Walton, Alice W

From: Anthony Heiter <[redacted]>
Sent: Tuesday, January 22, 2019 5:01 PM
To: Walton, Alice W
Subject: Letter to confirm resignation

Dear Alice, below you will find my letter of resignation.

This communication will serve as my resignation from teaching at Hilton Head Island Elementary School IB

I appreciate the opportunity to have served the students, staff, and community these years with integrity and commitment. Thank you for this opportunity and I wish you success in the future,

Sincerely,

Anthony R Heiter

RECEIVED
JAN 22 2019
BCSD HUMAN RESOURCES

JAN 22 2019
BC... ...MAN RESOURCES

WHERE LEARNING LEADS THE WAY

BEAUFORT
COUNTY SCHOOL DISTRICT

VIA HAND DELIVERY AND
REGULAR U.S. MAIL

November 9, 2018

Anthony Heiter
[redacted]

Dear Mr. Heiter:

This is written to follow up our telephone conversation today, November 9, 2018. The purpose of this conversation was to advise you that you were being placed on administrative leave with pay, effective November 9, 2018. As explained, this action was taken because of allegations that you made inappropriate comments in the presence of one of your students. Parents of that student reported to Sarah Owens, principal of Hilton Head Elementary School and also to the Beaufort County Sheriff's Office.

As I explained, once a police report is filed, Beaufort County School District will not be involved in the investigation. We will await directions from them as to next steps. In the meantime, you are not to return to Hilton Head Elementary School for any reason or to attend any school-related functions without prior, express permission from me. Further, since it will be necessary for the District to contact you as part of the inquiry, I ask that you remain available by telephone during normal work hours 7:45 a.m. until 3:00 p.m., while you are on administrative leave. As I understand it, your telephone number is [redacted]. Please call the Office of Human Resource Services immediately if this number is incorrect.

Lastly, I advised you not to have any direct or indirect contact with students or parents while on paid administrative leave and encouraged you to refrain from discussing the circumstances surrounding your placement on administrative leave with BCSD employees.

If you have questions or concerns regarding this matter, feel free to contact me directly.

Sincerely,

Alice W. Walton

Alice W. Walton
Chief Administrative and Human Resources Officer

cc: Sarah Owens, Principal

Post Office Drawer 309
Beaufort, South Carolina 29901-0309

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of the attached Letter, dated November 9, 2018. By signing and dating below, I am not admitting to the conduct alleged in the attached Letter, indicating agreement with the sanction or caution set forth in the attached Letter, or waiving any due process rights which I may possess.

I understand a copy of the attached Letter will be placed in my personnel file. I also understand, should I so desire, I have five (5) business days from the date of the attached Letter in which to place a letter of response in my personnel file.

Anthony Heiter

11/10/18
Date

STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

MOLLY M. SPEARMAN
STATE SUPERINTENDENT OF EDUCATION

RECEIVED BY
JAN 23 2019
REGGIE DEAS
Human Resources

January 17, 2019

Via Regular and Certified Mail – Return Receipt Requested – Restricted Delivery (7016 0910 0000 6635 3995)

Anthony Richard Heiter
[redacted]

Re: South Carolina Educator Certificate 275298

Dear Mr. Heiter:

The purpose of this letter is to notify you that the State Board of Education (State Board) summarily suspended your South Carolina educator certificate 275298 on January 17, 2019, as a result of your unprofessional conduct and arrest for one felony count of criminal sexual conduct with a minor, S.C. Code Ann. §16-03-655(C) (2017). A copy of the summary suspension is enclosed. This summary suspension shall remain in effect until a due process hearing is held and/or this matter is otherwise resolved.

This letter also serves as notice that the State Board will meet to make a determination regarding the possible suspension or revocation of your South Carolina educator certificate based on the statutory grounds of unprofessional conduct, crime against the law of this state, and evident unfitness for position for which employed. S.C. Code Ann. § 59-25-160 (2017). Under state law, you are entitled to a hearing in this matter.

If you wish to request a hearing, your request must be in writing and addressed to Molly M. Spearman, State Superintendent of Education, 1429 Senate Street, Columbia, South Carolina 29201. You may request a public or private hearing. At the hearing, you may be represented by legal counsel. If you fail to make a written request for a hearing within fifteen (15) days after you receive this notice, you will waive your right to a hearing. In the event that you waive your right to a hearing, the State Board may take action to suspend or revoke your certificate, based on the information presented by the South Carolina Department of Education.

The State Board of Education's Procedures for Educator Certification Hearings can be found on the SCDE website at http://ed.sc.gov/state-board/state-board-of-education/additional-resources/rules-of-governance/bcaf-a16-pdf/ . If you do not have access to a computer, please contact our office and we will mail you a copy of the State Board of Education's Procedures for Educator Certification Hearings.

