

If you are interested in becoming a
Custodial Substitute for
Philipsburg Osceola Area School District:
please print this packet, complete all information
and send the **completed** packet to:

Joanna Latosky

Director of Human Resources

jlatosky@pomounties.org

814-342-1050 x 3105

200 Short Street, Philipsburg, PA 16866.

Pay rate for Custodial Subs is \$10.00 per hour.

First and Second shifts available.

Thank you!

EOE

PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

**Administration Office
200 Short Street
Philipsburg, PA 16866**



**Phone: (814) 342-1050
Fax: (814) 342-7208
Web Site: www.pomounties.org**

Hello

In addition to the documents and items in this packet, please provide me with the following information:

Date of Birth

Copy of Social Security Card

Copy of Driver's License

FBI Fingerprint Clearance (Must be specific to Pennsylvania Department of Education) (Act 114)

Pennsylvania Criminal History Clearance (Act 34)

PA Child Abuse Clearance (Act 151)

Mandated Reporter Training Certificate

Please let me know if you have any questions regarding these items or any items in the packet.

Please return completed paperwork to my office ASAP.

We look forward to having you at PO!

Thank you!

The Mission of the Philipsburg-Osceola Area School District is to provide opportunities, resources and support for students to become lifelong learners.

PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

Administration Office
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Philipsburg, PA 16866



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NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

1. *Purpose of this Notice:*

Pursuant to the Health Insurance Portability and Accountability Act of 1996, this notice explains how the Philipsburg-Osceola Area School District may use and disclose YOUR PROTECTED HEALTH INFORMATION. This NOTICE describes the types of information that is collected and YOUR rights with regards to that information.

2. *Definitions:*

As used in this NOTICE, the following capitalized terms shall have the meanings ascribed to them unless the context clearly indicates otherwise:

INCLUDES and/or INCLUDING means inclusive of and not limited to and by way of example and not limitation.

"NOTICE" means this Notice of Privacy Practices.

"PROTECTED HEALTH INFORMATION" means your individually identifiable health information maintained in any form or medium by the Philipsburg-Osceola Area School District. PROTECTED HEALTH INFORMATION INCLUDES the following: health history; medical records; name, address, and date of birth; marital status; sex; social security number; information regarding dependents, and; other similar information that relates to past, present, or future medical care. PROTECTED HEALTH INFORMATION does not include individually identifiable health information maintained in education records, as defined by the Family Education Rights and Privacy Act.

"PROVIDER" refers to all employees, agents, and subcontractors of the Philipsburg-Osceola Area School District who provide medical care or health services for which the Philipsburg-Osceola Area School District seeks reimbursement through electronic means. For the purposes of this Notice and YOUR rights under the Health Insurance Portability and Accountability Act of 1996, PROVIDER refers to the health care component designated as the PROVIDER by Philipsburg-Osceola Area School District.

"YOU" and "YOUR" refers to the individual whose PROTECTED HEALTH INFORMATION is covered by this NOTICE. In the case of an unemancipated minor, "YOU" and "YOUR" refer to the unemancipated minor, or the parents or other legal guardians entitled to exercise rights under this NOTICE, as the context requires.

The Mission of the Philipsburg-Osceola Area School District is to provide challenging learning opportunities for ALL students.

3. Permitted Uses and Disclosures of Protected Health Information:

A. Uses and Disclosures for Treatment:

The PROVIDER may use or disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all treatment purposes as allowed by law, INCLUDING to doctors, nurses, laboratory technicians, medical students, psychologists, physical therapists, speech therapists, and other health care and personnel involved in YOUR treatment.

B. Uses and Disclosure for Payment:

The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for its own payment activities as allowed by law, INCLUDING to obtain reimbursement for eligible medical and health services under the Medical Assistance program.

C. Uses and Disclosures for Operations:

The PROVIDER may use and disclose YOUR PROTECTED HEALTH INFORMATION without YOUR authorization for all of its own health care operations as allowed by law, INCLUDING the provision of "related services" as required by the Individuals with Disabilities Education Act.

