STUDENT EMPLOYMENT CHECKLIST/INSTRUCTIONS

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

☐ **Student Employee Data Form:** Complete the top part of the form. The department you are working in will fill out the second part (give to supervisor to complete).

☐ **W-4 Form:** Complete front page, below dotted line.

☐ **Residency Certification Form:** Use your permanent (Home) address. Complete boxes 1 and 3, leave grayed out area blank. Please include your Township/Boro.

☐ **Direct Deposit Form:** Routing numbers are generally the first digits on the bottom left corner of the check. Account numbers are generally the second group of digits on the bottom.

☐ **Homeland Security I-9:** Section 1 **ONLY**, photo ID and original social security card or any original documents listed on page 3 of the I-9 Homeland Security form are required.

☐ **PA State Police Authorization for Criminal Record check:** Complete the entire form.

☐ **FBI Fingerprints (IdentoGO):** Read instructions carefully. You will need to go to Human Resources B-25 Carrier to be fingerprinted. Print out and bring your registration email. Do not pay for this yourself. Use the payment code below which can be acquired by your supervisor emailing Human Resources.

  **FBI Fingerprint prepaid code**

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

  **Child Abuse prepaid code**

☐ **Background Clearance Certification:** Complete entire form, review and check all boxes on the back.

☐ **Pennsylvania State Work-Study Application:** Complete Student Application/Placement Form.

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

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

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 witholding is subject to review by the IRS.

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
</table>

- Address
- City or town, state, and ZIP code

- Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

- Single or Married filing separately
- Married filing jointly (or Qualifying widow(er))
- 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 online estimator, 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 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(a) 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 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

## Step 3: Claim Dependents

If your 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 $ 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>

## Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income $ 

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here $ 

(c) Extra withholding. Enter any additional tax you want withheld each pay period $ 

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

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

Date

Employers Only

Employer's name and address

First date of employment

Employer Identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220C
General Instructions

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

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

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

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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

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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 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. 

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.

   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.

   c Add the amounts from lines 2a and 2b and enter the result on line 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.

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).

---

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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.

2 Enter:

   - $24,800 if you're married filing jointly or qualifying widow(er)
   - $12,400 if you're single or married filing separately
   - $18,650 if you're head of household

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)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 100,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 100,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 100,000</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
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<td>$40,000 - 49,999</td>
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<tr>
<td>$50,000 - 59,999</td>
<td>$60,000 - 69,999</td>
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<tr>
<td>$70,000 - 79,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td></td>
</tr>
</tbody>
</table>
# RESIDENCY CERTIFICATION FORM
Local Earned Income Tax Withholding

## EMPLOYEE INFORMATION - RESIDENCE LOCATION

<table>
<thead>
<tr>
<th>NAME (Last Name, First Name, Middle Initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS (No PO Box, RD or RR)</td>
<td></td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>RESIDENT PSD CODE</td>
</tr>
</tbody>
</table>

## EMPLOYER INFORMATION - EMPLOYMENT LOCATION

<table>
<thead>
<tr>
<th>EMPLOYER BUSINESS NAME (Use Federal ID Name)</th>
<th>EMPLOYER FBN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarion University of Pennsylvania</td>
<td>251690694</td>
</tr>
<tr>
<td>STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)</td>
<td></td>
</tr>
<tr>
<td>840 Wood Street</td>
<td></td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Clarion</td>
<td>PA</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)</td>
<td></td>
</tr>
<tr>
<td>Clarion, Borough of</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>WORK LOCATION PSD CODE</td>
</tr>
<tr>
<td>Clarion</td>
<td>150201</td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>SIGNATURE OF EMPLOYEE</th>
<th>DATE (MMDDYYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

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
DIRECT DEPOSIT AUTHORIZATION

Employee PERNER: ___________________________ (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 VOIRED 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

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 (Employers 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):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See Instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See Instructions)

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.

1. Alien Registration Number/USCIS Number:
2. Form I-94 Admission Number:
3. Foreign Passport Number:

Country of Issuance:

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):
☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State ZIP Code

Form I-9 07/17/17 N
Section 2. Employer or Authorized Representative Review and Verification

Employee Info from Section 1

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

List A

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List B

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List C

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List A OR

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List B AND

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

List C

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

Additional Information

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 Rehire(s) (To be completed and signed by employer or authorized representative)

A: New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B: Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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

Form I-9 07/17/17 N  Page 2 of 3
# 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.

