



Cheryl Muiiter  
Personnel Coordinator

ADMINISTRATIVE OFFICE

531 Jones Avenue • North Braddock, PA 15104 • 412-731-1300 x 0114

## EXTRA DUTY APPLICATION CHECKLIST

*All documents must be within one year of application date.*

- Application for EDR Position
- School Personnel Health Record (including TB test results)
- Clearances
  - Pennsylvania Criminal History
  - Child Abuse History
  - FBI Background check (Fingerprints)
- Pennsylvania Sexual Misconduct/Abuse Disclosure Release
- Employment Eligibility Verification (Form I-9)
- Payroll Form

Please submit all documents to:

Cheryl Muiiter  
Personnel Coordinator  
Administrative Office  
531 Jones Avenue  
North Braddock, PA 15104

APPLICATION FOR EDR POSITION

Date of Application \_\_\_\_\_

Application for the EDR Position of \_\_\_\_\_

for the \_\_\_\_\_ school year.

NAME \_\_\_\_\_  
(Last) (First) (Initial)

ADDRESS \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
(Street) (City/Zip)

Present Assignment \_\_\_\_\_ School \_\_\_\_\_

If you are not presently employed in the Woodland Hills School District,  
please indicate your present employment status if applicable.

\_\_\_\_\_  
(Employment status) (Employer)

Please state briefly your qualifications and experience for the above  
positions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Submit to : Building Level Principal

\_\_\_\_\_  
(For District use only)

Interview Date \_\_\_\_\_

Interview by: \_\_\_\_\_ Recommended: Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Recommendation \_\_\_\_\_  
(Building Principal)

Send to Personnel Office

COMMONWEALTH OF PENNSYLVANIA  
 PENNSYLVANIA DEPARTMENT OF HEALTH  
 SCHOOL PERSONNEL HEALTH RECORD

**I. Patient Information**

Last Name                      First                      MI                      Sex                      D.O.B.

Social Security Number                      Home Telephone                      Work Telephone

Mailing Address                      Street                      City                      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				
Diphtheria and Tetanus*	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /		
Measles, Mumps, Rubella	1 / /	2 / /			
Other _____	/ /	Other _____		/ /	

\*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		

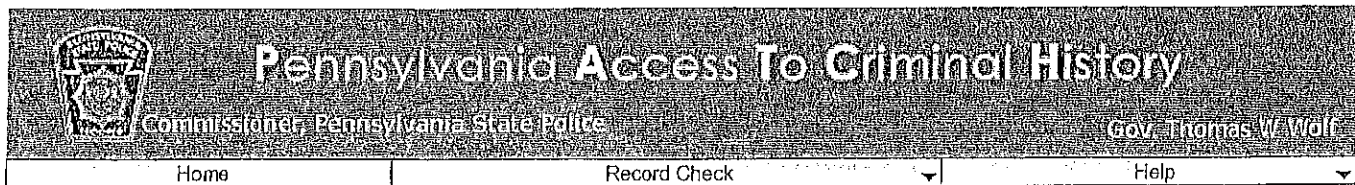
For previously known/new positive reactors: \_\_\_\_\_

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. \_\_\_\_\_





## How to submit a request for Criminal History

To perform a record check request, at a minimum you must furnish the subject's Name and Date of Birth. The subject's Social Security Number, Sex, Race, Maiden Name, and/or Aliases may also be entered as additional identifying information. Once a criminal history check has been requested, one of the following possible responses will be immediately received: Pending, No Record, or Request Under Review.

A Pending response indicates that a response from the Criminal History system did not come back quick enough. If you received a Pending response, please check the status of this request at a later time.

A response of No Record indicates that, based on the data entered by the user, that there is no criminal history information contained in the files of the Pennsylvania State Police Central Repository.

A response of Request Under Review **does not** indicate a criminal record.

