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00
10 Dependent care benefits	11 Non-qualified plans	12a See instructions for box 12
.00	.00	E 1200.00
12b	12c	12d
b Employer's identification number		c Employer's social security number
58-6000197		
13 Statutory employee	Retirement plan	Third-party sick pay
	X	
e Employee's first name and initial		Last name
EVELYN B. GAMBLE		
STATESBORO, GA		30461

W-2		15 State Employer's state I.D. No.	16 State wages, tips, etc
		GA 691285888	34666.16
Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc
2001		1633.61	
		19 Local income tax	20 Locality name
		.00	.00

Copy 2 For State, City, or Local Tax Department

W-2		15 State Employer's state I.D. No.	16 State wages, tips, etc
		GA 691285888	34666.16
Wage and Tax Statement		17 State income tax	18 Local wages, tips, etc
2001		1633.61	
		19 Local wages, tips, etc.	20 Locality name
		.00	.00

Copy 2 For State, City, or Local Tax Department

OMB No. 1545-0048		
a Control number	1 Wages tips, other compensation	2 Federal income tax withheld
01290 0198	34666.16	5616.02
This information is being furnished to the Internal Revenue Service	3 Social security wages	4 Social security tax withheld
	.00	.00
	5 Medicare wages and tips	6 Medicare tax withheld
	37914.35	549.78

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00

OMB No. 1545-0048		
a Control number	1 Wages tips, other compensation	2 Federal income tax withheld
01290 0198	34666.16	5616.02
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this information is taxable and you fail to report it.	3 Social security wages	4 Social security tax withheld
	.00	.00
	5 Medicare wages and tips	6 Medicare tax withheld
	37914.35	549.78

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment
		.00

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

EVELYN B. GAMBLE

STATESBORO, GA
 30461

OMB No. 1545-0048			
a Control number 01290 0198		1 Wages tips, other compensation 30664.67	2 Federal Income tax withheld 4797.11
		3 Social security wages .00	4 Social security tax withheld .00
		5 Medicare wages and tips 33702.51	6 Medicare tax withheld 488.71

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Non qualified plans .00	12 Benefits included in Box 1 .00

b Employer's identification number
58-6000197

d Employee's social security number

13 See Instrs. For Box 13 E 1200.00	14 Other
--	----------

e Employee's name, address, and ZIP code

EVELYN B. GAMBLE

STATESBORO, GA
 30461

15 Statutory employee	Deceased	Pension plan	Legal Rep.	Deferred compensation
W-2		X		X
16 State Employer's state I.D. No. GA 691285888	17 State wages, tips, etc. 30664.67			
18 State income tax 1399.84	19 Locality name			
20 Local wages, tips, etc. .00	21 Local income tax .00			

Copy 2 For State, City, or Local Tax Department

OMB No. 1545-0048			
a Control number 01290 0198		1 Wages tips, other compensation 30664.67	2 Federal Income tax withheld 4797.11
This information is being furnished to the Internal Revenue Service		3 Social security wages .00	4 Social security tax withheld .00
		5 Medicare wages and tips 33702.51	6 Medicare tax withheld 488.71

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment 00
------------------------	------------------	-----------------------------

OMB No. 1545-0048			
a Control number 01290 0198		1 Wages tips, other compensation 30664.67	2 Federal Income tax withheld 4797.11
		3 Social security wages .00	4 Social security tax withheld .00
		5 Medicare wages and tips 33702.51	6 Medicare tax withheld 488.71

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Non qualified plans .00	12 Benefits included in Box 1 .00

b Employer's identification number
58-6000197

d Employee's social security number

13 See Instrs. For Box 13 E 1200.00	14 Other
--	----------

e Employee's name, address, and ZIP code

EVELYN B. GAMBLE

STATESBORO, GA
 30461

15 Statutory employee	Deceased	Pension plan	Legal Rep.	Deferred compensation
W-2		X		X
16 State Employer's state I.D. No. GA 691285888	17 State wages, tips, etc. 30664.67			
18 State income tax 1399.84	19 Locality name			
20 Local wages, tips, etc. .00	21 Local income tax .00			

Copy 2 For State, City, or Local Tax Department

OMB No. 1545-0048			
a Control number 01290 0198		1 Wages tips, other compensation 30664.67	2 Federal Income tax withheld 4797.11
This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.		3 Social security wages .00	4 Social security tax withheld .00
		5 Medicare wages and tips 33702.51	6 Medicare tax withheld 488.71

Department of the Treasury - Internal Revenue Service

c Employer's name, address, and ZIP code

BULLOCH CO. BOARD OF EDUCATION
 500 NORTHSIDE DRIVE, EAST
 STATESBORO, GA
 30458

7 Social security tips	8 Allocated tips	9 Advance EIC payment 00
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a Control number 01290 0009		Void <input type="checkbox"/>		OMB No. 1545-0008		
b Employer's identification number 58-6000197		1 Wages, tips, other compensation 8454.00		2 Federal income tax withheld 1135.52		
c Employer's name, address, and ZIP code BULLOCH CO. BOARD OF EDUCATION 500 NORTHSIDE DRIVE, EAST STATESBORO, GA 30458		3 Social security wages .00		4 Social security tax withheld .00		
		5 Medicare wages and tips 9366.92		6 Medicare tax withheld 135.84		
		7 Social security tips		8 Allocated tips		
d Employee's social security number		9 Advance EIC payment .00		10 Dependent care benefits .00		
e Employee's name, address, and ZIP code EVELYN B. GAMBLE STATESBORO, GA 30461		11 Nonqualified plans .00		12 Benefits included in Box 1 .00		
		13 See Instrs. for box 13 E 400.00		14 Other		
		15 Statutory employee		Deceased		Pension plan X
				Legal rep.		
				Deferred compensation X		
16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
GA	691285888	8454.00	360.56		.00	.00

