



CLARION UNIVERSITY

STUDENT EMPLOYMENT CHECKLIST/INSTRUCTIONS

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

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

FBI Fingerprint prepaid code _____

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

Child Abuse prepaid code _____

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

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

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



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

STUDENT EMPLOYEE DATA NEW HIRE FORM

PLEASE PRINT ALL INFORMATION:

Name _____

Student Email _____

Date of Birth _____ Clarion University ID _____

Home Address _____

City/State/Zip _____

Home Phone _____ County _____

Cell Phone _____

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

Race American Indian/Alaskan Native Asian Black/African American

Native Hawaiian or Other Pacific Islander White

Student Signature _____ Date _____

HIRING DEPARTMENT

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

Department _____ Campus Location _____

Cost Center _____ WBS Center _____

Department Contact _____

Email _____ Extension _____

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

End Employment Date _____

Faculty/Staff or Admin. Signature Required _____

Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filters with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2019, 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).



RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

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

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

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

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

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

www.newPA.com



CLARION UNIVERSITY

DIRECT DEPOSIT AUTHORIZATION

Employee PERNER:

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

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

Financial Institution's Name (Bank): _____

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

Account Number: _____

Checking or Savings (choose one): _____

Deduction Amount: _____

Effective with Pay Date of: _____

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

Signature _____ **Date** _____

Co-Signature (Required if Joint Account) _____

Attach voided check here



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 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)
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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
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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		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
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)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	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	AND	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. 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		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
		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			

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 Viglione

Hviglione@clarion.edu

814-393-2236

CLARION UNIVERSITY

PENNSYLVANIA STATE POLICE AUTHORIZATION FOR CRIMINAL RECORD CHECK

Please enter the information requested below (please print):

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

Optional Demographic Data:

Sex: Male Female Unknown

Race: White Asian African American

 American Indian Unknown

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

Signature

Today's Date

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



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:

- 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. Signature

Signature

Date

PENNSYLVANIA STATE WORK-STUDY APPLICATION

2019-20 ACADEMIC YEAR



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.

STUDENT APPLICATION FILING DEADLINES

Work Term	Deadline
Academic Year of Fall Term (August 12, 2019 - May 3, 2020)	November 1, 2019
Spring Term Only (December 9, 2019 - May 3, 2020)	March 1, 2020

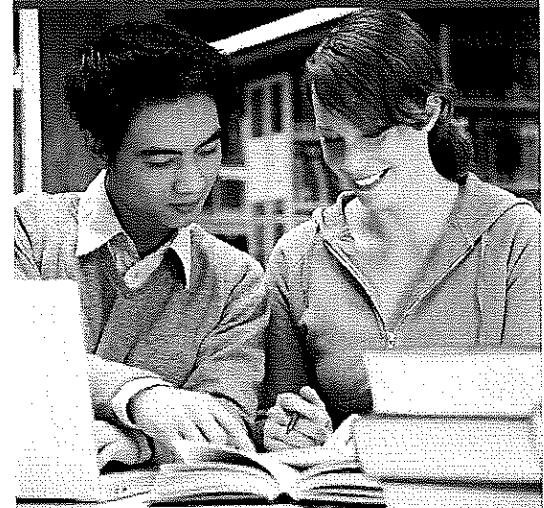
* Note: SWSP Application/Placement Form is included in this document and is also available at PHEAA.org.

