

NON PROFESSIONAL SUBSTITUTE CHECKLIST
Custodian, Cafeteria, Security, Aide, Secretary, Bus Monitor, Hall Monitor

- _____ APPLICATION BIRTH DATE _____
- _____ RESUME POSITION APPLIED FOR: _____
- _____ CRIMINAL HISTORY CHECK (Act 34) (within 5 years) DATE: _____
- _____ CHILD ABUSE CLEARANCE (Act 151) (within 5 years) DATE: _____
- _____ FBI FINGER PRINT CLEARANCE (Act 14) (within 5 years) DATE: _____
- _____ TB TEST (1 Step)–No form needed. FORM GIVEN AT DOCTOR'S OFFICE/FACILITY.-**APPLICANT PAYS**
- _____ PRE-EMPLOYMENT DRUG TESTING AT MEDEXPRESS (FORM WILL BE PROVIDED FROM CENTRAL OFFICE); **NO COST TO APPLICANT.** (Must be completed within 36 hours of obtaining form.)
Part 1 _____ Part 2 _____
- _____ ACT 24 OF 2011 FORM (ARREST/CONVICTION) – DATE: _____
- _____ Act 168 SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE FORM
- _____ Act 126 CHILD ABUSE RECOGNITION AND MANDATED REPORTING CERTIFICATE
(FREE ONLINE TRAINING) - DATE: _____
- _____ POLICY 828 – FRAUD SIGN OFF SHEET
- _____ COPY OF VALID PA DRIVER'S LICENSE **AND** SOCIAL SECURITY CARD
- _____ CONFIDENTIALITY POLICY
- _____ DISTRICT PHOTO ID BADGE
- _____ EMAIL ADDRESS FORM (AESOP account _____)
(office use -Emailed Technology _____) (Safe Schools Training _____)
- _____ PAYROLL FORMS

IMPORTANT:

ALL APPLICANTS MUST MAKE AN APPOINTMENT WITH KATHY HERSHBERGER (KHershberger.AGASD.ORG) TO REVIEW COMPLETED DOCUMENTS AND BEFORE THE DRUG SCREENING FORM ANY ASSIGNMENT BEGINS.

ALL CLEARANCES AND TB TEST ARE PAID FOR BY APPLICANT.

FBI FINGERPRINT NEAREST LOCATION IS UNIONTOWN TITLE & TAG, WALNUT HILL RD, UNIONTOWN.

Office use

DATE AVAILABLE/NOTES: _____

INFORMAL INTERVIEW/SCREENING PERFORMED BY: _____ DATE: _____ Report
in new hire system _____

Clearances

Clearances must be within five (5) years. Clearances will need resubmitted every five (5) years from date of issue: **YOU MUST PROVIDE COPIES OF YOUR CLEARANCES WITH YOUR EMPLOYEE PACKET.**

Please use the links below to apply for them as soon as possible:

You will need to use a computer or laptop with Google Chrome, Firefox or Safari web browsers to properly access the website. The websites do not work well or at all using an iPhone or android.

Note: Clearance Reason is for Employment. CLEARANCES ARE SENT TO YOU EITHER VIA EMAIL OR REGULAR MAIL. THEY ARE NEVER SENT TO THE DISTRICT.

Child Abuse Clearance - Act 151

Pennsylvania Child Abuse History Clearance - Cost is \$13.00 with credit card online at: <https://www.compass.state.pa.us/cwis/public/home>

Criminal Record Check Clearance - Act 34

Criminal Record Check - Cost is \$22 with credit card online at: <https://epatch.state.pa.us/Home.jsp>

You are able to print your criminal record check by accessing the site, click on **Check the status of your record check** and entering in the information they request.

Once you enter the information and hit search, then click on the control number and a screen will popup that displays your information, then click Certification Form and it will show up on your screen and hit print and/or save to your computer.

FBI Fingerprint Clearance - Act 114

FBI link - Apply online - Cost is \$23.85 with credit card online.