4. Other Uses and Disclosures for Which Your Authorization is Not Required:

In the situations described below, Philipsburg-Osceola Area School District may disclose YOUR PROTECTED HEALTH INFORMATION without obtaining YOUR authorization:

- When requested by a public health authority for the purpose of preventing or controlling disease, injury, or disability;
- When requested by a public health authority in connection with reporting of child abuse or neglect;
- To a government authority of the PROVIDER: (1) reasonably believes that YOU may be the victim of abuse, neglect, or domestic violence; (2) is required by law to make the disclosure; (3) YOU are unable to consent to the disclosure; and, (4) the PROVIDER reasonably believes, in the exercise of professional judgment, that informing YOU of the disclosure would place YOU at risk of serious harm;
- To a health oversight agency for oversight activities authorized by law, including; audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system;
- In response to an order of court or administrative tribunal, but only to the extent required by the order;
- In response to a subpoena, discovery request, or other lawful process, if the requesting party demonstrates that it made a good faith attempt to notify you of the request;
- To a law enforcement official, as required by law, pursuant to a warrant, subpoena, or other administrative summons;

- To a law enforcement official, upon request for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person;
- To a law enforcement official, upon request, for identification of a victim of a crime, where you are unable to consent, where such information is not intended to be used against you, where immediate law enforcement activity depends upon the disclosure, and where the PROVIDER determines that it is in YOUR best interest to make the disclosure;
- To a law enforcement official, for the purpose of alerting law enforcement of the death of the individual if the PROVIDER has a suspicion that such death may have resulted from criminal conduct;
- To a law enforcement official, where the PROVIDER believes in good faith that the protected health information constitutes evidence of criminal conduct that occurred on the premises of the Philipsburg-Osceola Area School District;
- To a law enforcement official to avert a serious threat to health and safety;
- To a coroner, medical examiner or funeral director as required by, or consistent with, applicable law;
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation;
- To military, national security, and intelligence officials, as required by law.

5. *Statement of Privacy Policy and Practices:*

It is the policy and practice of the Philipsburg-Osceola Area School District to maintain YOUR PROTECTED HEALTH INFORMATION confidential and to not use or disclose YOUR PROTECTED HEALTH INFORMATION unless YOU authorize such use or disclosure, or such use or disclosure is permitted or required by law as described in the "Permitted Uses and Disclosures of Protected Health Information." Any use or disclosure of YOUR PROTECTED HEALTH INFORMATION by the Philipsburg-Osceola Area School District other than as listed in the "Permitted Uses and Disclosures of Protected Health Information" or "Other Uses and Disclosures for Which Your Authorization is Not Required" sections of this NOTICE will only be made with YOUR prior written authorization. In situations where YOU authorize the Philipsburg-Osceola Area School District to disclose YOUR PROTECTED HEALTH INFORMATION, YOU may revoke that authorization. Such revocation must be in writing to the Contact Person designated in this NOTICE. If YOU provide proper written notice of revocation of authorization, the Philipsburg-Osceola Area School District is bound by that revocation except to the extent that it has acted in reliance on the authorization.

The Philipsburg-Osceola Area School District has adopted appropriate administrative, technical and physical safeguards to prevent unauthorized uses and disclosures of YOUR PROTECTED HEALTH INFORMATION.

6. *Your Rights Under the Health Insurance Portability and Accountability Act of 1996:*

A. *Restrictions.*

YOU have the right to request restrictions on how the PROVIDER uses or discloses YOUR PROTECTED HEALTH INFORMATION. Such requests must be in writing to the Contact

Person designated in this NOTICE. The Philipsburg-Osceola Area School District is not bound by YOUR request, and may refuse to accept the requested restriction. If the Philipsburg-Osceola Area School District agrees to YOUR request for a restriction, the Philipsburg-Osceola Area School District will notify YOU in writing of its acceptance of the restriction.

B. Communication.

YOU may request to receive communications of YOUR PROTECTED HEALTH INFORMATION by reasonable alternative means or at reasonable alternative locations, if disclosure of all or part of that information could endanger YOU. Such request must be made in writing to the Contact Person designated in this NOTICE, must specify how the alternative communication is to be made, and must explain that the reasonable alternative means or reasonable alternative locations are requested because disclosure of all or part of the information could endanger YOU.

