



CLARION UNIVERSITY

STUDENT EMPLOYMENT CHECKLIST/INSTRUCTIONS

All student paperwork should not be collected by the department. Students should bring it directly to Human Resources. Due to the increased level of protection of social security numbers, departments should not accept I-9 or W-4 forms from students.

- Student Employee Data Form:** Complete the top part of the form. The department you are working in will fill out the second part (give to supervisor to complete).
- W-4 Form:** Complete front page, below dotted line.
- Residency Certification Form:** Use your **permanent (Home)** address. Complete boxes 1 and 3, leave grayed out area blank. Please include your Township/Boro.
- Direct Deposit Form:** Routing numbers are generally the first digits on the bottom left corner of the check. Account numbers are generally the second group of digits on the bottom.
- Homeland Security I-9:** Section 1 **ONLY**, photo ID and original social security card or any original documents listed on page 3 of the I-9 Homeland Security form **are required**.
- PA State Police Authorization for Criminal Record check:** Complete the entire form.
- FBI Fingerprints (IdentoGO):** Read instructions carefully. You will need to go to Human Resources B-25 Carrier to be fingerprinted. Print out and bring your registration email. Do not pay for this yourself. Use the payment code below which can be acquired by your supervisor emailing Human Resources.

FBI Fingerprint prepaid code _____

- Child Abuse Clearance:** Follow instructions carefully. Do not pay for this yourself. Use the payment code below which can be acquired by your supervisor emailing Human Resources.

Child Abuse prepaid code _____

- Background Clearance Certification:** Complete entire form, review and check all boxes on the back.
- Pennsylvania State Work-Study Application:** Complete Student Application/Placement Form.

Please bring the completed forms and the following to Human Resources located in B-25 Carrier (next to Starbucks). We accept paperwork from 8:00-3:30, Monday thru Friday. If you have questions, please contact Sherri McGinnis at smcginnis@clarion.edu or 814-393-2492.

1. Completed New Hire form from your supervisor
2. Photo ID - **REQUIRED**
3. Social Security Card, Birth Certificate or Passport – **REQUIRED**



Students must bring this form, their Payroll paperwork and the required ID's to B-25 Carrier before they begin working.

STUDENT EMPLOYEE DATA NEW HIRE FORM

PLEASE PRINT ALL INFORMATION:

Name _____

Student Email _____

Date of Birth _____ Clarion University ID _____

Home Address _____

City/State/Zip _____

Home Phone _____ County _____

Cell Phone _____

Ethnicity (check one) Hispanic/Latino Not Hispanic/Latino

Race American Indian/Alaskan Native Asian Black/African American

Native Hawaiian or Other Pacific Islander White

Student Signature _____ Date _____

HIRING DEPARTMENT

Students must be enrolled for at least 6 credits to be eligible for student employment. Students are not eligible to work until paperwork and clearance applications are received in the Payroll office. Please allow 3 to 5 days processing time before the eTime account is created. Students may not begin work until the Department is notified by Human Resources. Please do not email/call to verify if students are on payroll before you are directly notified by us.

Department _____ Campus Location _____

Cost Center _____ WBS Center _____

Department Contact _____

Email _____ Extension _____

Initial Employment Date _____ Pay Rate (\$7.25/hour) _____

End Employment Date _____

Faculty/Staff or Admin. Signature Required _____

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ Employee's signature (This form is not valid unless you sign it.)		▶ _____ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____

- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b) – Deductions Worksheet *(Keep for your records.)*



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____

- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____

- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____

- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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 are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

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.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
FOR HUMAN RESOURCES USE ONLY:			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN	
Clarion University of Pennsylvania		2 5 1 6 9 0 6 9 4	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
840 Wood Street			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
Clarion	PA	16214	814-393-2492
MUNICIPALITY (City, Borough or Township)			
Clarion, Borough of			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE	
Clarion	1 6 0 2 0 1	0.500	

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
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



CLARION UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION

Employee PERNER:

Name: _____ (or last 4 digits of SSN) _____

I hereby authorize the State System of Higher Education to (check one) Start Change Stop total bi-weekly deduction to the financial institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Payroll will notify you if the institution you choose does not qualify.