Visit website <https://www.identogo.com/locations/pennsylvania> Once you apply and get your fingerprint done, please provide me with the UEID number on the transaction form.

Or call to Pre-register for fingerprint by calling 844-321-2101.

Access CODE: 1KG6XN (any School District in state of PA)

Please Note: Please access the Identogo website, where you registered, for a one-time chance to print the UNOFFICIAL COPY of your FBI clearance.

Location to obtain the fingerprinting after you register: **Uniontown Title and Tag, 114 Walnut Hill Road, Uniontown, PA.** Please note the location for the FBI clearance may be operating on modified hours. There are other locations available to make an appointment.

Once fingerprinted, you need to email your UEID number that is listed on the transaction form to me so I can print our official copy. **They do not automatically send it to me.**

Please keep copies of your clearances for your reference.

REMINDER: NO DISTRICT EMPLOYEE IS PERMITTED TO WORK WITHOUT VALID CLEARANCES.

If you have any questions, please email me at khershberger@agasd.org.



Application Date _____

Albert Gallatin Area School District

2625 Morgantown Road
Uniontown, PA 15401

Application for Employment

Name

Last

First

Middle

Home Address

Street and Number

City

State

Zip Code

Primary Number

Additional Phone Number

Email Address

Additional Address (if applicable)

Street and Number

City

State

Zip Code

Emergency Contact Name

Emergency Contact Phone Number

Application Position*

(Please check all that apply)

Hall Monitor

Cafeteria

Classroom Aide

Custodial

Registered/LPN Nurse

Secretarial

Security -Act 235 required

Bus Monitor

***NOTE: All applicants must possess current Act 34, 114, 151 and 126 clearances**

General Information

Have you ever been convicted of a crime (other than a misdemeanor)?

___ YES

___ NO

If yes, please explain. _____

Have you ever been dismissed or forced to resign from any employment?

___ YES

___ NO

If yes, please explain. _____

Do you have any job-related judgments outstanding against you?

___ YES

___ NO

If yes, please explain. _____

Is any member of your family a member of the local school board or administrative staff? ___ YES

___ NO

Please state name and relationship, if applicable. _____

Are you now, or have you ever been, associated with or been a member of any organization designated by the Attorney General as having interest in conflict with those of the United States?

___ YES

___ NO

All Applicants

If any academic or employment records are under another name, please give details.

Birth Date _____

Social Security Number _____/_____/_____

Date available for position _____

U.S. Citizenship? YES NO

Veteran? YES NO

Do you have any condition(s) which would interfere with your ability to perform the duties normally attending the position for which application is made? YES NO

If yes, please explain: _____

Salary or Wage Desired? _____

Education

	School & Location	School Years Completed	Year Graduated	Major or Course	Degree or Diploma
Secondary					
Vocation or Business					
College or University					
Other Studies/Graduate Work					

High School Activities: _____

College Activities: _____

Hobbies/Outside Interests: _____

Employment Experience

Present or Most Recent Employer _____

Address _____

Street & Number

City

State

Zip Code

Position _____ Immediate Supervisor _____

Job Description/Duties _____

Length of Employment _____

From

To

Reason for Leaving _____ Final Salary/Wage _____

Next Most Recent Employer _____

Address _____

Street & Number

City

State

Zip Code

Position _____ Immediate Supervisor _____

Job Description/Duties _____

Length of Employment _____

From

To

Reason for Leaving _____ Final Salary/Wage _____

Next Most Recent Employer _____

Address _____

Street & Number

City

State

Zip Code

Position _____ Immediate Supervisor _____

Job Description/Duties _____

Length of Employment _____

From

To

Reason for Leaving _____ Final Salary/Wage _____

References

(Other than former employers and relatives)

Name _____ Occupation _____

Address _____
Street & Number City State Zip Code

Phone Number _____ Years Known _____

Name _____ Occupation _____

Address _____
Street & Number City State Zip Code

Phone Number _____ Years Known _____

Name _____ Occupation _____

Address _____
Street & Number City State Zip Code

Phone Number _____ Years Known _____

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and I authorize the Albert Gallatin Area School Board to investigate all statements made on this application. I understand that a physical examination may be a condition of employment.