## Submitting a request for Criminal History

1. Select the New Record Check option from the Record Check drop down list at the top of the page or click on the Record Check hyperlink at the bottom of the page.
2. PATCH will display the Terms and Conditions surrounding its use. Read and accept these Terms and Conditions in order to proceed with record check request submission.
3. Complete the personal information form and click on the Next button - Reason For Request (select from the drop down list), Name, Address and Telephone Number are required fields.
4. PATCH will display the personal details entered in the last step. Review the details. Click on the Back button if any of the information needs to be changed. Otherwise, click on the Proceed button.
5. Complete the Record Check Request form - Name and Date of Birth are required fields. Click on the Enter this Request button to add the request to the record check request queue. Up to 10 record check requests can be added to this queue. Click on the Finished button once all the record check requests have been entered. If any of the entered record checks need to be modified, click on the hyperlink to display the list of entered requests and click on the name of the subject that needs to be modified. Make the necessary changes and click on the Finished button.
6. PATCH will display a summary listing of the record check requests in the queue. Details on the request can be viewed by clicking on the corresponding Subject Name. If necessary, more requests can be added by clicking on the Add Request button. Otherwise click on the Submit button to proceed to payment. The charge is \$10.00 per record check request.
7. Complete the Credit Card Information form. PATCH accepts Visa, Discover, Master Card and American Express. Name, Address, Credit Card Type, Credit Card Number, Card Verification Method (CVM) number and Expiration Date are required. Click on the Next button once the form has been completed.
8. PATCH will display the Credit Card information entered in the last step. Review the details. Click on the Back button if any of the data needs to be changed. Otherwise, click on the Submit button. At this point PATCH will charge the credit card entered for the amount shown. Once the submit button is clicked, this transaction will be processed. This cannot be undone. The processing of the requests may take a moment, please be patient and do NOT click the submit button again. If the record check transaction fails for some reason, contact the PATCH Help Line toll-free at 1-888-QUERY-PA (1-888-783-7972) to request a refund.
9. PATCH will display a summary listing of the Record Check Results. Details on the record check result can be viewed by clicking on the corresponding Subject Name. Click on the Invoice Number in the Record Check Details page to access a printable invoice. Click on Certification Form in the Record Check Details page to access a printable certificate validating that a record check was conducted for the individual. Please note down the Control Number and the Request Date; this information will be required in order to inquire on the status of a record check.
10. PATCH will show a No Record status if there are no records found for the request. Otherwise it will return a Request Under Review response. A Request Under Review response **does not** indicate a criminal record.

Please note the link below for the online submission requests for child abuse clearances effective 12/31/2014.

Thanks

### ELECTRONIC SUBMISSION

Child Abuse History Clearance Online: <https://www.compass.state.pa.us/CWIS>

Creating an account and submitting your clearance application online will give you immediate access to your results or the status of your results if your results cannot be processed immediately.

Organizations who want to set up business accounts must first register for a Business Partner User account using the "Organization Account Access" link on the Child Welfare Portal. Organization accounts will allow businesses and organizations to purchase child abuse history clearance payment codes and distribute those codes to applicants. When an applicant uses a code given to them by an organization, the organization will have access to the applicant's child abuse history clearance results once those results are processed.

### PAPER SUBMISSION

Paper submissions of the Pennsylvania Child Abuse History Clearance application will still be accepted for anyone who may not have access to the internet. Submit paper applications to:

ChildLine and Abuse Registry

Pennsylvania Department of Human Services

PO Box 8170

Harrisburg, PA 17105-8170

1. The instructions for how to complete the Pennsylvania Child Abuse History Clearance application are now included on the last page of the application and can be printed for easy reference when completing the application. Failure to comply with the instructions that are attached to the application will cause considerable delay in processing the results.
2. Applicants can now type their information directly onto the application or the information can be hand written onto the application.
3. If the information is typed directly onto the application, the information will NOT be able to be saved on a computer unless the computer has a licensed version of the acrobat adobe software. Therefore, please be sure to print the completed application before closing the document so that the information typed on the application is not lost.
4. If you have trouble accessing the application you may need to download the latest version of Adobe Reader, which is available free on the internet.