Financial Institution's Name (Bank): _____

Transit Routing Number: (must be 9 digits): _____

Account Number: _____

Checking or Savings (choose one): _____

Deduction Amount: _____

Effective with Pay Date of: _____

I have an established account at the financial institution indicated above and authorize the State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above. I have provided a copy of a **VOIDED CHECK** solely for the purpose of verifying my account number and the financial institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

Signature _____ Date _____

Co-Signature (Required if Joint Account) _____

Attach voided check here



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 [][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See Instructions) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one)
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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

STOP *Employer Completes Next Page* STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



BACKGROUND CHECK COMPLETION INSTRUCTIONS

Prior to employment you are required to obtain the following clearances:

- 1. PA State Police Criminal Record Check** – Please complete the Authorization for Criminal Record Check form and bring it with your packet to B-25 Carrier. This clearance will be processed through the Office of Human Resources.
- 2. PA Child Abuse History Clearance** – Log into <https://www.compass.state.pa.us/CWIS/Public/Home>.
Click **Create Individual Account**; click **NEXT**
Create a **Keystone ID** 6 to 10 characters (write it down)
Enter personal information (first name, last name, date of birth, email, etc.)
Answer/create security questions (write these down, you will need to answer them to log back in)
Once complete, click **FINISH**
A new window will appear, your temporary password has been sent to your email
Retrieve temporary password from your email, copy the password
Return to <https://www.compass.state.pa.us/CWIS/Public/Home> and click **INDIVIDUAL LOGIN**
Click **ACCESS MY CLEARANCES**
Read Disclosure of Personal Information notice click **CONTINUE**
Enter your Keystone ID and paste the temporary password, click LOGIN
Create a permanent password (write it down). Click **SUBMIT**
A confirmation message displays that a new password has been created
Go to <https://www.compass.state.pa.us/CWIS/Public/Home> click **INDIVIDUAL LOGIN**, input your **Keystone ID** and your **new password** and click **LOGIN**. Answer security questions.
Review: **I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions** and click **NEXT**.
Read the Disclosure of Personal Information notice, click **CONTINUE**
Click **CREATE CLEARANCE APPLICATION**
Read the overview, click **BEGIN**
Application Purpose: School Employment Not Governed by Public Code
COMPLETE ALL PERSONAL INFORMATION
Enter payment code
Wait for email notification to print out
- 3. FBI Fingerprint Federal Criminal History Clearance** – Log into <https://www.identogo.com/>
Search for Service by State – Choose PA and click **GO**
Click on the **Digital Fingerprinting** icon
Enter Service Code: **1KG756** and then click **GO**
Click on **Schedule or Manage Appointment**
Enter personal information and complete registration
Search for a fingerprinting Enrollment Center by entering **SP-Clarion** and click **SEARCH**
Click on **NEXT** after Human Resources option and enter prepaid authorization code and click **APPLY COUPON**
Select Date and Time and click **SUBMIT**
Print Pre-Enrollment Registration and take with you to Human Resources

Students are not permitted to work until the PA State Police Clearance, FBI Registration and the PASSHE Background Clearance Certification has been submitted to Human Resources and the PA Child Abuse Clearance has been applied for on line. Original copies of the clearances must be submitted to B-25 Carrier.

QUESTIONS REGARDING THIS PROCESS SHOULD BE DIRECTED TO THE OFFICE OF HUMAN RESOURCES.