Signature

Date

Updated 9/30/20 KLH

The Albert Gallatin School District is an Equal Opportunity Employer who fully and actively supports equal access for all people regardless of race, color, religion, gender, sexual orientation, age, national origin, veteran status or disability.

Clearances

Clearances must be within five (5) years. Clearances will need resubmitted every five (5) years from date of issue:

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE – Cost is \$13.00 with credit card online at: <https://www.compass.state.pa.us/cwis/public/home>

Criminal Record Check – see below of charge with credit card online at:
<https://epatch.state.pa.us/Home.jsp>
Cost is \$22.00.

FBI link – Apply online or call to register. Cost is \$23.85 with credit card online. Pre-register for fingerprint by calling 844-321-2101
Or visit website <https://www.identogo.com/locations/pennsylvania>

Access CODE: 1KG6XN (School District)

After you register, please provide the UEID number to Kathy Hershberger.

IdentiGo (Uniontown Title & Tag)
Walnut Hill
Uniontown, PA

Important FBI Fingerprint clearance information: IdentiGo does not automatically send us a copy of your FBI fingerprint clearance. Therefore, please provide me with the UEID number on your transaction slip so I can print an official copy. You can provide me with a copy of the unofficial copy as well. You will get a one-time chance to print your unofficial copy when you login to your account after you have been fingerprinted. We are not able to provide you with a copy of your clearances.

Please contact me at 724-564-7190 Ext. 8115 or email at khershberger@agasd.org if you have any questions.

Thank you,
Kathy Hershberger

Fingerprint Service Code Form

Service Name: School Districts

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

1KG6XN

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Please bring one of the identification documents from the list below to your enrollment appointment.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- State ID Card (or outlying possession of the U.S.) with a seal or logo from State or State Agency
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Canadian Driver's License
- Department of Defense Common Access Card
- Employment Authorization Card/ Document (I-766) with Photo
- Foreign Driver's License (Mexico and Canada only)
- Foreign passport
- Military Dependent's Identification Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Coastguard Merchant Mariner Card
- U.S. Military Identification Card
- U.S. Passport
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States
- Uniformed Services Identification Card (Form DD-1172-2)
- Photo ID Waiver for Minors and U.S. Social Security Card or Birth Certificate



Don't have access to the Internet? You can still schedule an appointment by calling **844-321-2101**

Register-Free Online Course

PA Act 126- Child Abuse Recognition and Mandated Reporting

As of January 2, 2013, Act 126 requires that all school entities and independent contractors of school entities, including contracted substitute teachers, who have direct contact with children complete a three hour training every five years on child abuse recognition and mandated reporting.

This training must include the following components to comply with Act 126:

1. Recognition of the signs of abuse and sexual misconduct and reporting requirements for suspected abuse and sexual misconduct in this Commonwealth
2. Provisions of the "Professional Educator Discipline Act", including mandatory reporting requirements
3. Maintenance of professional and appropriate relationships with students

The Child Welfare Resource Center and Continuing Education Program at the University of Pittsburgh offer a free online training module that addresses the components required by Act 126. A certificate can be printed at the conclusion of the training module. *Please print the certificate of completion and submit it to your building administrator once you have finished the module.*

Instructions for accessing the online training module follow:

1. Go to: https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id=21
2. Click the **Registration** tab.
3. Enter all required registration information, then click **Submit**.
 - a. Respond "No" to the last question, "Are you Licensed or applying for a license through one of the following Pennsylvania boards?"
4. The system will generate a username and password for you. Record your login credentials.
5. Next, go back to:
https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id=21
6. Click the **Welcome** tab, and login to the system using the credentials issued to you.
7. In the top left cell, you will see **rrca-1094: Recognizing and Reporting Child Abuse** listed under **Your Courses**.
8. On the next page, click the name of the course to launch it.

Recognizing and Reporting Child Abuse  **Click Here!**

If you need to take a break during the course, you will be able to save your work and resume it at a later time.