Should you wish to seek an alternate resolution of this matter in lieu of a hearing, you may contact me at 803-734-1807. Please find enclosed a Consent Order of Permanent Voluntary Surrender (Consent Order) with a self-addressed, stamped envelope for your convenience. If you wish to pursue this alternative resolution, please initial and date the first two pages, and sign and date the final page of the Consent Order. The Consent Order with your original signature should be mailed back to me by February 26, 2019, if you wish for the Consent Order to be presented to the March meeting of the State Board.

Thank you for your attention to this matter.

Sincerely,

Holly Hadden
Assistant General Counsel

Enclosure

cc: Molly S. Spearman, State Superintendent of Education
Dr. Sharon Wall, Chair, State Board of Education
Marcia Berry, Education Associate, Office of Educator Services
Herbert Berg, Superintendent, Beaufort County School District
Reggie Deas, Director of Personnel, Beaufort County School District
Wendy Cartledge, General Counsel, Beaufort County School District

BEFORE THE SOUTH CAROLINA STATE BOARD OF EDUCATION

In the Matter of the Revocation or	)	
	)	
Suspension of the Educator Certificate of	)	**ORDER OF**
	)	
Anthony Richard Heiter,	)	**SUMMARY SUSPENSION**
	)	
Educator Certificate 275298	)	
	)	

SUMMARY OF THE CASE

The Chair of the South Carolina State Board of Education (State Board) considered this matter on January 17, 2019. In accordance with S.C. Code Ann. § 1-23-370(c) (2016), § 59-5-10 (2016), and State Board Rule of Governance BBABA, the South Carolina Department of Education (SCDE) requested that the Chair of the State Board summarily suspend the educator certificate of Anthony Richard Heiter, educator certificate 275298, as a result of his arrest on the felony count of criminal sexual conduct with a minor, S.C. Code Ann. §16-03-655(C) (2017).

The SCDE has reason to believe that, due to the serious nature of these allegations of misconduct, Mr. Heiter may pose a threat to the health, safety, and welfare of students, who may be under his instruction and that emergency action is required. After considering the evidence presented by the SCDE, the Chair of the State Board finds that Mr. Heiter's educator certificate shall be summarily suspended until a due process hearing is held and/or this matter is otherwise resolved. The SCDE is directed to serve notice on Mr. Heiter of the summary suspension, as well as the possible suspension or revocation of his educator certificate.

FINDINGS OF FACT

Mr. Heiter holds a professional South Carolina educator certificate and has twelve years of educator experience. Mr. Valbert is employed by the Beaufort County School District (District) and served as a teacher at Hilton Head Island Elementary School (School). The District placed Mr. Heiter on administrative leave when the law enforcement investigation began.

On or about January 17, 2019, the Beaufort County Sheriff's Office charged Mr. Heiter with the felony count of criminal sexual conduct with a minor, S.C. Code Ann. §16-03-655(C) (2017). It is alleged that Mr. Heiter exposed himself to a first grade student.

The SCDE has reason to believe that, due to the serious nature of this allegation of misconduct, Mr. Heiter may pose a threat to the health, safety, and welfare of students who may be under his instruction, and that emergency action is required. After considering the evidence presented by the SCDE, the Chair of the State Board finds that Mr. Heiter's educator certificate shall be summarily suspended until a due process hearing is held and/or this matter is otherwise resolved. The SCDE is directed to serve notice on Mr. Heiter of the summary suspension, as well as the possible suspension or revocation of his educator certificate.

CONCLUSIONS OF LAW

"The South Carolina Board of Education may, for just cause, either revoke or suspend the certificate of any person." S.C. Code Ann. § 59-25-150 (2016). Just cause includes unprofessional conduct, crime against the law of this State, and evident unfitness for position for which employed. S.C. Code Ann. § 59-25-160 (2016); 24 S.C. Code Ann. Regs. 43-58 (2016). In accordance with S.C. Code Ann. § 1-23-370(c) (2016), "If the agency finds that the public health, safety or welfare imperatively requires emergency action, and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action." Pursuant to S.C. Code Ann § 59-5-10 (2016) and State Board Rule of Governance BBABA, the Chair of the State Board finds that as a result of the allegations of Mr. Heiter's unprofessional conduct and evident unfitness for the position for which employed due to his felony arrest for one count of criminal sexual conduct with a minor, S.C. Code Ann. §16-03-655(C) (2017), there is reason to believe Mr. Heiter may pose a threat to the health, safety, and welfare of students and emergency action is required.

Accordingly, the educator certificate of Anthony Richard Heiter, educator certificate 275298, is summarily suspended until a due process hearing is held and/or this matter is otherwise resolved. The SCDE is directed to serve notice on Mr. Heiter of the summary suspension, as well as the possible suspension or revocation of his educator certificate.

AND IT IS SO ORDERED.

South Carolina State Board of Education

By: Del-Gratia Jones

Del-Gratia Jones, Chair

Columbia, South Carolina
January 17, 2019

New Employee Orientation
Assurance Form
2015-2016

Name: Anthony R. Heiter

Home Address: [redacted]

School: [redacted] Home Phone: [redacted]

Subject and/or Grade Assignment: 1st Grade

Please carefully read the statements below and verify each by initialing the appropriate space.