C. Right to inspect.

YOU have the right to inspect and/or copy YOUR PROTECTED HEALTH INFORMATION that is maintained in a designated record set by the Philipsburg-Osceola Area School District. Request to inspect or copy must be made in writing to the Contact Person designated in this NOTICE. The Philipsburg-Osceola Area School District will act on YOUR request within 30 days of receipt. If the Philipsburg-Osceola Area School District grants YOUR request, YOU may be charged a reasonable fee for copying and postage. If the Philipsburg-Osceola Area School District denies YOUR request, the Philipsburg-Osceola Area School District will inform YOU in writing and will explain how YOU may contest the denial.

D. Right to Amend.

YOU have the right to request an amendment of YOUR PROTECTED HEALTH INFORMATION maintained by the Philipsburg-Osceola Area School District. A request for an amendment of YOUR PROTECTED HEALTH INFORMATION must be made in writing to the Contact Person designated in this NOTICE and must explain in sufficient detail the reason for the amendment. The Philipsburg-Osceola Area School District will act on the request for amendment within 60 days of receipt. If the Philipsburg-Osceola Area School District denies YOUR request for amendment, the Philipsburg-Osceola Area School District will inform YOU in writing of the denial and will explain how YOU may contest the denial.

E. Right to An Accounting.

YOU have the right to request an accounting of all disclosures by the Philipsburg-Osceola Area School District of YOUR PROTECTED HEALTH INFORMATION in the six years prior to the date on which the accounting is requested, or since April 14, 2003, whichever period is shorter. A request for an accounting must be made in writing to the Contact Person designated in this NOTICE. The Philipsburg-Osceola Area School District will provide an accounting of all disclosures of YOUR PROTECTED HEALTH INFORMATION, except those that it is not required by law to disclose.

F. Right to Receipt of this Notice.

YOU have the right to receive a written copy of this NOTICE by requesting a copy from the Contact Person designated in this NOTICE.

7. *Philipsburg-Osceola Area School District's Duties.*

The Philipsburg-Osceola Area School District is required by law to maintain the privacy of PROTECTED HEALTH INFORMATION and to provide individuals with notice of its legal duties and privacy practices with respect to PROTECTED HEALTH INFORMATION.

The Philipsburg-Osceola Area School District will abide by the terms of the NOTICE in effect at the time action is taken.

8. *Right to Change Notice.*

The Philipsburg-Osceola Area School District reserves the right to change the terms of its NOTICE and to make the new NOTICE provisions effective for all PROTECTED HEALTH INFORMATION that it maintains. If the Philipsburg-Osceola Area School District revises its NOTICE in any substantive manner, the Philipsburg-Osceola Area School District will notify YOU by regular mail of the revision. YOU may obtain a copy of the revised NOTICE by requesting it from the Contact Person designated in this NOTICE.

9. *Complaint Procedure.*

YOU may complain to the Philipsburg-Osceola Area School District and to the Secretary of the United States Department of Health and Human Services if YOU believe that the Philipsburg-Osceola Area School District has violated YOUR privacy rights. If YOU wish to initiate a complaint with the Philipsburg-Osceola Area School District, YOU may do so by writing to the Contact Person designated in this NOTICE, stating the grounds for YOUR complaint and the individual(s) or entity(ies) that YOU believe violated YOUR privacy rights. The Philipsburg-Osceola Area School District will investigate YOUR complaint and will take appropriate action.

The Philipsburg-Osceola Area School District will not retaliate against YOU for filing a complaint, either with or with the Secretary of the United States Department of Health and Human Services.

10. *Contact Person.*

The Contact Person for the Philipsburg-Osceola Area School District designated by this NOTICE is the Assistant Superintendent. In the event that YOUR complaint concerns actions by the Contact Person, YOU may alternatively contact the Privacy Officer the Director of Finance.

11. *Effective Date.*

The effective date of this NOTICE is April 14, 2003.