Form **W-2** Wage and Tax Statement **1999**
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Department of the Treasury—Internal Revenue Service
 Copy 1 For State, City, or Local Tax Department or
 Copy D For Employer

Deductions and Adjustment Worksheet (Page 2)

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 16, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated taxpayments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

+ **Personal Allowances Worksheet** (Keep for your records.)

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

u Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

OMB No.
1545-0074
2012

1. Type or print your first name and middle initial.

EVELYN G

Last name

HILTON

2. Your social security number

Home address
(number and street or rural route)

3. Single Married Married, but withhold at higher Single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code

STATESBORO GA 30461

4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

5 | 3

6. Additional amount, if any, you want withheld from each paycheck.....

6 | \$ 0.00

7. I claim exemption from withholding for 2012, and I certify that I meet **both** 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.

Employee's signature

Evelyn G Hilton

Verify

Date

07-18-2012

(Form is not valid

unless you sign it with exact

Firstname MiddleInitial Lastname

as in the text boxes above)

8. Employer's name and address

(Employer: Complete lines 8 and 10 only if sending to the IRS.)

Bulloch County BOE
150 Williams Road, Suite A
Statesboro, GA, 30458**9. Office code (optional)****10. Employer identification number (EIN)**

58 6000197

+ Deductions and Adjustments Worksheet

+ Two-Earners/Multiple Jobs Worksheet (See Two earners/multiple jobs on page 1.)

Table 1				Table 2		
Married Filing Jointly		All Others		Married Filing Jointly	All Others	
If wages from LOWEST paying job are-	Enter on line 2 above	If wages from LOWEST paying job are -	Enter on line 2 above	If wages from HIGHEST paying job are-	If wages from HIGHEST paying job are -	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$0 - \$35,0000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	35,001 - 90,0000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5			
40,001 - 48,000	6	50,001 - 65,000	6			
48,001 - 55,000	7	65,001 - 80,000	7			
55,001 - 65,000	8	80,001 - 95,000	8			
65,001 - 72,000	9	95,001 - 120,000	9			
72,001 - 85,000	10	120,001 and over	10			
85,001 - 97,000	11					
97,001 - 110,000	12					
110,001 - 120,000	13					
120,001 - 135,000	14					
135,001 - and over	15					

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

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

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

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

BULLOCH COUNTY BOARD OF EDUCATION

WORKERS' COMPENSATION INSTRUCTIONS

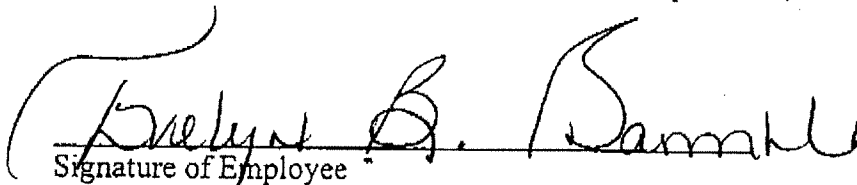
MEMORANDUM FOR PERSONNEL FILE

This is to certify that I have reviewed the official notice of the Panel of Physicians, attached.

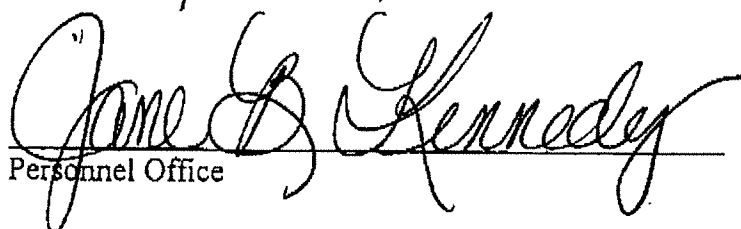
I understand that when I am involved in an on-the-job injury and emergency treatment is not necessary, I must accept the services of a physician from the Panel. (If I desire to obtain medical services from a physician not listed on the Panel, I may do so; however, I will be liable for those medical expenses.) The physician selected from the Panel may arrange for appropriate consultations, referrals, and other specialized medical services, as the nature of the injury requires. If I am dissatisfied with the physician selected, I may make one change without permission to a second physician also listed on the Panel. However, any further changes require the permission of the employer, insurer or the State Board of Workers' Compensation.

In the case of an emergency, I should be taken to the nearest emergency room. However, all follow-up care must, thereafter, be rendered by a physician from the Panel, or a Panel Physician's referral.

I further understand that I must notify my supervisor as soon as the injury occurs, regardless of the extent of the injury. Delay in the notification may result in denial of payment of medical services rendered. A Work-Related Incident Report should be filled out by your supervisor and submitted to the superintendent's office within 24 HOURS OF THE INJURY. If you have questions, contact Jane Kennedy.


Signature of Employee

8/25/99
Date


Personnel Office