*Sherri McGinnis	smcginnis@clarion.edu	814-393-2492
*Heather Viglione	Hviglione@clarion.edu	814-393-2236

CLARION UNIVERSITY

PENNSYLVANIA STATE POLICE AUTHORIZATION FOR CRIMINAL RECORD CHECK

Please enter the information requested below (please print):

First Name	Middle Name	Last Name
Social Security Number	Date of Birth	Maiden Name/Alias

Optional Demographic Data:

Sex: Male Female Unknown

Race: White Asian African American

American Indian Unknown

By signing below, I acknowledge that as a PA State employee/volunteer, I am mandated to report any arrest and/or conviction of a reportable offense under Pennsylvania Child Protective Services Law, 23 Pa.C.S. §6344(c), WITHIN 72 HOURS, to the Office of Human Resources, Room B-25 Carrier, 814-393-2492. I also hereby authorize Clarion University of Pennsylvania to conduct a Pennsylvania State Criminal History check and receive the results of this check to determine my suitability for employment/volunteering.

Signature

Today's Date



Pennsylvania's State System of Higher Education
Background Clearance Certification
For Provisional Employment or Volunteering
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by current employees subject to background checks.

Section 1. Personal Information

Full Legal Name: _____ Date of Birth: ____/____/____

Any former names or aliases by which you have been identified: _____

Section 2. Instructions

Please submit this form to Human Resources B-25 Carrier.

If you have any question about whether to report an offense, you should report it. Failure to report may result in disciplinary action up to and including termination.

List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

- Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania:
 - * 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 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 3125 relating to aggravated indecent assault
 - * Section 3126 relating to indecent assault
 - * Section 3127 relating to indecent exposure
 - * Section 4302 relating to incest
 - * Section 4303 relating to concealing death of a child
 - * 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 relating to corruption of minors
 - * Section 6312 relating to sexual abuse of children
- 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," committed within the preceding five-year period.
- A founded report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.

Section 3. No Conviction

- By checking this box, I certify that I have **not** been convicted of any Reportable Offense or an offense similar in nature to a Reportable Offense under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

I certify that I have applied for the following required background clearance checks:

- A report of criminal history record from the Pennsylvania State Police (PSP) or statement from the PSP that no criminal record exists.
- Certification from the Pennsylvania Department of Human Services as to whether I am named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded report or indicated report of child abuse.
- A report of federal criminal history record information. I understand that I must submit a full set of fingerprints to the PSP to obtain this report.
- I further certify that I have provided copies of the completed request forms for these background clearance checks to Pennsylvania's State System of Higher Education. (Appropriate forms may be attached to this Certification Form.)

Section 5. Signature

Signature

Date

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year _____

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____ Soc Sec #: _____
Address: _____ Phone #: _____
City/State: _____ Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____: Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: _____ Phone #: _____
Address: _____
City/State: _____ Zip: _____

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.

1. PRIMARY EMPLOYER 2.

3.

Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

4.

5.

6.

Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

All information received by the Tax Collector is considered to be **CONFIDENTIAL** and is only used for official purposes relating to the collection, administration and enforcement of the **LOCAL SERVICES TAX**.

I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:

SIGNATURE: _____ **DATE:** _____



CLARION UNIVERSITY

STUDENT ETIME INSTRUCTIONS

<https://portal.passhe.edu/irj/portal>

USER NAME/PASSWORD

User name: s_@clarion.edu (Example: Jane Smith would be s_jsmith@clarion.edu)

Password: same as your Clarion email password

ENTERING HOURS IN ETIME

Click on ETIME tab
Select department from drop down
Select date worked
Select start time and end time
Click Add Entry to save hours

SIGNING YOUR TIME

****ALL HOURS MUST BE SIGNED BY THE STUDENT OR HOURS WILL NOT PAY!!**

Select the entries you want to sign. You may select ALL for multiple entries
Click Sign
Enter Security Text in the box
Click Sign Time

You can set up reminders in the Settings tab to remind you of unsigned time via email or text.

ON LINE ACCESS TO PAY STUBS

Students who currently have direct deposit have the capability to access their pay stubs online. Once you have logged into the portal, you will select the tab Employee Self Service. From there, you will select the Payroll Tab. Then, click on Display Online Pay Statement. It may take a couple seconds for your current pay statement to appear. You will be able to view previous pay statements and print them for your records.