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Any former names
by which you have
been identified: _____

Section 2. Report of Arrest or Conviction

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Instructions on Page 3 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. No Arrest or Conviction

By checking this box, I state that I have not been arrested for or convicted of any Reportable Offense.

Section 4. Certification

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature _____

Date _____

INSTRUCTIONS

This standardized form (PDE-6004) has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of a public or private school, intermediate unit or area vocational-technical school. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

Exemption: Any current employee who completed a PDE-6004 on or before December 27, 2011, in compliance with 24 P.S. §§1-111(j)(1) and (2) on that date, and who has not been arrested for or convicted of an offense enumerated under 24 P.S. §§1-111(e) and (f.1) shall not be required to complete an additional form.

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity.

If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:
 - (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

<ul style="list-style-type: none"> ▪ Chapter 25 (relating to criminal homicide) ▪ Section 2702 (relating to aggravated assault) ▪ Section 2709.1 (relating to stalking) ▪ Section 2901 (relating to kidnapping) ▪ Section 2902 (relating to unlawful restraint) ▪ Section 2910 (relating to luring a child into a motor vehicle or structure) ▪ Section 3121 (relating to rape) ▪ Section 3122.1 (relating to statutory sexual assault) ▪ Section 3123 (relating to involuntary deviate sexual intercourse) ▪ Section 3124.1 (relating to sexual assault) ▪ Section 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) 	<ul style="list-style-type: none"> ▪ Section 4304 (relating to endangering welfare of children) ▪ Section 4305 (relating to dealing in infant children) ▪ A felony offense under section 5902(b) (relating to prostitution and related offenses) ▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances) ▪ Section 6301(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation of children)
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 - (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
 - (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
 - the United States; or
 - one of its territories or possessions; or
 - another state; or
 - the District of Columbia; or
 - the Commonwealth of Puerto Rico; or
 - a foreign nation; or
 - under a former law of this Commonwealth.
- A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:
 - (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
 - (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
 - (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

EMERGENCY CONTACT INFORMATION
Please print legibly.

Employee Name _____

First Contact

Name _____ **Relationship** _____

Address _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Pager** _____

Second Contact

Name _____ **Relationship** _____

Address _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Pager** _____

One Call Now

If inclement weather causes a school delay or closing, the Philipsburg-Osceola Area School District uses One Call Now to notify parents and employees. The district maintains contact lists with telephone numbers and uses the program to rapidly dial hundreds of numbers and relay an automated message.

IMPORTANT INFORMATION ABOUT ONE CALL NOW:

- ✓ Most days, One Call Now will be activated about 5:35 – 5:40 a.m.
- ✓ The system will detect your voice mail and leave a message. If no one answers or there is a busy signal, the system will automatically call back multiple times.
- ✓ One Call Now is a web-based program. If the internet is down, calls can still be made by telephone, but they may be delayed longer than normal. One Call Now is also just one method the district uses to notify employees and parents. The district posts a message on its website at pomounties.org and contacts local radio and TV stations.
- ✓ If you change your telephone number or leave the district, it is your responsibility to notify the district's I-Tech Center. You will continue to receive calls until one of our technicians are notified to make the change. You can reach the I-Tech Center at 814-342-7322.

**PLEASE DETACH AND RETURN THE BOTTOM PORTION TO THE I-TECH CENTER.
THE TOP PORTION IS FOR YOUR RECORDS.**



If you would like to receive One Call Now notifications, please fill out the following information:

First and Last Name _____ Job Position: _____

Circle the school(s) you expect to work in most of the time: (multiple answers may apply)

OME PE MS SH

Telephone number (include area code): _____

WORKERS' COMPENSATION INFORMATION

To all Employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers' compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, PA 17104-2501
Telephone number within Pennsylvania: 800-482-2383
Telephone number outside of this Commonwealth: 717-772-4417
TTY- 800-362-4228 (for hearing and speech impaired only)
www.state.pa.us, PA Keyword: workers comp.

* I, _____, employee of the
Philippsburg-Osceola Area School District, certify that I received, read, and
understood the information provided above on my date of hire
_____.