<table>
<thead>
<tr>
<th>List A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>List B</th>
<th>Documents that Establish Identity</th>
<th>List C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

3. School ID card with a photograph

4. Voter's registration card

5. U.S. Military card or draft record

6. Military dependent's ID card

7. U.S. Coast Guard Merchant Mariner Card

8. Native American tribal document

9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

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. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)

3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal

4. Native American tribal document

5. U.S. Citizen ID Card (Form I-197)

6. Identification Card for Use of Resident Citizen in the United States (Form I-179)

7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of 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 a New Account; click NEXT
   Create a Keystone ID 6 to 10 characters (write it down)
   Enter personal information (first name, last name, date of birth, email, etc.)
   Answer/create security questions (write these down, you will need to answer them to log back in)
   Once complete, click FINISH
   A new window will appear, your temporary password has been sent to your email
   Retrieve temporary password from your email, copy the password
   Return to https://www.compass.state.pa.us/CWIS/Public/Home and click INDIVIDUAL LOGIN
   Click ACCESS MY CLEARANCES
   Read Disclosure of Personal Information notice click CONTINUE
   Enter your Keystone ID and paste the temporary password, click LOGIN
   Create a permanent password (write it down). Click SUBMIT
   A confirmation message displays that a new password has been created
   Go to https://www.compass.state.pa.us/CWIS/Public/Home click INDIVIDUAL LOGIN, input your Keystone ID and your new password and click LOGIN. Answer security questions.
   Review: I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions and click NEXT.
   Read the Disclosure of Personal Information notice, click CONTINUE
   Click CREATE CLEARANCE APPLICATION
   Read the overview, click BEGIN
   Application Purpose: School Employment Not Governed by Public Code
   COMPLETE ALL PERSONAL INFORMATION
   Enter payment code
   Wait for email notification to print out

3. **FBI Fingerprint Federal Criminal History Clearance** – Log into https://www.identogo.com/
   Search for Service by State – Choose PA and click GO
   Click on the Digital Fingerprinting icon
   Enter Service Code: 1KG756 and then click GO
   Click on Schedule or Manage Appointment
   Enter personal information and complete registration
   Search for a fingerprinting Enrollment Center by entering SP-Clarion and click SEARCH
   Click on NEXT after Human Resources option and enter prepaid authorization code and click APPLY COUPON
   Select Date and Time and click SUBMIT
   Print Pre-Enrollment Registration and take with you to Human Resources

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

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

*Sherri McGinnis  smcginnis@clarion.edu  814-393-2492
*Heather Vigione  hvigione@clarion.edu  814-393-2236
CLARION UNIVERSITY

PENNSYLVANIA STATE POLICE
AUTHORIZATION FOR CRIMINAL RECORD CHECK

Please enter the information requested below (please print):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Maiden Name/Alias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 8-25 Carver, 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

Choose one from the list below:

☐ I am a new student worker, I'm registered for 6 credits or more and will be working in:

______________________________
Name of Department

______________________________
Name of Supervisor

☐ I am a student volunteer for:

______________________________
Name of Department/Program

______________________________
Name of Supervisor
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:

1. Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime under the laws of any other state or the United States or the Territories of the United States or possessions, or any foreign country, 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. Signature

____________________________________   ________________
Signature                                      Date
Frequently Asked Questions

What is the SWSP?
The State Work-Study Program is a PHEAA-sponsored program made possible through General Assembly funding and with the cooperation of Pennsylvania postsecondary institutions and employers. The purpose of the SWSP is to provide students with an opportunity to gain career-related work experience and, at the same time, earn funds to assist them in meeting today's costs for postsecondary education.

How Much Can I Earn?
Both you and your employer will be notified of your SWSP award amount, which can be up to $5,000 during the academic term. This award amount is the maximum amount of earnings an employer may submit to PHEAA for reimbursement. However, your employer may choose to pay you more than the fixed award amount.

PHEAA will reimburse your employer a percentage of every dollar earned up to your SWSP award amount. Your employer is required to pay you 100 percent of any earnings.