Remember to print the certificate of completion and submit it to your building administrator once you have finished the module.

Mandatory Completion

ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by
which you have
been identified:

Section 2. Arrest or Conviction

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

Section 3. Child Abuse

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

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

Signature _____

Date _____

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- **A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:**

(1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

- | | |
|---|---|
| <ul style="list-style-type: none"> ▪ 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 2910 (relating to luring a child into a motor vehicle or structure) ▪ 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 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) | <ul style="list-style-type: none"> ▪ 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(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation 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."

(3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:

- the United States; or
- one of its territories or possessions; or
- another state; or
- the District of Columbia; or
- the Commonwealth of Puerto Rico; or
- a foreign nation; or
- under a former law of this Commonwealth.

- **A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:**

(1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.

(2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.

(3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To: Name of Current or Former Employer:		<input type="checkbox"/> No applicable employment
Street Address:		
City, State, Zip:		
Telephone Number:	Fax Number:	Email:
Contact Person:		Title:

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within **20 calendar days** as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified:	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Have you (Applicant) ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are correct, complete, and true to the best of my knowledge. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records. I understand that third party vendors may be used to process this Act 168 pre-employment history review.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: _____

Contact telephone #: _____

To the best of your knowledge, has Applicant ever:

Yes No Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes No Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes No Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

Former Employer Representative Signature and Title

Date

Return all completed information to:

School Entity/Independent Contractor: Albert Gallatin Area School District				
Address: 2625 Morgantown Road			Phone: 724-564-7190 Ext. 8115	
City: Uniontown	State: PA	Zip: 15401	Fax: 724-564-7195	Email: khershberger@agasd.org
Contact Person: Kathy Hershberger			Title: Confidential Board Secretary	

Date Form Received: _____

Received by: _____

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(Pursuant to Act 168 of 2014)

Instructions

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and complete a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

Relevant Definitions:

Direct Contact with Children is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

Sexual Misconduct is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

Abuse is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

Please Note

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The **Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 calendar days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.



2625 Morgantown Road Uniontown, PA 15401 PHONE: (724) 564-7190 FAX: (724) 564-7195

Mr. Christopher Pegg, Superintendent

POLICY 828 – FRAUD POLICY

I have read and understand the AGASD Policy 828 -Fraud Policy.

Print Name: _____

Signature: _____

Date: _____

CONFIDENTIALITY OF SPECIAL EDUCATION STUDENT INFORMATION POLICY 113.4

I have read and understand the Confidentiality of Special Education Student Information Policy.

Print Name: _____

Signature: _____

Date: _____



Book	Policy Manual
Section	800 Operations
Title	Fraud
Number	828
Status	Active
Legal	<u>1. 18 U.S.C. 1513</u> <u>2. 43 P.S. 1423</u> 3. Pol. 317 4. Pol. 417 5. Pol. 517 <u>15 U.S.C. 7201 et seq</u> <u>43 P.S. 1421 et seq</u>
Adopted	June 22, 2016
Last Reviewed	June 22, 2016

Purpose

The Board expects all Board members, district employees, volunteers, consultants, vendors, contractors and other parties that maintain a relationship with the school district to act with integrity, due diligence, and in accordance with law in their duties involving the district's resources. The Board is entrusted with public funds, and no one connected with the district shall do anything to erode that trust.

The purpose of this policy is to establish certain principles and expectations for the Albert Gallatin Area School District in order to prevent fraud, investigate and provide consequences for engaging in any manner of fraud, and to heighten awareness of possible fraud, as the Albert Gallatin Area School District will not tolerate fraud or the concealment of fraud in any manner.

Definitions

Fraud includes, but is not limited to, knowingly misrepresenting the truth or concealment of a material fact in order to personally benefit or to induce another to act to his/her detriment.

Fraud, financial improprieties, or irregularities include but are not limited to:

1. Falsification, forgery or unauthorized alteration of any document or account belonging to the district.
2. Falsification, forgery or unauthorized alteration of a check, bank draft, or any other financial document.
3. Misappropriation of funds, securities, supplies, or other assets.