**NOTE:** ALL information that has been entered directly onto the application will be lost if you close the application prior to printing it (if your computer does not have a licensed version of the Acrobat Adobe software).

Once the application is received in the ChildLine and Abuse Registry's Verification Unit, the results of the Pennsylvania Child Abuse History Clearance will be mailed to the applicant's address that was noted on the application within 14 days from the date that the application is received in the ChildLine Verification Unit.

CY113 form – English Child Abuse Clearance

CY113 form - Spanish Child Abuse Clearance

For questions related to the Pennsylvania Child Abuse History Clearance, please contact the ChildLine Verification Unit at 717-783-6211 or toll free at 1-877-371-5422.

## Questions & Answers for Fingerprint Services in the State of Pennsylvania

### Why conduct FBI background checks

Act 114 of 2006, Section 111 of the Public School Code was amended effective April 1, 2007. All student teachers (participating in classroom teaching, internships, clinical or field experience) and all prospective employees (including but not limited to administrators, teachers, substitutes, janitors, cafeteria workers, office employees) of public and private schools, Intermediate Units and area vocational-technical schools, including independent contractors and their employees and bus drivers, who have direct contact with children, must provide to their employer a copy of their Pennsylvania State Criminal History Background Check and their Federal Criminal History Record that cannot be more than one (1) year old.

This only applies to employees hired on or after April 1, 2007. Employees hired prior to April 1, 2007, are only required to provide the Federal Criminal History record if they have lived outside of the state for at least two years immediately preceding their application for employment.

### Do I have to schedule an appointment to be fingerprinted?

The majority of the locations are walk-ins, in some occasions, the site may require the applicant to make an appointment with them directly. You do however need to register with 3M Cogent before being fingerprinted.

All fingerprint collection locations work on a first come, first serve basis. Be advised that during the initial few weeks of the program, fingerprint traffic may be heavy. Plan your visit to fingerprint locations accordingly. Do not send large groups of employees at one time. Plan to send employees to print locations over weeks, not hours. Contact the fingerprint site nearest you if you require a large group of employees to be printed. Ask the fingerprint site how they want to handle the processing of prints. Some sites may be able to provide mobile printing.

### Where do I register for fingerprinting?

Registration involves collecting pertinent demographic information that is required by law from each applicant. During registration you will also be given the chance to pay electronically for your background check. Registration is best conducted online at <http://www.pa.cogentid.com>. This way you can insure the correctness of all demographic information you submit. Online registration alleviates many data collection problems and effectively speeds processing at the fingerprint site.

Your registration is valid for **90 days**. If not used within that time, it will be **automatically cancelled** and a refund issued as necessary.

You may also register by phone at 1-888-439-2486

### How can I pay for my fingerprinting?

Applicant background checks are **\$28.75**. Effective 02/01/2012 all applicants will receive an unofficial paper copy of the report at no additional cost to the applicant. Payment may be made online at the time of registration using a debit or credit card. Payment may also be made with a Money Order or Cashiers Check at the fingerprint location. Money Orders and Cashiers Checks must be made out to 3M COGENT. **NO CASH, PERSONAL CHECKS and NO ELECTRONIC PAYMENTS** for background checks will be accepted at the fingerprint sites.

### Can I bill my background check to my employer?

Provisions have been made that would allow billing of an employer to occur. The employer must

download an AGENCY BILLING AGREEMENT and submit a completed copy to 3M Cogent. Once the employer has been approved for billing, an Agency Billing ID (ABID) will be issued to the employer. An ABID entered during applicant registration will allow the transaction to be billed to the employer.

In most cases an employer will want to keep their ABID private. In that circumstance, employers may be required to register the applicants themselves. Speak with your employer to determine if they intend to make the billing of your background check possible. Billing accounts must be established prior to sending applicants to a fingerprint site.

#### **Where are the fingerprint locations in my area?**

There are fingerprint machines established all across the State. Fingerprint sites hours of operations and procedures may differ from site to site. Please review the 3M Cogent web site often to learn more about the site nearest you.