A.H. I have been provided an orientation session on district information.

A.H. I understand the varied demographics found within Beaufort County School District.

A.H. I have been provided with an overview of Beaufort County's initiatives.

A.H. I have received a New Employee Orientation Guide.

A.H. I understand that it is my responsibility to utilize My Learning Plan to keep track of my professional growth.

A.H. I understand that I must complete all Safe Schools training by the deadline.

A.H. I have been provided information on BCSD's Administrative policies and procedures.

A.H. I have been provided information about BCSD's Employee Services.

Teacher's Signature

7-6-15
Date

SLED CATCH

Citizens Access to Criminal Histories

Results

Name **Anthony Heiter**

Date of Birth [redacted]

Maiden Name

Gender **Male**

SSN [redacted]

Transaction **006148136**

Date of Check **May 29, 2015 at 11:02**

NO ARREST DATA
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S.C. Law Enforcement Division
WWW

To Whom it may Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of May 29, 2015 at 11:02 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,

Chief Mark Keel.
South Carolina Law Enforcement Division

BIB
9710 NORTHCROSS CENTER COURT
HUNTERSVILLE, NC 28078
704-439-3900 p
704-439-3901 f

Print Close

Subject Profile
By Service

Applicant Record Archived
MEETS GUIDELINES

Subject Information	Client
Name: ANTHONY R HEITER Address: [redacted] SSN: DOB: Sex/Race: / Reference: EMPLOYEE Recorded: 06/05/2015 11:04 AM	BEAUFORT COUNTY SCHOOL DISTRICT (SC Attn: ALICE WALTON 2900 MINK POINT BOULEVARD BEAUFORT, SC 29902 843-322-2419 p 843-322-2389 f

COURT CIVIL/CRIMINAL (Scope of Criminal Search: A Minimum of 7 years)

CRIMINAL RECORD *COMPLETE*
CC - COMPREHENSIVE CRIMINAL (CRIMINAL & SEX OFFENDER)
No Court Record Found for: ANTHONY R HEITER

CRIMINAL RECORD *COMPLETE*
IN - MARION
No Court Record Found for: ANTHONY R HEITER

SEX OFFENDER *COMPLETE*
OS - SEX OFFENDER REGISTRY
No Court Record Found for: ANTHONY R HEITER

OTHER CRIMINAL RECORD *COMPLETE*
SW - SECURITY WATCH LIST
No Records Found for: ANTHONY R HEITER

The SW search includes but is not limited to a search of the OIG List of Excluded Individuals / Entities (LEIE), General Services Administration (GSA) System for Award Management, US Food and Drug Administration (FDA) Clinical Investigators, Georgia (OIG) Exclusions and South Carolina Medicaid Exclusions.

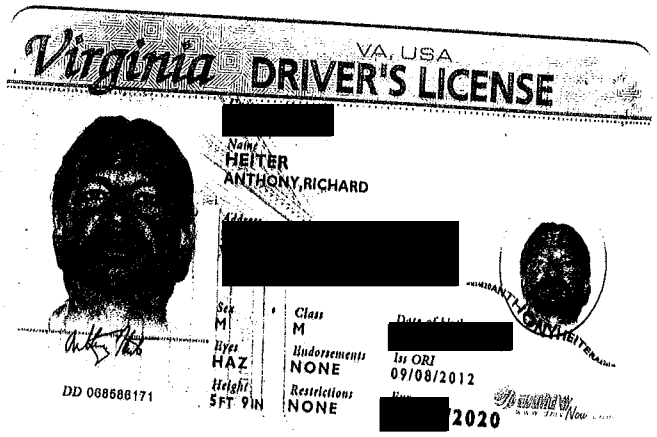
CRIMINAL RECORD *COMPLETE*
VA - NORFOLK (CITY)
No Court Record Found for: ANTHONY R HEITER

CRIMINAL RECORD *COMPLETE*
VA - VIRGINIA BEACH (CITY)
No Court Record Found for: ANTHONY R HEITER

Entered: June 05, 2015 11:04 AM
Completed: June 08, 2015 02:37 PM

Close

DISCLAIMER: All users of the information provided within this report must adhere to the guidelines set forth by the Fair Credit Reporting Act (FCRA), and the Drivers Privacy Protection Act (DPPA). In addition, all users of this information understand that the provider of these reports cannot guarantee or be held responsible for the accuracy or completeness of this report.