4. Impropriety in handling money or reporting financial transactions.
5. Profiteering because of insider information of district information or activities.
6. Disclosure of confidential and/or proprietary information to outside parties.
7. Acceptance or seeking of anything of material value, other than items used in the normal course of advertising, from contractors, vendors, or persons providing services to the district.
8. Destruction, removal, theft, tampering or inappropriate use of district records, furniture, fixtures, or equipment.
9. Failure to provide financial records to authorized state or local entities.
10. Failure to cooperate fully with any financial auditors, investigators or law enforcement.
11. Accepting or offering a bribe, gifts, promises, or other favors under circumstances that indicate that the gift or favor was intended to influence an employee's decision-making.
12. Disclosing to other persons the purchasing/bidding activities engaged in, or contemplated, by the district in order to give any entity, person, or business an unfair advantage in the bid process.
13. Causing the district to pay excessive prices or fees where justification is not documented.
14. Using district equipment or work time for any outside personal or private activity, whether or not for profit.
15. Other dishonest or fraudulent acts involving district monies or resources.

This policy applies to any fraud, suspected or observed, involving district staff members, outside support organizations, vendors, contractors, volunteers, and/or outside agencies doing business with the district and any other persons or parties in a position to commit fraud against the district. Any investigation required shall be conducted without regard to the suspected wrongdoer's length of service, position/title, or relationship.

Delegation of Responsibility

The Superintendent or designee shall be responsible to develop and implement internal controls designed to prevent and detect fraud, financial impropriety, or fiscal irregularities within the district, subject to review and approval by the Board.

Administrators and supervisors shall be responsible for:

1. Being familiar with the types of fraud that could occur within their areas of responsibility.
2. Being alert for any indication of fraud.

The Superintendent shall ensure the appropriate authorities are notified, pursuant to state law, when cases of fraud, embezzlement or theft have been identified.

Reporting

An individual who suspects fraud, impropriety, or irregularity shall immediately report his/her suspicions to the Superintendent.

If the report involves the Superintendent, the individual shall report his/her suspicions to the Board President.

Employees who bring forth a legitimate concern or suspicion about a potential impropriety shall not be retaliated against. Those who do retaliate against such an employee shall be subject to disciplinary

action.[1][2][3][4][5]

Investigation

The Superintendent shall have primary responsibility for conducting necessary investigations of reported fraudulent activity.

Based on his/her judgment, the Superintendent shall coordinate investigative efforts with any of the following:

1. District solicitor.
2. District auditor.
3. Insurance agent.
4. Internal departments.
5. External agencies.
6. Law enforcement officials.

If the Superintendent is involved in the complaint, the Board President is authorized to initiate investigation of the complaint and coordinate the investigative efforts with individuals and agencies deemed appropriate.

Records shall be maintained for use in an investigation.

Individuals found to have altered or destroyed records shall be subject to disciplinary action, up to and including discharge, based on a full investigation of all factors and circumstances.

If an investigation substantiates the occurrence of a fraudulent activity, the Superintendent shall present a report to the Board and appropriate personnel.

The Board shall determine the final disposition of the matter, if a criminal complaint will be filed, and if the matter will be referred to the appropriate law enforcement and/or regulatory agency for independent investigation.

Confidentiality

The Superintendent shall investigate reports of fraudulent activity in a manner that protects the confidentiality of the individuals and facts.

All employees involved in the investigation are required to maintain confidentiality regarding all information about the matter during the investigation.

To the extent possible, the district will maintain the confidentiality of employees who suspect fraud and report the same under this policy, with the understanding that employees accused of fraud will be afforded all applicable due process.

Prevention

In order to prevent fraud, the Board directs that a system of internal controls be followed that may include but are not limited to the following:

1. Segregation of Duties - Where possible, more than one (1) person will be involved in pieces of financial transactions. No one (1) person shall be responsible for an entire financial transaction.
2. Payments - Payments shall be made only by checks. No cash transactions shall be permitted, other than petty cash. Check signers shall be approved annually by the Board and will consist of

persons not involved in the transaction. All checks shall have at least two (2) signatures.