PA STATE SYSTEM OF HIGHER EDUCATION - 2021 PAYDAYS AND HOLIDAYS

Holiday

Paydays

JANUARY

S	M	T	W	TH	F	S
	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL

S	M	T	W	TH	F	S
	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

JULY

S	M	T	W	TH	F	S
	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

OCTOBER

S	M	T	W	TH	F	S
	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

MAY

S	M	T	W	TH	F	S
	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

AUGUST

S	M	T	W	TH	F	S
	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

NOVEMBER

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

MARCH

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE

S	M	T	W	TH	F	S
	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

SEPTEMBER

S	M	T	W	TH	F	S
	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

DECEMBER

S	M	T	W	TH	F	S
	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

* Holiday for AFSCME and PSSU collective bargaining unit employees only.

PA State Work-Study Student Application/Placement Form

2020-21 Academic Year

Instructions

Students complete Section I. Once completed, return the application to your employer who will complete Section II and submit the application to PHEAA. **To avoid delays in processing your application, please be sure that all information is legible, accurate, and complete.**

Filing Deadlines – PHEAA must receive this completed form on or before:

- November 1, 2020 – Academic Year or Fall Term Only Employment (August 10, 2020 – May 15, 2021)
- March 1, 2021 – Spring Term Only Employment (December 7, 2020 – May 15, 2021)

Section I. Student Data

Name:		Social Security Number:	
Permanent Street Address:			
City:		State:	Zip:
Home Phone Number:		Cell Phone Number:	
Email:			
School Name:			Code:
(Postsecondary institution you plan on attending during your SWSP employment.)			
Expected College Graduation Date: (mm/yyyy)		Major Code ¹ :	
Select your current academic level:			
<input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Graduate Student			
Select your current enrollment status:			
<input type="radio"/> Full-time (12 or more credits) <input type="radio"/> Half-time (6 or more, but less than 12 credits) <input type="radio"/> Part-time (Less than 6 credits)			
Alternate Street Address:			
(Only list an alternate address if you wish to have SWSP correspondence mailed to an address other than your permanent address.)			
City:		State:	Zip:

¹ Refer to major code listing at the end of this application. If your major is not listed, please provide the full name of your major in the space provided for the code.

Student Certification

I certify that all information provided on this form is accurate and true. I understand that falsifying information may be punishable by law and that submission of this form does not guarantee that I will be approved to work as a SWSP student employee of the organization listed on the other side of this form.

Signature:	Date:
------------	-------

Next Step: Submit your application to your employer. Be sure to verify all applicable sections are complete and accurate.

Information on the Privacy Act and the use of your Social Security Number: The Privacy Act of 1974 requires that each federal, state, or local agency that asks for your Social Security Number or other information must tell you the following: 1) The agency's legal right to ask for the information and whether the law says you must give it; 2) What purpose the agency has in asking for it and how it will be used; and 3) What could happen if you do not give it. The number is needed to be sure we know who you are, to process your application, and to keep track of your record. We use your Social Security Number in recording information about your college attendance and to document all information relevant to State Work Study Program. If you do not provide your Social Security Number, you are ineligible to receive a State Work Study Program award. State Work Study Program applicants are hereby advised that disclosure of their Social Security number is a requirement to participate in State Work Study Program. PHEAA, without such an identified, would have difficulty in maintaining proper program records. Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's Social Security Number where the agency is required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1966 with Form S-1A-66 (First Application), applicants have been required to answer all questions completely or face disqualification for grant assistance. All subsequent forms utilized by PHEAA contain the Social Security Number as the identifier of the applicant, including eligibility announcements forwarded to the financial aid officer of the postsecondary institution.

Section II. Employer Data

PHEAA-assigned job codes can be found on your approval paperwork. If your organization is not a PHEAA-approved SWSP employing organization, a SWSP employer application and guidelines should be obtained online at PHEAA.org and completed prior to submission of student applications.