Virginia VA, USA DRIVER'S LICENSE

[redacted]

Name
HEITER
ANTHONY,RICHARD

Address
[redacted]

Sex
M

Eyes
HAZ

Height
5FT 9IN

Class
M

Endorsements
NONE

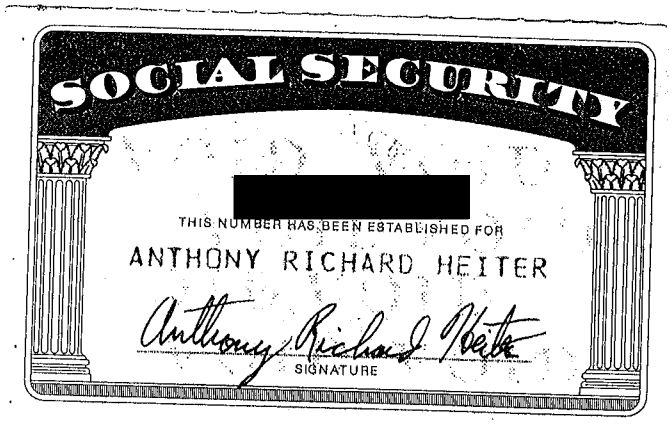
Restrictions
NONE

Date of Birth
[redacted]

Iss ORI
09/08/2012

Exp
[redacted]2020

DD 068686171



SOCIAL SECURITY

[redacted]

THIS NUMBER HAS BEEN ESTABLISHED FOR

ANTHONY RICHARD HEITER

Anthony Richard Heiter

SIGNATURE

Recommendation To Hire Request Form

Assigned To: **User - TLB9460**
Show History
Remove Applicants or Employees

Applicant: **Anthony Heiter**
Job ID: **2215 - First Grade-Spanish Immersion ...**

JOB POSTING INFORMATION

Posting #: 2215

Position Title: First Grade Spanish Immersion

Employee Group: Certified

School / Location: Hilton Head Elementary

Funding Account Org: 10011262

Funding Account Obj: 511000

Funding Account Proj:

Is this request being submitted in order to complete an Employee Transfer? ○ Yes ◉ No

Top (3) Applicants Considered For This Position

#1 Applicant Considered: Anthony Heiter

#2 Applicant Considered: Anthony Heiter

#3 Applicant Considered: Anthony Heiter

APPLICANT RECOMMENDED FOR THIS POSITION

Employee #: [redacted]

Name: Anthony Heiter

Is this applicant a current district employee? ○ Yes ◉ No

Start Date: 08/10/2015

Position Status: Full-Time

Hours Per Day: 8

Days Per Year: 190

Principal's / Hiring Manager's Email Address: jill.mcaden@beaufort.k12

Is this a Special Education Related Position? ○ Yes ◉ No

References Were Checked By: J. McAden

Principal/Supervisor Contacted: Rod Draving

Position Title: AP

Contact Number: [redacted]

Details of Conversation:

This will be a huge loss for their school, a very talented teacher. Highly recommended. His evaluation at his present school is today, and it is glowing.

Characters Available: **346**

Date Submitted: 05/29/2015

PRINCIPAL'S / HIRING MANAGER'S SIGNATURE:
(Type your name and then click the button to digitally sign)

Signed:**Jill McAden**
Stamped:Fri May 29 2015 10:44:42 GMT-0400 (Eastern Daylight Time);5/29/2015 9:48:25 AM;2015-05-29 14:48:25Z;207.144.99.104

CERTIFICATION and SLED CHECK STAGE

Certification Status: SC teaching certificate in process.

SC Certificate Number:

SC Certificate Expires:

SLED Results: Clear

CERTIFICATION and SLED INFORMATION VERIFIED BY:
(Type your name and then click the button to digitally sign)

Signed:**Andrea Johnson**
Stamped:Mon Jun 01 2015 12:46:19 GMT-0400 (Eastern Daylight Time);6/1/2015 11:50:08 AM;2015-06-01 16:50:08Z;207.144.99.102;User - AJ6667 - Andrea.Johnson@beaufort.k12.sc.us

APPROVAL STAGE

Recommendation Request Has Been: APPROVED

Reason Recommendation was Not Approved:

Characters Available: **250**

Contract Level: ANNUAL - SUMMATIVE

Date: 06/01/2015

Munis Processing: Teresa Baird

RECOMMENDATION REQUEST APPROVED / DIS-APPROVED BY:
(Type your name and then click the button to digitally sign)

Signed:**Alice Walton**
Stamped:Mon Jun 01 2015 17:27:29 GMT-0400 (Eastern Daylight Time);6/1/2015 4:27:14 PM;2015-06-01 21:27:14Z;207.144.99.102

MUNIS PROCESSING STAGE

Hourly Rate:

Daily Rate:

Annual Salary:

Position #: 262008200

Job Class: ECET

Employee Group: Certified

Administrative Salary Classification:

Administrative Salary Step:

Certified Salary Classification: MA

Certified Years of Experience: ~~5~~ 8

$ 46,702

Classified Salary Level:

Classified Salary Step

Additional Information:

Characters Available: **250**

MUNIS PROCESS COMPLETED BY:
(Type your name and then click the button to digitally sign)