3. Bank Reconciliations - Bank statements will be opened and reviewed by the Controller before being given to any individual for reconciliation.
4. Access to Checks - Physical and electronic access to school district checks and accounts shall be limited to those employees with designated business functions.
5. Capital Assets - The business office shall maintain updated lists of district capital assets.

Employee Awareness

All current employees will be required to sign a statement indicating that they have read, understand and will comply with this policy.

All new employees will be required to sign a statement indicating that they have read, understand this policy as part of their orientation.

Last Modified by Kathy Hershberger on July 12, 2016



Book	Policy Manual
Section	100 Programs
Title	Confidentiality of Special Education Student Information
Number	113.4
Status	Active
Adopted	October 19, 2016
Last Revised	August 15, 2016

Authority

The Board recognizes the need to protect the confidentiality of personally identifiable information in the education records of students with disabilities.[1]

The district shall maintain a system of safeguards to protect the confidentiality of students' educational records and personally identifiable information when collecting, retaining, disclosing and destroying student special education records, in accordance with Board policy, state requirements, and federal and state law and regulations.[34]

The rights provided by this policy apply to parents/guardians of students who receive special education programming and services from the district or an outside program provided through the district.[3][4]

Definitions

The following words and terms, when used in this policy, shall have the following meanings, unless the context indicates otherwise.

Destruction shall mean the physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.[5]

Disclosure shall mean to permit access to or the release, transfer, or other communication of personally identifiable information contained in education records by any means, including oral, written, or electronic means, to any party except the party identified as the party that provided or created the record.[6]

Education Records, for purposes of this policy, shall include the records and information covered under the definition of education records in the Family Educational Rights and Privacy Act (FERPA) and its implementing regulations.[7][6][8]

Personally identifiable information includes, but is not limited to:[6][9]

1. The name of a student, the student's parents/guardians or other family members.
2. The address of the student or student's family.
3. A personal identifier, such as the student's social security number, student number, or biometric record.

4. Other indirect identifiers, such as the student's date of birth, place of birth, and mother's maiden name.
5. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.
6. Information requested by a person who the district reasonably believes knows the identity of the student to whom the education record relates.

Guidelines

Parental Access Rights

The district shall permit parents/guardians to inspect and review any education records relating to their child (ren) that are collected, retained, or used by the district in connection with providing special education services to the student.[10][11]

The district shall comply with a parental request to inspect and review education records without unnecessary delay and before any meeting regarding an Individualized Education Program (IEP); any impartial due process hearing relating to the identification, evaluation, educational placement, or the provision of a free and appropriate public education (FAPE) to a student; a hearing related to the discipline of the student; and a resolution meeting.

The district shall presume a parent/guardian has authority to inspect and review records relating to his/her child unless it has been provided documentation that the requesting parent/guardian does not have this authority under applicable state law.[12][11]

The district shall comply with a parental request for review within forty-five (45) days following receipt of the request.[10][11]

A parent's/guardian's right to inspect and review education records includes the right to:

1. A response from the district to reasonable requests for explanations and interpretations of the records;
2. Request that the district provide copies of the records if failure to provide copies would effectively prevent the parent/guardian from exercising the right to inspect and review the records; and
3. Have a representative inspect and review the records.

If an education record includes information on more than one (1) student, the parents/guardians shall have access only to the information relating to their child or shall be informed of the information in the record.[13][14]

The district shall provide parents/guardians, upon request, a list of the types and locations of education records collected, maintained, or used by the district.[15]

At the the discretion of the district, and for verification and recordkeeping purposes only, the district may require the parent/guardian to put in writing the following:

1. A verbal request to inspect, review or receive copies of education records.
2. A verbal designation of a representative.
3. A verbal request for a list of the types and locations of a child's education records collected, maintained or utilized by the district.

