



# 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](mailto: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

**2022**

▶ **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.**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>  ▶ <b>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 <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	Address		
	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](http://www.irs.gov/W4App), and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

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.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://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 2022 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.)

<b>Step 3: Claim Dependents</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**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.

▶ \_\_\_\_\_ ▶ **Date**

**Employee's signature** (This form is not valid unless you sign it.)

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 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 2022 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, 2023.

**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](http://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](http://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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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 2022 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: { • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 if you're single or married filing separately } 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



## 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 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
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 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									TOTAL RESIDENT EIT RATE			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION												
EMPLOYER BUSINESS NAME (Use Federal ID Name) Clarion University of Pennsylvania			EMPLOYER FEIN <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">5</td> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">9</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">9</td> <td style="width: 12.5%;">4</td> </tr> </table>	2	5	1	6	9	0	6	9	4
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 Clarion	STATE PA	ZIP CODE 16214	PHONE NUMBER 814-393-2492									
MUNICIPALITY (City, Borough or Township) Clarion, Borough of												
COUNTY Clarion	WORK LOCATION PSD CODE <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">0</td> <td style="width: 12.5%;">1</td> </tr> </table>	1	6	0	2	0	1	WORK LOCATION NON-RESIDENT EIT RATE 0.500				
1	6	0	2	0	1							

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](http://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
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	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

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.")*

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

List A Identify 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.)**

<b>A: New Name (if applicable)</b>			<b>B: Date of Rehire (if applicable)</b>	
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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security		
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	<b>For persons under age 18 who are unable to present a document listed above:</b>			
	8. Native American tribal document	10. School record or report card		
	9. Driver's license issued by a Canadian government authority	11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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](mailto:smcginnis@clarion.edu)

814-393-2492

\*Heather Viglione      [Hviglione@clarion.edu](mailto: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.**

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

**4.**

**5.**

**6.**

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

**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 - 2022 PAYDAYS AND HOLIDAYS



Holiday

Paydays

**JANUARY**

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					

**FEBRUARY**

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					

**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		

**APRIL**

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

**MAY**

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
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
					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						

**AUGUST**

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			

**SEPTEMBER**

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	

**OCTOBER**

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					

**NOVEMBER**

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
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

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

# PA State Work-Study Student Application/Placement Form

2021-22 Academic Year

## Instructions

To apply for the PA State Work-Study Program (SWSP), students must complete Section I. before returning this application to their employer. Employers must then complete Section II. and submit the completed application to PHEAA. To avoid delays in processing your application, be sure that all information is legible, accurate, and complete.

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

- November 1, 2021 – Academic Year or Fall Term Only Employment (August 8, 2021 – May 14, 2022)
- March 1, 2022 – Spring Term Only Employment (December 5, 2021 – May 14, 2022)

## Section I. Student Data

Name:		Social Security Number:	
Street Address:			
City:		State:	ZIP:
Home Phone Number:		Cell Phone Number:	
Email:			
Institution Name: (Postsecondary institution you plan on attending during your SWSP employment)			OE Code:
Expected College Graduation Date: (mm/yyyy)		Major Code <sup>1</sup> :	
Academic Level: <input type="radio"/> Freshman <input type="radio"/> Sophomore <input type="radio"/> Junior <input type="radio"/> Senior <input type="radio"/> Graduate Student			
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 if you wish to have SWSP correspondence mailed to an address other than your permanent address)			
City:		State:	ZIP:

<sup>1</sup> Refer to major code listing at the end of this application. If your major is not listed, 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:
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**NOTE:** Electronic signatures (eSign) must meet PHEAA requirements. Additional information can be found under State Grant and Special Programs Resources at [PHEAA.org/Training](http://PHEAA.org/Training).

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

<p><b>Information on the Privacy Act &amp; Use of Your Social Security Number</b></p> <p>The Privacy Act of 1974 requires that each federal, state, or local agency that asks you to supply your Social Security number (SSN) or other personal information must provide you with certain information regarding the agency's authority to ask for you to supply the information, the purpose(s) for which the agency is asking for the information, and any effects on you for not providing the information.</p> <p>Your SSN is needed to identify you, process your application, and keep track of your record. We use your SSN in recording information about your college attendance and ensuring you have received the benefit of this award. We will only share information as permitted by law and for routine use in our day-to-day operations, such as to process your application and communicate with program sponsors. If you do not give us your SSN, you will not receive a program award. Applicants are hereby advised that disclosure of their SSN is a requirement and a condition for participation in the program. PHEAA, without such an identifier, would have difficulty in maintaining proper records.</p> <p>Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's SSN where the agency 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 assistance.</p> <p>All subsequent forms utilized by PHEAA contain the SSN as the identifier of the applicant, including eligibility announcements forwarded to the student and the financial aid officer of the postsecondary institution.</p>
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## 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](http://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: (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: (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 I. 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: (Print)	Title:
Signature:	Date:

**NOTE:** Electronic signatures (eSign) must meet PHEAA requirements. Additional information can be found under State Grant and Special Programs Resources at [PHEAA.org/Training](http://PHEAA.org/Training).

Employers with access to PHEAA's Remote Services **MUST** submit this 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 to 717-720-3786, or mail to:

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

## Major Program of Study Codes

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