#### **What am I required to bring to the fingerprint site?**

You must be registered first before proceeding to a fingerprint site. At the fingerprint site you will be asked to produce a qualified State or Federal photo ID before processing may begin. See What to bring for a list of approved ID types. Applicants will not be processed if they cannot produce acceptable identification.

#### **Will I still have to complete my other required background checks?**

The fingerprint based background check is conducted in addition to your other State required checks.

#### **How do I know if my personal information is secure?**

Your personal data traveling from the fingerprint equipment is comprehensively secured and regulated by both 3M Cogent and State and Federal regulations governing the use of that data.

The 3M Cogent statewide fingerprint service is housed within a secured network that is protected by firewall devices configured explicitly to allow only permissible protocols and traffic. 3M Cogent ensures that all of the fingerprint machine's background check submissions adhere to both the FBI's and Pennsylvania State Police's Security requirements. All communication traffic to and from the fingerprint machine is either encrypted or conducted through encrypted ports.

#### **I still have additional questions, who do I call?**

The fingerprint sites cannot answer questions except those involving times and locations of their fingerprint machines. All information regarding process, policy and print locations may be found at the 3M Cogent website. Fingerprint applicants should contact the School Services Unit at (717) 783-3750 or [RA-PDE-SchoolService@pa.gov](mailto:RA-PDE-SchoolService@pa.gov)

#### **I have questions about my unofficial copy, who can I contact?**

Unofficial copies can only be obtained within thirty days of regulation per strict FBI regulation. After this time, an additional copy cannot be sent out. If you have not received your unofficial copy and were fingerprinted within the last 30 days, please call 3M Cogent at 1-888-439-2486 Monday through Friday, 8am to 6pm EST or email us at or [pahelp@coagentsystems.com](mailto:pahelp@coagentsystems.com)

#### **How do I submit a fingerprint card?**

Fingerprint cards are the only option for out-of-state applicants or optional for applicants who are unable to be printed electronically at a Livescan system within Pennsylvania.

Here are the steps to take to complete the process:



- Find someone (local police jurisdiction or State Police) who is able to take ink-based fingerprints and place them on FBI fingerprint cards. If you need fingerprint cards, you can download them from the FBI's website at <http://www.fbi.gov/about-us/cjis/background-checks/standard-fingerprint-form-fd-258>.
- Register on-line at [www.pa.cogentid.com](http://www.pa.cogentid.com). Select the "Department of Education" and then select "register online." Go through the online registration process. Print out the last screen where it says you have completed registration. The fee can be paid online with a credit card or you can submit a money order (if using a money order make it payable to 3M Cogent).
- Mail in the completed cards, a copy of the registration receipt and a money order (if applicable) to PDE Card Receiver, 3M Cogent, 5025 Bradenton Ave., Suite A Dublin, Ohio 43017 (address for 3M Cogent will be provided once you finish registering online).
- **Important Note** - The FBI needs two separate sets of ink print cards submitted before they will do a name search. So, if there are any issues with having difficulty obtaining clear prints (medical condition that doesn't allow you to fully open your hands, worn fingerprints, etc.) you might be required to submit a second set of fingerprints. This isn't always necessary, but if the first set isn't clear and the FBI rejects them this will add a significant delay if you did not get two sets completed initially. Please be sure to get two done, send them both and the second set will be held to see if the FBI rejects the first set.
- **Important Note** – When you register on-line, you are going to enter your address. This address is used to not only assist in the search of a criminal record but is also used to mail the results letter. Be sure to enter an address where you can receive your results letter.

Mail the completed fingerprint card (and money order if applicable) to:  
3M Cogent  
Attn: Fingerprint Card Scan PDE  
5025 Bradenton Ave., Suite A  
Dublin, OH 43017

**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:	<input type="checkbox"/> No applicable employment
	Street Address:	
	City, State, Zip:	
	Telephone Number:	

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.