[Continued on back]

How to Apply

1. DETERMINE IF YOU ARE AN ELIGIBLE STUDENT

To be considered eligible you must:
- Be a Pennsylvania resident.
- Be enrolled at least half-time (6 or more credits) during the preceding or upcoming academic year in a PHEAA-approved higher education institution, in a program of study at least 2 years in length.
- Be a PA State Grant recipient if an undergraduate student. Graduate students may participate if they have unmet financial need verified by their financial aid office.
- Not be in default or pending default on an education loan or owe a PA State Grant refund.

2. FIND AN ELIGIBLE JOB

To find an eligible SWSP employer you can:
- Search for an approved SWSP employer online at PHEAA.org/SWSP-JobSearch.
- Locate your own employer. Tips for locating an employer, as well as an employer overview memorandum to introduce a new employer to the program, are available at PHEAA.org.

3. APPLY

To apply you must:
- Complete Section 1 of the SWSP Application/Placement Form and submit it to your potential employer to complete Section 2.
- Verify that your employer submitted the completed SWSP Application/Placement Form to PHEAA on or before the filing deadline. PHEAA will then notify you and your employer of your SWSP eligibility.

<table>
<thead>
<tr>
<th>STUDENT APPLICATION FILING DEADLINES</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year of Fall Term (August 12, 2019 - May 3, 2020)</td>
<td>November 1, 2019</td>
</tr>
<tr>
<td>Spring Term Only (December 9, 2019 - May 3, 2020)</td>
<td>March 1, 2020</td>
</tr>
</tbody>
</table>

*Note: SWSP Application/Placement Form is included in this document and is also available at PHEAA.org.
Postsecondary Institution Codes

00322900 Albright College
00322902 Allegany Colg of MD-Everett Ctr.
00323000 Allegheny College
00323300 Alvernia University
00323500 Arcadia University
00331500 Bloomsburg University of PA
00323700 Bryn Mawr College
00323800 Bucknell University
00323900 Bucks County Community College
00324000 Butler County Community College
00324100 Cabrini College
00335100 Cairn University
00331600 California University of PA
00330300 Carlow University
00331200 Carnegie Mellon University
00331300 Cedar Crest College
00490000 Central Pennsylvania College
00324400 Chatham University
00324500 Chestnut Hill College
00331700 Cheyney University of PA
00331800 Clarion University of PA
00323100 Community College of Allegheny Co.
00323101 Allegheny Campus
00323101 Boyce Campus
00323102 North Campus
00323103 South Campus
00480700 Community College of Beaver County
00324900 Community College of Philadelphia
00325200 Delaware Co. Community College
00325000 Delaware Valley College
00398600 DeSales University
00325300 Dickinson College
00325600 Drew University
00325800 Duquesne University
00332000 East Stroudsburg University of PA
00325900 Eastern University
00332100 Edinboro University of PA
00326200 Elizabethtown College
00324500 Franklin & Marshall College
00326600 Gannon University
00326700 Geneva College
00334600 Gettysburg College
00326900 Grove City College
00327000 Gwynedd Mercy College
00327000 Harcum College
00327300 Harrisburg Area Community College
00327500 Hawfard College
00327500 Holy Family University
00327600 Immaculata University
00327700 Indiana University of PA
00264903 Jamestown Community College - Warren Center
00327900 Juniata College
00328000 Keystone College
00328200 King's College
00332200 Kutztown University of PA
00329500 Lackawanna College
00328600 Lafayette College
00328500 Lancaster Bible College
00398700 La Roche College
00328700 La Salle University
00328800 Lebanon Valley College
00481000 Lehigh Carbon Community College
00328800 Lehigh University
00329000 Lincoln University
00329000 Lock Haven University of PA
00681100 Luzerne County Community College
00329300 Lycoming College
00329400 Manor College
00329400 Mansfield University of PA
00329600 Marywood University
00329700 Mercyhurst University
00329800 Messiah College
00329800 Millersville University of PA
00329700 Misericordia University
00462200 Montgomery Co. Community College
00330000 Moore College of Art
00330100 Moravian College
00330200 Mt. Aloysius College
00330400 Muhlenberg College
00391800 Neumann University
00711900 Northampton Community College
00330900 Peirce College
00217300 Pennsylvania Academy of Fine Arts
00395100 Pennsylvania Collg. of Technology
00316400 Pennsylvania Highlands Community College
01099800 Pennsylvania Inst. of Technology
00332700 Pennsylvania State University (The)
00335700 Point Park University
01038800 Reading Area Community College
00335900 Robert Morris University
00336000 Rosemont College
00336400 St. Charles Borromeo Seminary
00336600 St. Francis University
00336700 St. Joseph's University
01036900 St. Vincent College
00336200 Seton Hill University
00332600 Shippensburg University of PA
00332700 Slippery Rock University of PA
00336900 Susquehanna University
00337000 Swarthmore College
00337100 Temple University
00337600 Thiel College
01239302 Thomas Jefferson University
01235007 Thomas Jefferson University - East Falls Campus
00337600 University of Pennsylvania
00337900 University of Pittsburgh (Main)
00338000 Univ. of Pittsburgh at Bradford
00338100 Univ. of Pittsburgh at Greensburg
00338200 Univ. of Pittsburgh at Johnstown
00338300 Univ. of Pittsburgh at Titusville
00338400 Univ. of the Sciences in Philadelphia
00338400 University of Scranton
00335000 University of the Arts
00339600 University of Valley Forge
00339800 Ursinus College
00338800 Villanova University
00339900 Washington & Jefferson College
00339100 Waynesburg University
00332800 West Chester University of PA
00339200 Westminster College
01017400 Westmoreland Co. Community College
00331300 Widener University
00339400 Wilkes University
00339600 Wilson College
00339900 York College of PA