Signed:**Teresa L.Baird**

Stamped:Wed Jun 03 2015 09:36:18 GMT-0400 (Eastern Daylight Time);6/3/2015 8:40:16 AM;2015-06-03 13:40:16Z;207.144.99.102;User - TLB9460 - Teresa.Baird@beaufort.k12.sc.us

Save as Draft **Submit Form**

Acceptable Use Policy for Adults

For: **Heiter, Anthony** | Completed By: Applicant - Anthony Heiter | Sent On: 6/3/2015 7:14am CT
Sent By: AJ6667 | Completed: 6/3/2015 10:50am CT

I-40-R(3)
Beaufort County School District
Acceptable Use Policy for Technology
Revised 05/21/12

The Beaufort County School District makes a variety of communication and information technologies available to authorized users. When properly used, these technologies promote the Districts instructional and business purposes. Illegal, unethical, or inappropriate use can have significant negative consequences for the District, its students, and its employees. This policy is intended to minimize the likelihood of such harm by setting standards which protect the District, its users, its data, and its systems.

Scope

This policy governs the use of all electronic systems owned, provided, or subscribed to by the District, including computers and computer-like devices, mobile devices, voice and data communication systems, networks, software, and services. It applies to all users (students and adults) of these systems, on or off District property, at all times.

District employees, contractors, and vendors will sign this policy prior to account access. Students are bound by an opt-out mechanism: parents not wishing for their child to be allowed access to computer networks, Internet, or other communication services must so indicate in writing to the schools Principal.

Under certain circumstances, the use of personally-owned computing and communication devices may be allowed on District property. These non-District-owned devices access District services, networks, data, and services, and as such are bound by this policy. Such devices are the sole responsibility of the owners.

Guest user access can be arranged for lecturers, program presenters, or other event-based needs by arrangement with Technology Services. The Technology Services Help Desk can provide credentials for such users who are bound by this policy. Guest access is limited in terms of Internet and file access.

Network and Internet Usage

The District employs a variety of technology protection measures to secure and protect data and systems, including filtering Internet content. These protection measures are imperfect and cannot guarantee complete protection.

Access to Technology resources is made available to authorized users in support of the Districts instructional and business processes only. Any use of these resources which interferes with these processes is prohibited.

Users of the Districts technology systems assume all responsibility for use of the network access accounts issued to them, and for District technology assets issued to them or entrusted to their use and care.

The District prohibits the use of its resources to view, access, download, store, or transmit any material which is in violation of any District policy or rule, or violates any local, state, or federal law or regulation.

Prohibited material includes but is not limited to:

*** Obscenity or pornography**

*** Threats against persons or property**

*** Material which could reasonably be construed as harassing, bullying, or discriminatory**

*** Material used to further any commercial business, political party, or other organization not specifically endorsed or supported by the District**

*** Material protected by copyright or trade secret; plagiarism**

*** Material which is potentially disruptive of the Districts instructional and business processes, including viruses, malware, spam, and tools or software intended to bypass, interrupt, or disable District security, filtering, or data-protection measures**

Prohibited activities include but are not limited to:

* Attempts to access data or services to which the user has no District-defined need or permission

* Attempts to bypass, interrupt, or disable District security, filtering, or data-protection measures; hacking

* Use of a network access account other than that issued to you, or allowing \(by any means\) use of your account by anyone else; impersonation, misrepresentation of identity

* Operating or using a non-District network on District property, such as rogue Wi-Fi, MiFi, mobile hot-spots, or other network technology

* Attaching any personally-owned device to the Districts wired network

* Student use of a staff-owned personal device

* Transmission or transportation of confidential or privileged data \(such as student information or records, personally-identifying information, District financial data, or personnel data\) without authorization, or via a means which make the data subject to loss

* Use of District resources for personal monetary gain; conducting personal financial activities

* Use of District resources to send unsolicited messages unrelated to District business, chain messages, spam, or bulk messages

* Installing software not approved or allowed by Technology Services, particularly any which interfere with the intended operation of the system

* Alteration of or damage to District resources

Personally Owned Devices

The District has a specific wireless network configured for the use of personally-owned laptops or mobile computing devices. When on District property, users of personally-owned devices may access only this wireless network and no other network. This network allows filtered access to Internet, and no access to the Districts business network.

Personally-owned devices are permitted on District property, but may only be used at the direction of a teacher or school administrator. All use during the school or work day must be clearly related to instructional purposes. Administrators, Teachers, or Technology Services personnel may prohibit the use of personally-owned devices at any time.

Owners of these devices are solely responsible for the configuration, content, upkeep, and safety of their devices. The District will not assist with configuration, will not troubleshoot issues, and assumes no responsibility for function or safety.

Student Use of Electronic Communication Tools

Electronic communication tools, including, but not limited to, student email accounts, learning management platforms, or District-approved social networking sites, may be provided by the District. Students must abide by the guidelines established in this document while using all electronic communication tools. Students are only permitted to access email accounts provided by the district. Accessing personal email accounts is not allowed.