* * If applicable, I, _____, employee
of the Philippsburg-Osceola Area School District, certify that I received, read, and
understood the above information on _____ (the date of work-
related injury or disease).

Employee signature _____

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To: Name of Current or Former Employer: Street Address: City, State, Zip: Telephone Number:	<input type="checkbox"/> No applicable employment
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The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 business days** as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s):	

Have you (Applicant) ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information

required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Employing Entity receipt date _____ Received by _____
Contact telephone # _____

Dates of employment of Applicant: _____

To the best of your knowledge, has Applicant ever:

- Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?
- Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?
- Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

Former Employer Representative Signature and Title

Date

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. ~~Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto.~~

Under Act 168, the wilful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Return all completed information to:

School Entity:		
Address:		Phone:
State:	Zip:	Fax:

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(Pursuant to Act 168 of 2014)

Instructions

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

Relevant Definitions:

Direct Contact with Children is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

Sexual Misconduct is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

Abuse is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

Please Note

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. **The Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine wilful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have wilfully violated the provisions of Act 168.

ACT 29 FORM

The State of Pennsylvania requires that Public School Employees be categorized into two categories. One category is for employees who worked for any public school entity in Pennsylvania in any capacity prior to July 1, 1994. The second category is for those who never worked for any public school entity in any capacity prior to July 1, 1994. We need you to fill in the required information, check the appropriate box, and sign and return the form to the Business Office with your other employment papers.

Name _____

Social Sec. # _____

Check one of the boxes below

I was employed by a Public School in Pennsylvania prior to July 1, 1994

I was not employed by a Public School in Pennsylvania prior to July 1, 1994

Signature Date

Position _____

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD**

I. Patient Information

Last Name	First	MI	Sex	Date of Birth
Social Security Number	Home Telephone		Work Telephone	
Mailing Address	Street	City	State	Zip
Usual Source of Medical Care	Physician's Name	Address	Telephone	
Emergency Contact -- Name	Relationship	Address	Telephone	

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES			4.	5.
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____		1.	

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: No Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:



PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

Administrative Office

200 Short Street

Philipsburg, PA 16866

Phone (814) 342-1050

Fax (814) 342-7208

NAME _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CHECK ONE:

Professional _____

Support _____

FOLLOWING IMPORTANT – NEED FOR WAGE TAX REPORTING

TOWNSHIP OR BOROUGH _____

NAME OF SCHOOL DISTRICT
IN WHICH YOU RESIDE _____

PHILIPSBURG OSCEOLA SCHOOL DISTRICT

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Phillipsburg Osceola School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Phillipsburg Osceola School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Phillipsburg Osceola School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Phillipsburg Osceola School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____
Account Holder -Name _____
Routing Number: _____
Account Number: _____
Social Security #: _____

Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no tax liability**, and
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no tax liability**.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you're 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.		2018	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, 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.) ▶					
Date ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	Credit for other dependents. <ul style="list-style-type: none"> • If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" 	F	_____
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1	Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,000 if you're married filing jointly or qualifying widow(er) \$18,000 if you're head of household \$12,000 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2018 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" 2 _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet. 3 _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet 4 _____
 - 5 Enter the number from line 1 of this worksheet 5 _____
 - 6 Subtract line 5 from line 4 6 _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
 - 9 Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

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—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 and over	19						

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 to the Department of Health and Human Services for use 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 aren't required to provide the information requested on a form that's 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.

PHILIPSBURG-OSCEOLA AREA SCHOOL DISTRICT

**Administration Office
200 Short Street
Philipsburg, PA 16866**



**Phone: (814) 342-1050
Fax: (814) 342-7208
Web Site: www.pomounties.org**

Employee Web Portal

To view your paychecks, W2s and absences:

Go to
www.pomounties.org

Click on Staff
Click on Employee Web Portal Service

Login:
First initial last name example
jdoe
Password is last four of social security number

Please advise Human Resources if you have any questions.

Thank you!

The mission of the district is to provide a supportive educational environment to promote student learning through academic rigor, district partnerships and career-readiness programs for the development of responsible citizens in today's world.

