

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

DEPARTMENT OF EDUCATION

At the direction of the U.S. Department of Education, we are required to obtain information on the ethnicity and racial identity of all Commonwealth employees. This information is being gathered to insure that the Commonwealth's affirmative action program to achieve equal employment opportunities is being effectively implemented. Please select **both** an ethnicity and race category. You may indicate one or more races.

1. What is your ethnicity? (Select One)

- HISPANIC or LATINO** -A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.
- NOT HISPANIC or LATINO**

2. What is your race? (Select One or More)

- AMERICAN INDIAN or ALASKA NATIVE** -A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN**- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK or AFRICAN AMERICAN** - A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** - A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE**- A person in any of the original peoples of Europe, the Middle East, or North Africa.

SIGNATURE

DATE



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 <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>		WORK LOCATION NON-RESIDENT EIT RATE

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



State System of Higher Education

The System Works for Pennsylvania

Direct Deposit Authorization

Name _____ Social Security Number _____

I hereby authorize the State System of Higher Education to (check one) ___ Start ___ Change ___ Stop total bi-weekly payroll 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.

Account Number 1:

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account (Checking or Savings) _____

YOUR NET CHECK WILL BE DEPOSITED TO THIS ACCOUNT

Please complete the following if you would like a flat dollar figure going to another account in a different financial institution:

Account Number #2:

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account (Checking or Savings) _____

Deduction Amount (**Designate Dollar 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** (see attached) 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.

Date _____ Signature _____

Co-Signature (If Joint Account) _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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	
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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
--	---------------------------	---

REPORTING OF ARRESTS OR CONVICTIONS

**Confirmation Form
For
California University of PA**

I understand I must provide written notice to the Director of Human Resources within 72 hours after:

- 1) an arrest or conviction for one of the Reportable Offenses named on *Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses Form*.
- 2) notice of being listed in the state wide database as a perpetrator of a founded or indicated report of child abuse.

For this purpose, written notice shall mean completing *Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses Form* and providing it to Eric Guiser in the Office of Human Resources located in Dixon Hall, room 408.



I confirm that I have **RECEIVED and READ** the Memo from Human Resources dated January 21, 2016 and *Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses Form*.

I **UNDERSTAND** I must self-report within 72 hours if arrested or convicted of any of the reportable offenses outlined on the form.

Signature

Date

(Please Print Name)

This signed form must be returned to Payroll.



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 prospective employees/volunteers to meet the written certification requirement to be considered as a provisional hire or volunteer assignment. In certain limited circumstances, current employees/volunteers may need to complete this form.

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 _____. [To be completed by the university.]

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

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:

1. 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
2. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," committed within the preceding five-year period.
3. 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. Certification

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

Signature

Date

\\ducfs1.passhe.lcl\departments\Admin and Finance\Public\Minors on Campus Work Group\Procedures and Standards\Certification Form Provisional Hires.docx



California University of Pennsylvania
Employee Background/Clearance Registration

<u>Last Name</u>		<u>First Name</u>		<u>Middle Name</u>	
<u>Social Security Number (SSN)</u>				<u>Country of Citizenship</u>	
<u>Date of Birth</u>		<u>City of Birth</u>		<u>State of Birth</u>	
<u>Sex</u>	<u>Race</u>	<u>Height</u>	<u>Weight</u>	<u>Eye Color</u>	<u>Hair Color</u>
<u>Driver's License Number</u>			<u>Address</u>		
<u>City</u>	<u>State</u>	<u>Zip Code</u>	<u>Email</u>	<u>Phone #</u>	
<u>Alias Last Name</u>		<u>Alias First Name</u>		<u>Alias Middle Name</u>	

Carefully read this authorization to release information about you; sign and date it in ink.

I authorize California University of Pennsylvania, or other duly accredited representative of California University of Pennsylvania, conducting my background investigation, to obtain any information relating to my activities from criminal justice agencies. This information may include criminal history record information.