Student Internet access will be under the direction and guidance of a District staff member. In addition, all students in grades K-12 will receive instruction on Internet safety and cyberbullying each school year.

Confidentiality and Privacy

Information considered to be confidential or personal should not be transmitted via District systems except via means designed or approved for that purpose by Technology Services. The District assumes no responsibility for lost or stolen personal information sent or received via or stored on District systems.

Any data stored on or communication transmitted via its systems should not be considered private. The District maintains the right to examine this information at any time.

Acceptable Use Policy for Adults

For: **Heiter, Anthony** | Completed By: Applicant - Anthony Heiter | Sent On: 6/3/2015 7:14am CT
Sent By: AJ6667 | Completed: 6/3/2015 10:50am CT

Violations and Consequences

Users who observe or become aware of violations of this policy are required to report them to a teacher, administrator, supervisor, or Technology Services immediately. Failure to do so is itself a violation of this policy.

Upon discovery of violations or threats to the proper function of District systems, Technology Services will act to protect data and systems. User account access may be suspended to isolate threats. Account suspension will be communicated to the Principal (in the case of student involvement), to the Supervisor and Human Resources (in the case of employee involvement), or to the sponsoring department (in the case of a vendor or contractor).

Violation of this policy by District employees may result in disciplinary action up to and including dismissal. Disciplinary action is the responsibility of Human Resources. Typically, a first violation may be met with a suspension of access privileges and a formal reprimand. Second or subsequent violations may be dealt with more severely.

Violation of this policy by students is within the scope of the Student Code of Conduct. The schools disciplinary process will be followed.

Violation of this policy by contractors, vendors, or other authorized users who are not District employees may result in revocation of access privilege or other consequence as defined by the District.

Exceptions:

Rapid advances in the state of technology and the Districts interest in testing or evaluating new technologies may warrant temporary suspension of certain provisions of this policy. Technology Services will supervise and manage these exceptions during evaluation periods.

Technology Services personnel are exempt from certain provisions of this policy for diagnostic and troubleshooting purposes, provided these exceptions are within the scope of their professional responsibilities.

Limitation of Liability:

Beaufort County School District will not be responsible for damage or harm to persons, files, data, or hardware, including personally-owned devices.

The District employs security and filtering mechanisms and attempts to ensure their proper functioning, but can make no guarantee regarding their effectiveness.

I have read and understand the Beaufort County School District's Acceptable Use Policy for Technology.

* Date: 6/3/2015

Please type your name and then click the button to digitally sign:

X	Signed: **Anthony R Heiter** Stamped: **6/3/2015 10:50:02 AM; 69.217.73.2;**

Policy Acknowledgement Statement

For: **Heiter, Anthony** | Completed By: Applicant - Anthony Heiter | Sent On: 6/3/2015 7:14am CT
Sent By: AJ6667 | Completed: 6/3/2015 11:31am CT

Human Resources Administrative Procedures
and Policy Acknowledgement Statement
IMPORTANT NOTICE
I, Anthony Heiter
UNDERSTAND THAT IT IS MY RESPONSIBILITY TO LOCATE AND MAKE MYSELF FAMILIAR WITH THE DISTRICT PROCEDURES/POLICY INFORMATION LOCATED ON THE DIRSTICT’S WEBSITE AT:

WWW.BEAUFORT.K12.SC.US

I ACKNOWLEDGE THAT NOTHING CONTAINED IN THESE PROCEDURES/POLICIES OR ANY OTHER MANUAL OF BEAUFORT COUNTY SCHOOL DISTRICT CONSTITUTES OR CREATES AN EXPRESSED ON IMPLIED CONTRACT OF EMPLOYMENT. RATHER, THE PROCEDURE/POLICY INFORMATION SHOULD BE UNDERSTOOD AS A BRIEF DESCRIPTION OF THE BENEFITS OFFERED BY BEAUFORT COUNTY SCHOOL DISTRICT AND AN OVERVIEW OF THE PROCEDURES AND RULES.
I FURTHER ACKNOWLEDGE THAT THESE PROCEDURES/POLICIES SUPERCEDES ALL PREVIOUS PROCEDURES/POLICIES, MANUALS, HANDBOOKS, OR OTHER DOCUMENTS WHICH ADDRESS THE SAME SUBJECT MATTER AS THE PROCEDURES AND RULES CONTAINED IN THIS MANUAL.
ADDITIONALLY, THIS PROCEDURE/POLICY INFORMATION MAY BE MODIFIED OR ALTERED AT ANY TIME BY BEAUFORT COUNTY SCHOOL DISTRICT.