Philipsburg-Osceola Area School District
Custodial Sub

Date _____

Name _____

Address _____

Phone numbers to be reached:

- _____
- _____
- _____

Days can't work

- _____
- _____
- _____
- _____

Waiving Membership

If the employee chooses to waive membership within the first 30 days of hire, the employee must show proof of an active qualified retirement plan. A part-time employee who wishes to waive membership in PSERS must maintain one of the following types of Retirement accounts as defined by Section 408 in the Internal Revenue Code:

- Traditional IRA
- Roth IRA
- Simplified Employee Pension (SEP)
- Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) IRA.

Note: New employees over the age 70 ½ can only waive if they have a new or open Roth IRA.

When an employee indicates to their employer that they wish to waive, the employer must submit a Contract Record with a Work Status of **ACTIVW**. This must be done within 30 days of employee start date

When the employer submits the Contract Record, a Waiver Packet is sent to the employee. This packet includes a cover letter, PSERS Membership Waiver (PSRS-51) form, Important Information Flyer, and a Field Services Form. When the employee returns the waiver form, PSERS staff will make the determination of the employee's eligibility to waive.

If you have any questions about waiving membership, please contact PSERS at the Toll-Free Number 1.888.773.7748.

I, _____, understand that I have 30 days from the date of signature to Waive PSERS membership. I understand that I must contact PSERS to do so and that I must qualify by having one of the retirement accounts list above.

Employee Signature

Date

Copy

Employee

HR

Payroll

PSERS Communications

When you become a new member of PSERS, PSERS will mail you a *Welcome Packet*. The *Welcome Packet* will include reference to an *Active Member Handbook*, a *Nomination of Beneficiaries* (PSRS-187) form, and an *Application for Multiple Service Membership* (PSRS-1259). You may print the handbook from the PSERS website or call PSERS to request a copy of the handbook. If applicable, you will also receive a *Class 7-F Election Packet*. If you are an active member of PSERS, you may be eligible to apply to purchase service credit. Certain types of service credit purchases have time restrictions. Please refer to your member handbook or PSERS website for additional details.

Naming a Beneficiary

After you are enrolled as a member of PSERS, you should designate a beneficiary(ies) to receive any benefits you have accrued if you die prior to retirement. You will receive a *Nomination of Beneficiaries* form (PSRS-187) with your *Welcome Packet* from PSERS. A new *Nomination of Beneficiaries* (PSRS-187) must be filed with PSERS anytime you change your beneficiary.

Multiple Service - 365 Day Election

Deadline

If you have former service credited with the Pennsylvania State Employees' Retirement System (SERS) for work performed for the Commonwealth of Pennsylvania (for example, Department of Public Welfare, Labor & Industry, Transportation, etc.), you may elect multiple service, which combines state and school service. You will receive an election form with the *PSERS Welcome Packet*. You have only 365 days from the date of your enrollment letter to make your multiple service election.

Keeping Your Address Current

Throughout the year, PSERS sends you important publications and notifications pertaining to your retirement account. For you to receive this information, you must keep your address current. You should notify your employer whenever your name and/or address changes.

Contacting PSERS

If you have any questions, please contact the PSERS Member Service Center by calling toll-free, 1.888.773.7748 (1.888.PSERS4U). Harrisburg local callers, please use 717.787.8540. The Member Service Center is staffed each business day from 8:00 a.m. to 5:00 p.m.

To contact PSERS by email, use the following address: ContactPSERS@state.pa.us.

For your convenience, PSERS also has eight regional field offices to serve you. For more general information or to find the regional office serving your area, you may visit PSERS online at www.psers.state.pa.us.

5 N 5th Street
Harrisburg PA 17101-1905

Phone: 888.773.7748

Website: www.psers.state.pa.us

Email: ContactPSERS@pa.gov

The information contained in this document is only for general reference.

PSERS recommends that you review all documents that will be forthcoming from PSERS.