Fees

The district may charge a fee for copies of records that are made for parents/guardians so long as the fee does not effectively prevent parents/guardians from exercising their right to inspect and review those records.[16][17]

The district shall not charge a fee to search for or to retrieve information in response to a parental request.

Record Of Access

The district shall keep a record of parties obtaining access to education records collected, maintained, or used in providing special education to students with disabilities, except access by parents/guardians and authorized district employees.[18]

The district's record of access shall include the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

Amendment Of Records Upon Parental Request

If a parent/guardian believes that information in the student's education records is inaccurate, misleading or violates the privacy or other rights of the student, the parent/guardian may request that the district amend the information.[19][20]

The district shall decide whether to amend the information within a reasonable period of time from receipt of the request.

If the district declines to amend the information in accordance with a parental request, the district shall inform the parent/guardian of the refusal and advise the parent/guardian of the right to a hearing.

Records Hearing

The district shall, on request, provide parents/guardians with an opportunity for a hearing to challenge information in the student's education records to ensure that the information is not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights. The district recognizes that parents/guardians who believe that there is a due process violation relating to an alleged violation of confidentiality may also request a special education due process hearing.[21][35][36]

Hearing Procedures

A hearing to challenge information in education records must meet the following requirements: [23][24]

1. The district shall hold the hearing within a reasonable time after receiving the request for a hearing.
2. The district shall give the parent/guardian reasonable advanced written notice of the date, time, and place of the hearing.
3. The hearing may be conducted by any individual, including a district official, who does not have a direct interest in the outcome of the hearing.
4. The district shall give the parent/guardian a full and fair opportunity to present relevant evidence. The parent/guardian may, at his/her own expense, be assisted or represented by one (1) or more individuals of his/her choice, including an attorney.
5. The district shall inform parents/guardians of its decision in writing within a reasonable period of time after the hearing.
6. The decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decision.

Result Of Hearing

If, as a result of the hearing, the district decides that the information is inaccurate, misleading, or otherwise in violation of the student's privacy or other rights, the district shall amend the information accordingly and inform the parent/guardian in writing.[21][25]

If, as a result of the hearing, the district decides that the information is not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights, the district shall inform the parent/guardian of

the parent's/guardian's right to place in the student's records a statement commenting on the information and/or providing any reasons for disagreeing with the district's decision.

Any explanation placed in the student's records shall be:

1. Maintained by the district as part of the student's records as long as the record or contested portion is maintained by the district; and
2. Included with the record or contested portion if the record or contested portion are disclosed to any party.

Storage, Retention And Destruction Of Information

The district shall store all education records and personally identifiable information of students receiving special education services in such a way as to protect the confidentiality and integrity of the records and information, prevent unauthorized access to and disclosure of records and information, and ensure compliance with other legal and regulatory requirements regarding records retention.[26]

The district shall maintain, for public inspection, a current listing of the names and positions of those district employees who have access to personally identifiable information.[26]

In order to comply with state compliance monitoring requirements, the district shall maintain education records for students receiving special education services for at least six (6) years.[8]

The district shall inform parents/guardians when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to the student. After notice, such information shall be destroyed upon parental request.[27]

No education record shall be destroyed if there is an outstanding request to inspect or review the record or if a litigation hold exists.[10]

The district shall maintain a permanent record of the student's name, address, and phone number, his/her grades, attendance record, classes attended, grade level completed, and year completed.[27]

The district shall ensure the destruction of education records in a manner that protects the confidentiality and privacy rights of the student and his/her family.[26]

Disclosure To Third Parties

The district shall obtain parental consent before disclosing personally identifiable information to parties other than school district officials with a legitimate educational interest or other educational institutions that provide special education services to the student for the purposes of meeting a requirement of law or regulation unless the information is contained in education records and the disclosure is permitted without parental consent under law and regulations.[28][29][30][31][32][33][8]

Parental consent must be obtained before personally identifiable information is released to officials of participating agencies providing or paying for transition services.[31]