Note: If a student is permitted to begin work before the student and employer receive SWSP placement approval from PHEAA, the employer is responsible for 100 percent of the student's earnings.

Employer Name:	
Employer Code: (Note: If you are a branch site, you must include the 3-digit suffix.)	
Department Name: (If applicable)	Department Code: (If applicable)
Job Title:	Job Code:
Student Beginning and Ending Work Dates: (mm/dd/yyyy - mm/dd/yyyy)	
Hourly Pay Rate: \$	Maximum Weekly Hours:
Will the student be working during holiday breaks? <input type="radio"/> Yes <input type="radio"/> No	
Supervisor: (Please print)	Phone Number:

Employer Certification

I understand that submission of this form does not guarantee that this organization will be approved to hire the student listed in section 1 of this form as a PHEAA State Work-Study employee. I agree to pay the student in full for all hours worked at the pay rate listed on this form, and the student and I have agreed upon the number of hours the student will be scheduled to work each week. Also, I understand that if this organization hires the student without PHEAA approval, this organization will not receive reimbursement (payment) from PHEAA for any portion of the student's earnings.

Name: (Please print)	Title:
Signature:	Date:

Employers with access to PHEAA's Remote Services **MUST** submit the completed SWSP Student Application/ Placement Form electronically, and should maintain the paper application for a period of 5 years. Previously approved organizations must return renewal packets annually. Employers without access to Remote Services may submit completed applications via fax at 717-720-3786, or via mail to:

PHEAA/State Work-Study Program
PA State Grant and Special Programs
P.O. Box 8157
Harrisburg, PA 17105-8157