HELPING STUDENTS
AFFORD COLLEGE
AND GAIN VALUABLE
WORK EXPERIENCE.
STUDENT APPLICATION/PLACEMENT FORM

Complete the Student Data Section (Section 1). To avoid delays in processing your application, please be sure that all information is accurate and complete. Once you have completed the Student Data Section, your employer will need to fill out the Employer Data Section (Section 2).

Employers with access to PHEAA’s Remote Services MUST submit the completed SWSP Student Application/Placement Form electronically. Otherwise, the application can be mailed. PHEAA will notify both you and your employer of your SWSP eligibility. You may also view the status of your application online at PHEAA.org by clicking on the “Account Access” link.

FILING DEADLINES

PHEAA must receive this completed form on or before:
- November 1, 2019 – Academic Year or Fall Term Only Employment (August 12, 2019 - May 3, 2020)
- March 1, 2020 – Spring Term Only Employment (December 9, 2019 - May 5, 2020)

1. STUDENT DATA

PLEASE PRINT CLEARLY. Illegible information may cause delays in processing your request.
* Refer to school code listing. If your school is not listed, please verify that the full school name is provided in the “SCHOOL NAME” section.
* Refer to major/minor code listing. If your major/minor is not listed, please provide the full name of your major/minor in the space provided for the code.

<table>
<thead>
<tr>
<th>SOCIAL SECURITY #</th>
<th>NAME</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PERMANENT HOME ADDRESS (Street Address/City/State/Zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HOME PHONE # (including area code)</th>
<th>CELL PHONE # (including area code)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SCHOOL CODE &amp; NAME OF POSTSECONDARY INSTITUTION YOU ARE GOING TO ATTEND:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EXPECTED COLLEGE GRADUATION DATE: MONTH</th>
<th>YEAR</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAJOR CODE**</th>
<th>MINOR CODE**</th>
</tr>
</thead>
</table>

SELECT YOUR ACADEMIC LEVEL FOR THE UPCOMING FALL SEMESTER:

- [ ] FRESHMAN
- [ ] SOPHOMORE
- [ ] JUNIOR
- [ ] SENIOR
- [ ] GRADUATE STUDENT

SELECT YOUR ENROLLMENT STATUS FOR THE UPCOMING FALL SEMESTER:

- [ ] FULL-TIME (12 or more credits)
- [ ] HALF-TIME (6 or more, but less than 12 credits)
- [ ] PART-TIME (Less than 6 credits)

Only list an alternate address if you wish to have SWSP correspondence mailed to an address other than your permanent home address.

<table>
<thead>
<tr>
<th>ALTERNATE ADDRESS (Street address/city/state/zip)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ALTERNATE PHONE # (including area code)</th>
</tr>
</thead>
</table>

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  09/01/17

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

INFORMATION ON THE PRIVACY ACT AND THE USE OF YOUR Social Security Number: The Privacy Act of 1974 requires that each federal, state, or local agency that sells for your Social Security Number or other information must tell you the following: 1) The agency’s legal right to ask for the information and whether the law says you must give it; 2) What purpose the agency has in asking for it and how it will be used; and 3) What could happen if you do not give it.