The Public School Employees' Retirement System (PSERS) provides this document for educational and informational purposes. Information in this document is general in nature, does not cover all factual circumstances and is not a complete statement of the law or administrative rules. The statements in this document are not binding. In any conflict between the statements in this document and applicable law or administrative rules, the law and administrative rules will prevail.

This document is designed solely to provide an overview of benefits available to PSERS members and is not intended to be a substitute.

PSERS

Information for New
School Employees



Welcome to the
Public School Employees'
Retirement System

Publication # 9800

1/2015

About PSERS...

PSERS Membership

PSERS is a Defined Benefit retirement plan, which means your retirement benefit is determined by a defined formula. PSERS' basic formula to calculate your credited benefits is based on a pension multiplier, your credited years of service, and your final average salary.

All full-time employees must become members of PSERS and must make retirement contributions. "Full-time," for retirement purposes, is defined as employees who work 5 or more hours a day, 5 days a week or its equivalent (25 or more hours a week), even if your employer considers you to be part-time.

Part-time salaried employees qualify for PSERS membership as of their first day of employment and must have retirement contributions withheld.

Part-time hourly and part-time per diem employees must meet minimum service requirements to qualify for PSERS membership (500 hours or 80 days). Once you meet membership requirements, subsequent service is qualified service unless there is a break in membership.

Employers may opt to withhold retirement contributions for part-time hourly and per diem employees beginning with the first day of employment. Once you meet PSERS membership eligibility requirements, your employer must withhold PSERS retirement contributions.

All part-time employees may waive membership in PSERS. To qualify for the waiver, the part-time employee must have an Individual Retirement Account and request a waiver within the first school year they qualify for PSERS membership. When you waive membership in PSERS, you forfeit all future rights to benefits for that waived school year.

NOTE: If you are currently a PSERS retiree, your monthly benefit will stop upon re-employment unless you are hired under emergency or extracurricular employment (the provisions of Act 2004-63).

Membership Class of Service

The law governing PSERS sets the terms of membership classes. Your membership class is determined by the date you become a member of PSERS and the class election you make.

For school employees who become new members of PSERS on or after July 1, 2011, there are two membership classes: Class T-E and Class T-F. New members automatically become Class T-E members, but have a one-time opportunity to elect Class T-F membership. PSERS will mail information and an election ballot to your home address. To elect Class T-F, you must return the ballot within 45 days of the date of notification.

If you previously were a Class T-C or Class T-D member, and had a 90-day or longer break in service, in your new period of employment you will be a Class T-D member.

Employee Contribution Rate

Employee contribution rates are based on a member's date of hire and class of service and are set by law.

The contribution rate for Class T-E members is 7.50% (base) with "shared risk" provision that could cause the total contribution levels to fluctuate between 7.50% and 9.50%. The contribution rate for Class T-F members is 10.30% (base rate) with "shared risk" provision that could cause the total contribution levels to fluctuate between 10.30% and 12.30%. With a "shared risk" program, you benefit when investments of the fund perform well and share some of the risk when investments underperform. The employee contribution rate may not go below the base rate of 7.50% for Class T-E and 10.30% for Class T-F members.

The contribution rate is set at 7.50% for Class T-D members enrolled on or after July 1, 2001.

Contributions are not included as part of your gross income for federal tax purposes; they are federally tax-deferred.

Benefit Eligibility upon Termination of Employment - Class T-E and Class T-F

Refund of Contributions and Interest	Under age 65 with fewer than 10 years of service
Disability Retirement	5 years of service and medical eligibility
Vesting (deferring retirement)	10 or more years of service
Early Retirement	10 or more years of service at any age
Normal Retirement (Superannuation)	Age 65 with 3 years of service; or attain a total combination of age and service that is equal to or greater than 92 with a minimum of 35 years of service.

Benefit Eligibility upon Termination of Employment - Class T-D

Refund of Contributions and Interest	Under age 62 with fewer than 5 years of service
Disability Retirement	5 years of service and medical eligibility
Vesting (deferring retirement)	5 or more years of service
Early Retirement	5 or more years of service at any age
Normal Retirement (Superannuation)	35 years of service at any age; age 60 with 30 years of service; or age 62 with 1 year of service.