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

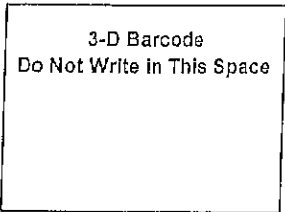
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

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



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



**Employer Completes Next Page**



**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode  
Do Not Write In This Space

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:                             <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> </li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

PAYROLL INFORMATION



NEW HIRE



CHANGE OF INFORMATION



TERMINATION

FULL NAME \_\_\_\_\_

POSITION \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SEX: M F

RACE: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are having the Local Service Tax currently taken out by another employer, please fill out the Local Service Tax Exemption Certificate provided by the Personnel Office.

If you have had Local Service Tax deducted by a previous employer, please attach proof of the amount deducted. The WHSD will deduct the balance due for the calendar year.

Have you been employed by a Pennsylvania Public School Entity prior to July 1, 1994? \_\_\_\_ Yes \_\_\_\_ NO

Have you retired from a School District? \_\_\_\_ Yes \_\_\_\_ No

If Yes, what was the name of the School District and the State? \_\_\_\_\_

What was the month and year of your retirement? \_\_\_\_\_

X \_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

*For Personnel Office Only:*

First Day Worked \_\_\_\_\_

Last Day Worked \_\_\_\_\_

Approved for Tuition Reimbursement

*For Payroll Office Only:*

Retirement \_\_\_\_\_

Other: \_\_\_\_\_

Insurance \_\_\_\_\_

Union Dues \_\_\_\_\_

ASN# \_\_\_\_\_

First Day Worked \_\_\_\_\_



Woodland Hills School District  
Authorization Agreement for Automatic Deposits (Credits)

I hereby authorize THE WOODLAND HILLS SCHOOL DISTRICT (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries initiated by COMPANY to my account. In the event that COMPANY deposit funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the credit.

Bank Name \_\_\_\_\_

City, State \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Is this account a CHECKING or a SAVINGS account? \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

\_\_\_\_\_  
Individual's Name (PLEASE PRINT)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Individual's Signature

\_\_\_\_\_  
Date

***PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE.***

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	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.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	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.) . . . . .	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	
<b>H</b>	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.) ▶ <b>H</b>		

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2014</div>
1 Your first name and middle initial <span style="float: right;">Last name</span>		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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

THIS FORM MUST BE COMPLETED AND RETURNED WITHIN 5 DAYS TO:  
 Woodland Hills Administration Building, 2430 Greensburg Pike, Pittsburgh PA 15221  
 Attn: Teri Miller, Business Office

DCED-CLGS-06 (1-11)



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT  
 GOVERNOR'S CENTER FOR LOCAL GOVERNMENT SERVICES

## LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

### TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

If you are unsure of what municipality you pay your Earned Income Tax to, please visit the following link:  
<http://munstatspa.deed.state.pa.us/FindLocalTax.aspx>

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE	MUNICIPALITY RESIDENT/EMPLOYEE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
WOODLAND HILLS SCHOOL DISTRICT (see attached)			25-1401743
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS (school where you are employed)			
CITY (address of school where employed)	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township) (where school is located)			
COUNTY	PSD CODE	MUNICIPALITY RESIDENT/EMPLOYEE	
ALLEGHENY			

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

[www.newPA.com](http://www.newPA.com)  
 Select Get Local Gov Support, >Municipal Statistics

School/Phone #	Address	Municipality
Academy 412-824-2450	126 Monroeville Avenue Turtle Creek PA 15145	Turtle Creek Borough
Edgewood Primary 412-731-2238	241 Maple Avenue Pittsburgh, PA 15218	Edgewood Borough
Wilkins Primary 412-824-3231	362 Churchill Road Pittsburgh, PA 15221	Wilkins Township
Intermediate Center 412-351-0698	7600 Evans Street Pittsburgh, PA 15218	Swissvale Borough
Rankin Promise 412-271-2957	235 4th Avenue Rankin, PA 15104	Rankin Borough
Junior/Senior High School 412-244-1100	2550 Greensburg Pike Pittsburgh, PA 15221	Churchill Borough