Postsecondary Institution Codes

00322900	Albright College	00329000	Lincoln University
00205702	Allegheny Colg. of MD-Everett Ctr.	00332300	Lock Haven University of PA
00323000	Allegheny College	00681100	Luzerne County Community College
00323300	Alvernia University	00329300	Lycoming College
00323500	Arcadia University		
		00329400	Manor College
00331500	Bloomsburg University of PA	00332400	Mansfield University of PA
00323700	Bryn Mawr College	00329600	Marywood University
00323800	Bucknell University	00329700	Mercyhurst University
00323900	Bucks County Community College	00329800	Messiah College
00324000	Butler County Community College	00332500	Millersville University of PA
		00324700	Misericordia University
00324100	Cabrini College	00445200	Montgomery Co. Community College
00335100	Cairn University	00330000	Moore College of Art
00331600	California University of PA	00330100	Moravian College
00330300	Carlow University	00330200	Mt. Aloysius College
00324200	Carnegie Mellon University	00330400	Muhlenberg College
00324300	Cedar Crest College		
00489000	Central Pennsylvania College	00398800	Neumann University
00324400	Chatham University	00719100	Northampton Community College
00324500	Chestnut Hill College		
00331700	Cheyney University of PA	00330900	Peirce College
00331800	Clarion University of PA	02107300	Pennsylvania Academy of Fine Arts
	Community College of Allegheny Co.	00339500	Pennsylvania Colg. of Technology
00323100	Allegheny Campus	03180400	Pennsylvania Highlands Community College
00323101	Boyce Campus		
00323102	North Campus	01099800	Pennsylvania Inst. of Technology
00323103	South Campus	00332900	Pennsylvania State University (The)
00680700	Community College of Beaver County	00335700	Point Park University
00324900	Community College of Philadelphia		
		01038800	Reading Area Community College
00711000	Delaware Co. Community College	00335900	Robert Morris University
00325200	Delaware Valley College	00336000	Rosemont College
00398600	DeSales University		
00325300	Dickinson College	00336400	St. Charles Borromeo Seminary
00325600	Drexel University	00336600	St. Francis University
00325800	Duquesne University	00336700	St. Joseph's University
		00336800	St. Vincent College
00332000	East Stroudsburg University of PA	00336200	Seton Hill University
00325900	Eastern University	00332600	Shippensburg University of PA
00332100	Edinboro University of PA	00332700	Slippery Rock University of PA
00326200	Elizabethtown College	00336900	Susquehanna University
		00337000	Swarthmore College
00326500	Franklin & Marshall College		
		00337100	Temple University
00326600	Gannon University	00337600	Thiel College
00326700	Geneva College	01239302	Thomas Jefferson University
00326800	Gettysburg College	01239309	Thomas Jefferson University - East Falls Campus
00326900	Grove City College		
00327000	Gwynedd Mercy College	00337800	University of Pennsylvania
		00337900	University of Pittsburgh (Main)
00327200	Harcum College	00338000	Univ. of Pittsburgh at Bradford
00327300	Harrisburg Area Community College	00338100	Univ. of Pittsburgh at Greensburg
00327400	Haverford College	00338200	Univ. of Pittsburgh at Johnstown
00327500	Holy Family University	00338300	Univ. of Pittsburgh at Titusville
		00335300	Univ. of the Sciences in Philadelphia
00327600	Immaculata University	00338400	University of Scranton
00327700	Indiana University of PA	00335000	University of the Arts
		00330600	University of Valley Forge
00286903	Jamestown Community College - Warren Center	00338500	Ursinus College
00327900	Juniata College		
		00338800	Villanova University
00328000	Keystone College		
00328200	King's College	00338900	Washington & Jefferson College
00332200	Kutztown University of PA	00339100	Waynesburg University
		00332800	West Chester University of PA
00328300	Lackawanna College	00339200	Westminster College
00328400	Lafayette College	01017600	Westmoreland Co. Community College
00328500	Lancaster Bible College	00331300	Widener University
00398700	La Roche College	00339400	Wilkes University
00328700	La Salle University	00339600	Wilson College
00328800	Lebanon Valley College		
00681000	Lehigh Carbon Community College	00339900	York College of PA
00328900	Lehigh University		



**HELPING STUDENTS
AFFORD COLLEGE
AND GAIN VALUABLE
WORK EXPERIENCE.**



Major/Minor Program of Study Codes

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

STUDENT APPLICATION/PLACEMENT FORM

2019-20 Academic Year

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.

SOCIAL SECURITY # _____ NAME _____

PERMANENT HOME ADDRESS (Street Address/City/State/Zip) _____

HOME PHONE # (Including area code) _____ CELL PHONE # (Including area code) _____

EMAIL ADDRESS _____

SCHOOL CODE & NAME OF POSTSECONDARY INSTITUTION YOU ARE GOING TO ATTEND:

SCHOOL CODE* _____ SCHOOL NAME _____

EXPECTED COLLEGE GRADUATION DATE: MONTH _____ YEAR _____

MAJOR CODE** _____ MINOR CODE** _____

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.

ALTERNATE ADDRESS (Street address/city/state/zip) _____

ALTERNATE PHONE # (Including area 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

060619
2019-20

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 asks for your Social Security Number or other information must tell you the following: 1) The agency's legal right to ask for the information and whether the law says you must give it; 2) What purpose the agency has in asking for it and how it will be used; and 3) What could happen if you do not give it.

The number is needed to be sure we know who you are, to process your application, and to keep track of your record. We use your Social Security Number in recording information about your college attendance and to document all information relevant to State Work Study Program. If you do not provide your Social Security Number, you are ineligible to receive a State Work Study Program award. State Work Study Program applicants are hereby advised that disclosure of their Social Security number is a requirement to participate in State Work Study Program. PHEAA, without such an identified, would have difficulty in maintaining proper program records. Section 7(a)(2) of the Privacy Act provides that an agency may continue to require the disclosure of an individual's Social Security Number where the agency is required this disclosure under statute or regulations prior to January 1, 1975, in order to verify the identity of the individual. Beginning in 1966 with Form S-1A-66 (First Application), applicants have been required to answer all questions completely or face disqualification for grant assistance. All subsequent forms utilized by PHEAA contain the Social Security Number as the identifier of the applicant, including eligibility announcements forwarded to the financial aid officer of the postsecondary institution.

STUDENT _____ SOCIAL SECURITY # _____

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
	060619 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 (Continued from front)

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.

PENNSYLVANIA STATE WORK-STUDY APPLICATION

State Grant and Special Programs
P.O. Box 8157
Harrisburg, PA 17105-8157

800-692-7392
PHEAA.org
swap@pheaa.org

These materials have been developed and paid for by the Pennsylvania Higher Education Assistance Agency (PHEAA) for informational purposes. Although the information contained in this document is believed to be accurate at the time of printing, PHEAA does not guarantee its accuracy. You should independently verify that this information is correct.

GR-SWSTE ACADEMIC
060619



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

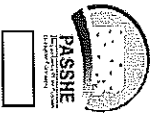
****ALL HOURS MUST BE SIGNED BY THE STUDENT OR HOURS WILL NOT PAY!!**

- 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.



Holiday

PA STATE SYSTEM OF HIGHER EDUCATION - 2020 PAYDAYS AND HOLIDAYS

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
						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

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
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
	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				

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
						1
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
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

S	M	T	W	TH	F	S
						1
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
						1
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.