Major Program of Study Codes

A01 Accounting	E03 Economics	J01 Journalism	P23 Public Admin/Mgmt
A02 Advertising	E05 Electrical Engineering	J02 Japanese	P24 Public Relations
A03 Agriculture	E06 Electronic Technology	L01 Labor Studies/Relations	P25 Polymer Science
A06 Animal Science	E07 Elementary Education	L03 Law	P28 Policy/Mgmt
A07 Anthropology	E09 Engineering	L04 Law Enforcement	P29 Parks & Recreation
A09 Architecture	E10 English	L05 Law Enforcement/Corrections	P30 Public Policy
A10 Art	E11 English Literature	L06 Legal Assistant	P32 Plastics Technology
A11 Art Education	E12 Environmental Resource Mgmt	L07 Legal Secretarial	P34 Personnel Mgmt
A12 Art History/Appreciation	E13 Environmental Science	L08 Liberal Arts	R01 Radiology
A14 Astronomy	E18 Environmental Planning	L09 Library Science	R02 Real Estate
A15 Architectural Engineer	E20 Engineering & Public Policy	L10 Landscape Design	R04 Recreation
A16 Aerospace Engineer	E21 Education	L11 Linguistics	R05 Recreational Therapy
A17 Archaeology	E22 Energy Mgmt & Policy	L12 Landscape Architecture	R07 Rehabilitation
A18 Admin of Justice	E23 Environmental Engineer	L14 Languages	R08 Religion
A23 Agribusiness		L15 Logistics	R11 Russian
A24 Afro American Studies	F01 Fashion Design	M01 Management	R12 Regional Planning
A25 Automotive	F03 Finance	M02 Manufacturing Engineering	R13 Radiography
A26 Aviation	F04 Fine Arts	M04 Marketing	R15 Respiratory Therapy
B01 Banking	F06 Food Service	M06 Mathematics	S01 Sales Management
B02 Biochemistry	F07 Forestry	M07 Mechanical Engineering	S03 Science
B03 Biology	F08 French	M08 Medical Assistant	S04 Secondary Education
B04 Biophysics	F10 Food Science	M09 Medical Laboratory Tech	S05 Secretarial
B05 Business	F12 Foreign Languages	M10 Medical Records Technology	S08 Social Science
B06 Business Administration	F13 Fashion Merchandising	M11 Medical Secretarial	S09 Social Services
B07 Business Management	F14 Family Studies	M12 Medical Technology	S10 Social Welfare
B11 Biological Basis of Behavior		M13 Medicine	S11 Social Work
B12 Business Law	G02 Geography	M14 Mental Health	S12 Sociology
C01 Chemical Engineering	G03 Geology	M15 Mental Retardation	S13 Spanish
C02 Chemical Technology	G04 German	M16 Merchandising	S14 Special Education
C03 Chemistry	G05 Government	M17 Microbiology	S15 Speech Communications
C04 Cinematography	G06 Guidance & Counseling	M18 Mining & Mineral Engineering	S16 Speech Pathology
C05 Civil Engineering	G08 Graphic Design	M19 Music	S17 Speech Pathology/Audiology
C07 Commercial Art	G09 General Studies	M20 Music Therapy	S20 Systems Engineering
C09 Community Development	G11 Gerontology	M21 Metallurgical Engineer	S21 Statistics
C10 Community Service	G12 Genetics	M22 Meteorology	S22 Structural Engineer
C11 Computer Sci/Mgmt	G13 Graphic Arts	M23 Materials Science Eng	S23 Safety Engineer
C12 Construction/Building Tech	H01 Health	M24 Mechanical Eng Tech	S24 Structural Design
C14 Court Reporting	H02 Health-Physical Education	M25 Manufacturing Eng Tech	S25 Safety Science
C15 Criminal Justice	H03 Health Mgmt/Admin	M26 MIS	S27 Surveying
C16 Criminology	H04 History	M28 Microcomputer Electronics	S29 Sports Management
C18 Computer Engineer	H06 Horticulture	M29 Materials Engineering	S30 Social & Cultural Studies
C19 Ceramic Engineer	H07 Hospital Administration	M30 Mortuary Science	S38 Student Affairs in Higher Ed
C21 Cytotechnology	H08 Hotel/Restaurant Mgmt	N01 Nuclear Engineering	T01 Technical Writing
C22 CADD System Mgmt	H09 Humanities	N02 Nuclear Medical Technology	T02 Textiles
C23 City Planning	H10 Human Relations Admin	N03 Nursing	T03 Theater Arts
C25 Communications	H11 Human Resources	N04 Nutrition Science	T04 Theology
C26 Computer Graphics	H14 Health Records Admin	O04 Occupational Therapy	T05 Therapeutic Recreation
C27 CADD Operations	H15 Hospitality	P02 Paralegal	T06 Travel/Tourism
C28 Counseling	H17 Health Related	P05 Pharmacy	T08 Telecommunications
C30 Chinese	H19 HVAC	P06 Philosophy	T09 TV/Video Production
C31 Child Development	H20 Human Services	P07 Photography	T10 Tool Making Tech
C32 Culinary Program	I01 Individual & Family Studies	P08 Physical Education	U01 Undeclared
C34 Comm Disorders	I02 Industrial Arts	P09 Physical Science	U02 Urban Affairs
D01 Data Processing	I03 Industrial Engineering	P10 Physical Therapy	U03 Urban Planning
D02 Dental Hygiene	I04 Industrial Relations	P11 Physician's Assistant	U04 Urban Studies
D03 Dietetics	I05 Industrial Technology	P12 Physics	V01 Veterinary Medicine
D04 Drafting & Design	I08 International Relations	P13 Police Administration	V02 Visual/Audio Communications
D05 Drama	I09 International Studies	P14 Police Science	W02 Word Processing
D07 Dance	I10 Industrial Management	P15 Political Science	W03 Writing
D08 Design	I12 Industrial Design	P18 Pre-Med	W05 Women's Studies
E01 Early Childhood Education	I15 Interior Design	P22 Psychology	
E02 Earth/Space Science	I16 Illustration		