Date: 6/3/2015

Please type your name and then click the button to digitally sign:

X	Signed: **Anthony R Heiter** Stamped: **6/3/2015 11:30:16 AM; 69.217.73.2;**

Emergency Contact Form

For: **Heiter, Anthony**
Sent By: AJ6667

Completed By: Applicant - Anthony Heiter

Sent On: 6/3/2015 7:14am CT
Completed: 6/3/2015 1:56pm CT

In the event that you are involved in a severe accident or other emergency while at work who do you wish to be contacted on your behalf? This information is confidential and will be used in emergency situations only. It will be maintained in your personnel file at the district office.

Name
Relationship
Address

Telephone Number

Secondary person to be notified in case of an accident or emergency (if primary is unavailable).
Name
Relationship
Address

Telephone Number

OMB No. 1615-0112; Expires 06/30/2013

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

Form I-9 CNMI, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have 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	First	Middle Initial	Maiden Name
Heiter	Anthony	R	N/A

Address *(Street Name and Number)*	Apt. #	Date of Birth *(month/day/year)*
[redacted]		[redacted]

City	State	Zip Code	Social Security #
[redacted]			[redacted]

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.

Signature Captured digitally with Date and IP Address **

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

- [x] A citizen of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #) _____
- [ ] An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature Anthony R Heiter

Date *(month/day/year)* 6/3/2015 12:29:10 PM

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:		DL		SSN
Issuing authority:		[redacted]		[redacted]
Document #:				
Expiration Date *(if any)*:				
Document #:				
Expiration Date *(if any)*:				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* 8/10/15 **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative **	Print Name	Title
	Angie Lopatka	Prop Mgr

Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*
Beaufort County School District **PO Drawer 309** **Beaufort, SC 29901-0309**	7/6/15

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 authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative**	Date *(month/day/year)*

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security **Report Prepared: 07/17/2015**
E-Verify **Page: 1 of 1**

Case Verification Number: 2015198081328SW

Case Information:

Employee Information:

Last Name:	heiter	First Name:	anthony
Middle Initial:		Other Names Used:	
Social Security Number:	[redacted]	Date of Birth:	[redacted]
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	Virginia
Driver's License or ID Card Number:		Document Expiration Date:	[redacted]2020
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	08/10/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	TBAI1501	Submitted On:	07/17/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:	Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:	Response Date:

Case Closure:

Closure Statement:	The employee continues to work for the employer after receiving an Employment Authorized result.		
Closed By:	TBAI1501	Closed On:	07/17/2015

SENSITIVE BUT UNCLASSIFIED

Recommendation To Hire Request Form

Assigned To: **User - TLB9460**
Show History
Remove Applicants or Employees

Applicant: Anthony Heiter
Job ID: **1375 - Homebound Teacher at Student ...**

JOB POSTING INFORMATION

Posting #: 1375

Position Title: Homebound Teacher

Employee Group: Certified Part-Time/Temp

School / Location: Student Services

Funding Account Org: 10014501

Funding Account Obj: 511000

Funding Account Proj:

Is this request being submitted in order to complete an Employee Transfer? ○ Yes ◉ No

Home 25.50/hr

Top (3) Applicants Considered For This Position

#1 Applicant Considered: Anthony Heiter

#2 Applicant Considered: Anthony Heiter

#3 Applicant Considered: Anthony Heiter

APPLICANT RECOMMENDED FOR THIS POSITION

Employee #: [redacted]

Name: Anthony Heiter

Is this applicant a current district employee? ◉ Yes ○ No

Start Date: 09/01/2015

Position Status: Part-Time

Hours Per Day: 5

Days Per Year: 180

Principal's / Hiring Manager's Email Address: gregory.mccord@beaufo

Is this a Special Education Related Position?
- ○ Yes
- ◉ No

References Were Checked By: Gregory A McCord

Principal/Supervisor Contacted: csso

Position Title: CSSO

Contact Number: (843) 322-5431

Details of Conversation:

Currently employed in BCSD

Characters Available: **474**

Date Submitted: 09/23/2015

PRINCIPAL'S / HIRING MANAGER'S SIGNATURE:
(Type your name and then click the button to digitally sign)

Signed:**Gregory A. McCord**

Stamped:Wed Sep 23 2015 11:27:39 GMT-0400 (Eastern Daylight Time);9/23/2015 10:27:41 AM;2015-09-23 15:27:41Z;207.144.99.102

CERTIFICATION and SLED CHECK STAGE

Certification Status: Holds valid SC teaching certificate.