The number is needed to be sure we know who you are, to process your application, and to keep track of your record. We use your Social Security Number in recording information about your college attendance and to document all information relevant to State Work Study Program. If you do not provide your Social Security Number, you may not be eligible to receive a State Work Study Program award. The Work Study Program applicants are hereby advised that disclosure of their Social Security number is a requirement to participate in the State Work Study Program. PHEAA, without such an identification, would have difficulty in maintaining proper program records. Section 504 of the Privacy Act provides that an agency may continue to require the disclosure of an individual’s Social Security Number where the agency is required to disclose under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1980 with Form 5-1A-64 (First Application), applicants have been required to answer all questions completely or face disqualification for grant assistance. All subsequent forms utilized by PHEAA contain the Social Security number as the identifier of the applicant, including eligibility announcements forwarded to the financial aid officer of the postsecondary institution.
2. EMPLOYER DATA

Employers with access to PHEAA's Remote Services MUST submit the completed SWSP Student Application/Placement Form electronically, and should maintain the paper application for a period of 5 years. 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. Previously approved organizations must return renewal packets annually.

PLEASE PRINT CLEARLY. Illegible information may cause delays in processing your request. Do not submit this form until the job has been offered and accepted.

THE ORGANIZATION LISTED BELOW REQUESTS APPROVAL TO HIRE THE STUDENT LISTED IN SECTION 1 OF THIS FORM AS A SWSP EMPLOYEE DURING THE FOLLOWING TERM:

☐ ACADEMIC YEAR ☐ FALL TERM ONLY ☐ SPRING TERM ONLY

EMPLOYER NAME

EMPLOYER CODE (NOTE: If you are a branch site, you must include the 3-digit suffix.)

DEPARTMENT NAME (if applicable)

DEPARTMENT CODE (if applicable)

ADDRESS (Street address/city/state/zip)

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

JOB CODE ___________ JOB TITLE ___________

BRIEF JOB DESCRIPTION

STUDENT WORK DATES: BEGINNING ___________ ENDING ___________

HOURLY PAY RATE $ ___________ MAXIMUM WEEKLY HOURS ___________

CHECK IF THE STUDENT WILL BE WORKING DURING HOLIDAY BREAKS: ☐ YES ☐ NO

SUPERVISOR (Please print) ___________ PHONE NUMBER ___________

EMAIL ADDRESS (if applicable)

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

Name (Please print) ___________ Title ___________

Signature ___________ Date ___________ 06/01/19 2019-20

NEXT: Submit electronic application via PHEAA's Remote Services. Employers without access to Remote Services may return completed paper applications to: PHEAA/SWSP, State Grant and Special Programs, P.O. Box 8157, Harrisburg, PA 17105-8157 or by fax to 717-720-3786.
Frequently Asked Questions

How Do I Know If A Job Qualifies?
Many jobs qualify for SWSP. The general rule is that any job that is in some way related to your major or minor course of study is eligible.

How Many Hours Can I Work?
You may work up to 40 hours per week during the summer term.

Who Pays Me Under SWSP?
Your employer will pay you for all hours worked. Your pay rate must be at least the prevailing minimum wage and will be determined by the employer based upon your classroom knowledge, prior work experience, employer’s budget, etc. Your employer is then reimbursed for a portion of your earnings.

NOTE: You will only be compensated for hours you actually work. If you decide to seek employment for the academic year, you and your employer must submit a student application by the deadline date.

Where can employers get additional information about the SWSP?
Interested employers can get additional information and apply online at PHEAA.org/employers.

How Do I know If I Meet The PA Residency Requirements?
- PA State Grant recipients are automatically considered PA residents for consideration for this award.
- Students under the age of 18 at the time of application must have a supporting parent or guardian living in Pennsylvania for at least 12 consecutive months immediately preceding the date of application.
- Students 18 and older must have lived in Pennsylvania for a period of at least 12 consecutive months immediately preceding the date of application.
- For additional residency information, please refer to the PA State Grant FAQs at PHEAA.org.
STUDENT ETIME INSTRUCTIONS

https://portal.passhe.edu/lrij/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.