I authorize custodians of records, and other sources of information pertaining to me, to release such information upon request of California University of Pennsylvania, or other duly accredited representative of California University of Pennsylvania. I understand that the information released by record custodians and sources of information is for official use by California University of Pennsylvania solely for employment purposes.

Signed copies of this authorization are as valid as the original release.

Signature in Ink

Date Signed

Please return this form to the Department of Human Resources in Dixon Hall.

California University of Pennsylvania
Dixon Hall, Room 408
250 University Avenue
California, PA 15419



Building Character. Building Careers.

Attention ALL Student Workers:

Because of the recently passed Pennsylvania's Child Protective Services Law, the Pennsylvania State System of Higher Education has determined that all student workers will be required to obtain the clearances required under the law. **These background checks are mandatory. You will not be able to work if these clearances are not received.**

Types of Background Checks Required

1. **Pennsylvania State Police Clearance** - A criminal history record check from the Pennsylvania State Police indicating the individual has not been convicted of a reportable offense.
2. **Child Abuse Clearance** - Certification from the Department of Human Services as to whether the individual is named in the Statewide Database as a perpetrator in a pending child abuse investigation, a founded report, or an indicated report of child abuse.
3. **Federal Fingerprint Report** - Federal criminal history record information, including fingerprinting and review by the Federal Bureau of Investigation for the purpose of verifying the identity of the individual and obtaining a current record of any criminal arrests and convictions.

To begin the process of obtaining these clearances please complete the attached *Employee Background/ Registration Form* and return it to the Office of Human Resources located in Dixon Hall, room 408.

THIS IS THE FIRST STEP!

Once this form is returned and processed by Human Resources you will receive an email with additional instructions and payment codes. Please wait for the instructions and payment codes!

Also, complete and return the forms listed below which are also attached to this packet:

- 1) *Background Clearance Certification for Provisional Employment Form.*
- 2) *Reporting of Arrests or Convictions Confirmation Form.*
The return of this form confirms your knowledge of the requirement to self-report if arrested or convicted of a reportable offense.

Attached to this form is the *72-Hour Self-Reporting of Reportable Offenses Form*. This 72-hour Self-Reporting form is informational and should only be returned if you are arrested or convicted of one of the reportable offenses listed on the front of the form.



California University of Pennsylvania

250 University Avenue
California, PA 15419-1394
www.cup.edu

MEMO

Building Character. Building Careers.

TO: All Faculty, Staff, Student Workers, Volunteers, Program Administrators and Contractors

**FROM: Eric Guiser
Director of Human Resources**

DATE: January 21, 2016

SUBJECT: Reporting of Arrests or Convictions and Reporting Suspected Child Abuse

As required by the Child Protective Services Law, effective December 31, 2014, all employees, volunteers, and program administrators must self-report within 72 hours if they are arrested or convicted of certain reportable offenses outlined in the law. Attached you will find the form (Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses) to be used to report those offenses. Also included is a confirmation sheet to confirm you have received and read this memo and the form.

If the university or program administrator has a reasonable belief that an employee or volunteer has been arrested or convicted of a reportable offense or was named as perpetrator in a founded or indicated report, or if an employee or volunteer has provided notice of activity that would be sufficient to deny employment or program participation, the university or program administrator must immediately require the employee or volunteer to immediately submit current information as required to secure the three background clearance checks. Any employee or volunteer who fails to comply with this paragraph may be subject to discipline up to and including termination or removal.

Report Suspected Child Abuse – In a situation of suspected child abuse, all State System administrators, faculty, coaches, staff, student workers, independent contractors, and volunteers are mandated reporters under State System Policy. You, as a mandated reporter must immediately contact the Department of Human Services (DHS) by calling 1-800-932-0313 to report suspected child abuse. Immediately following the report to DHS, the mandated reporter must notify the University's Director of Social Equity and the Chief of the University Campus Police Department.

Please see State System Policy 2014-01-A: Protection of Minors for detailed information on reporting obligations. Please sign the confirmation sheet and return to the Payroll Office. Please feel free to call the Human Resources Office with any questions.

Sincerely,

Eric Guiser
Director of Human Resources