SC Certificate Number:

SC Certificate Expires:

Criminal Background Check Results: Clear

CERTIFICATION and SLED INFORMATION VERIFIED BY:
(Type your name and then click the button to digitally sign)

Signed:**Teresa L. Baird**

Stamped:Mon Sep 28 2015 12:37:44 GMT-0400 (Eastern Daylight Time);9/28/2015 11:37:44 AM;2015-09-28 16:37:44Z;207.144.99.102;User - TLB9460 - Teresa.Baird@beaufort.k12.sc.us

APPROVAL STAGE

Recommendation Request Has Been: APPROVED

Reason Recommendation was Not Approved:

Characters Available: **250**

Contract Level: NO CONRACT REQUIRED

Date: 09/28/2015

Munis Processing: Teresa Baird

RECOMMENDATION REQUEST APPROVED / DIS-APPROVED BY:
(Type your name and then click the button to digitally sign)

Signed:**Alice Walton**
Stamped:Mon Sep 28 2015 12:55:34 GMT-0400 (Eastern Daylight Time);9/28/2015 11:55:34 AM;2015-09-28 16:55:34Z;207.144.99.102

MUNIS PROCESSING STAGE

Hourly Rate: 25.50

FTE:

Annual Salary:

Position #: 000

Job Class: HOME

Employee Group: Cert Part-Time/Temp

Administrative Salary Classification:

Administrative Salary Step:

Certified Salary Classification:

Certified Years of Experience:

Classified Salary Level:

Classified Salary Step

Additional Information:

Characters Available: **250**

MUNIS PROCESS COMPLETED BY:
(Type your name and then click the button to digitally sign)

Signed:**Teresa L.Baird**

Stamped:Tue Sep 29 2015 11:24:16 GMT-0400 (Eastern Daylight Time);9/29/2015 10:24:17 AM;2015-09-29 15:24:17Z;207.144.99.102;User - TLB9460 - Teresa.Baird@beaufort.k12.sc.us

Save as Draft **Submit Form**

Form W-4 (2015)

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 2015 expires February 16, 2016. 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 $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

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 can 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 tax payments 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 2015. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A	
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B	
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E	
F	Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $65,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children. • If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child	G	
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ►	H	

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **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
2015

1 Your first name and middle initial: Anthony R	Last name: Heiter	2 **Your social security number** [redacted]
Home address (number and street or rural route) [redacted]	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 [redacted]	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	1
6	Additional amount, if any, you want withheld from each paycheck	6	$
7	I claim exemption from withholding for 2015, 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. If you meet both conditions, write "Exempt" here ►	7	

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

Employee's signature
(This form is not valid unless you sign it.) ► Anthony R Heiter **Date** ► 6/3/2015 12:45:18 PM

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form **W-4** (2015)

Beaufort County School District Direct Deposit Authorization

For: **Heiter, Anthony** | Completed By: Applicant - Anthony Heiter | Sent On: 6/3/2015 7:14am CT
Sent By: AJ6667 | Completed: 6/3/2015 1:44pm CT

Please read and complete this form carefully. You may select up to two (2) accounts for your direct deposit. If you select two accounts, your first direct deposit account must be the Primary Account and your second account must be for a designated deposit amount. Attach a copy of the voided check **(NOT A DEPOSIT SLIP COPY)** for each checking account. If you are using a savings account, please check with the Bank to ensure you are using the correct Routing/Transit Number and Account Number for your savings account.

* NAME:	Anthony R Heiter
* SSN (Format XXX-XX-XXXX)	[redacted]
* This is a:	New Direct Deposit Authorization

PRIMARY ACCOUNT INFORMATION - Please provide the following information for the Primary or Only direct deposit account.

* This is a:	Checking Account
* Name of Bank	[redacted]
* Bank Routing/Transit Number	
* Account Number	

SECONDARY ACCOUNT INFORMATION (If applicable) - Please provide the following information for the Secondary direct deposit account.

Name of Bank	
Bank Routing/Transit Number	
Account Number	
Type of Account:	
Designated Amount	

Please type your name and then click the button to digitally sign:

X	Signed: **Anthony R Heiter** Stamped: **6/3/2015 1:44:05 PM; 69.217.73.2;**

Attach check copy for Primary Account:
' VOID.pdf

Attach check copy for Secondary Account (If applicable):

I hereby authorize my employer to deposit any amounts owed me by treating credit entries to my account(s) at the financial institution(s) (hereinafter "Bank(s)") indicated on this form. Further, I authorize the Bank(s) to accept and to credit to my account any credit amounts indicated by my employer. In the event that my employer deposits funds erroneously into my accounts, I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization will remain in full force and effect until my employer and the Bank have received written notice from me of its termination in such time and manner as to afford my employer and the Bank(s) reasonable opportunity to act on it, or until I am no longer employed by my employer. I understand that it is my responsibility to ensure that the correct amount is deposited into my account each payday.

Beaufort County School District Direct Deposit Authorization

For: **Heiter, Anthony** | Completed By: Applicant - Anthony Heiter | Sent On: 6/3/2015 7:14am CT
Sent By: AJ6667 | Completed: 6/3/2015 1:44pm CT

* Date:	06/03/2015

ANTHONY R HEITER
[redacted]

533
71-8182/2712
30

Pay to the Order of _____ Date _____

$ _____

Dollars

TEACHERS CREDIT UNION
Member Service 1-800-552-4745
110 S. Main St., South Bend, IN 46601
www.tcunet.com

Making the world a brighter place...
one child at a time.

Security Features Details on Back

For [redacted]

MP