If a student is enrolled, or is going to enroll in a private school that is not located in the district of the parent's/guardian's residence, parental consent must be obtained before any personally identifiable information about the student is released between officials in the district where the private school is located and officials in the district of the parent's/guardian's residence.[31]

Delegation of Responsibility

In order to maintain the confidentiality of the educational records and personally identifiable information of students with disabilities, the Board designates the Supervisor of Special Education or designee to coordinate the district's efforts to comply with this policy and applicable laws and regulations.[26]

All district employees collecting or using personally identifiable information shall receive training or instruction regarding Board policy, administrative regulations, and state and federal law and regulations regarding confidentiality of education records and personally identifiable information.[26]

Albert Gallatin Area School District
2625 Morgantown Road
Uniontown, PA 15401

Payroll Information Form
PLEASE PRINT ALL INFORMATION

To all employees:

To comply with the Earned Income Tax Regulations in this area, we must establish every employee's correct taxing jurisdiction. As part of your employment records, it is important that you give both your mailing address and your resident taxing jurisdiction (City, Borough or Township, including County) below.

Name: _____ Social Security Number: _____ - _____ - _____

Street Address: _____

City, State and Zip Code: _____

SCHOOL DISTRICT: _____

(In which you live)

RESIDENT TAXING JURISDICTION* _____

(This is the City, Borough or Township, including County, in which you live)

Taxing authority to which you file your annual local income taxes:

Berkheimer SWRTB Central Tax

Day Telephone #: _____ Evening Telephone #: _____

Date of Birth: _____ Marital Status: _____ Gender: Male Female

Position for which employed: _____ Elementary Secondary

Employment Date: _____ Certified Non-Certified

Have you paid the Local Service Tax for the current year? Yes No

- If "yes" you must show proof of payment of the tax and complete LST Exemption form located at the Central Office.
- If "no" and you are employed at the High School, Central Office (including substitutes), AL Wilson, D. Ferd Swaney, George J. Plava, Smithfield, or AG North \$2.00 will be deducted from each pay to fulfill the \$52/year Local Service Tax charge. If you are employed at other schools in the A.G. School District and they are not listed above, \$10.00 will be taken from the employee's 1st pay, and then from the 1st quarter's pay each calendar year thereafter.

Have you ever been employed by any other Pennsylvania Public School District, Area VoTech, or IU prior to July 1, 1994? Yes No (If "yes" please provide original date of hire: _____)

Were you a member of PSERS prior to July 1, 2011? (Worked 80 days or 500 hours combined service between all districts.) Yes No

Are you currently enrolled _____ or a retiree _____ with the PA Public School Employees' Retirement System? If "yes" TD____, TE____, or TF____ Member. If you are hired as a salaried part-time employee (ex. Coaches) you will automatically be enrolled in the PA Public School Employees' Retirement System unless you request a waiver from PSERS within 30 days and provide proof that you have an Individual Retirement Account (IRA).

Signature of Employee

PLEASE PROVIDE A COPY OF YOUR
SOCIAL SECURITY CARD AND DRIVER'S LICENSE WITH FORM.

RETURN THIS FORM ALONG WITH YOUR COMPLETED W-4 FORM TO JENNY IN PAYROLL

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 withholding is subject to review by the IRS.**

2020

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

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the 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(c) below for roughly accurate withholding; **or**

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

TIP: To be accurate, submit a 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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here

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

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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ALBERT GALLATIN AREA SCHOOL DISTRICT
DISTRICT ADMINISTRATION OFFICE
 2625 MORGANTOWN ROAD, UNIONTOWN, PA 15401-6703
 Telephone: 724-564-7185 FAX: 724-564-7512

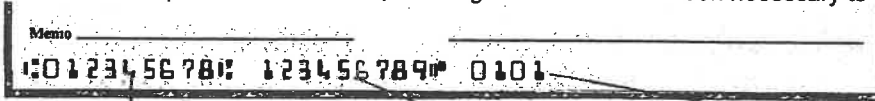
Full Service Direct Deposit Form

**Please print all information and return to Payroll*

To enroll in Full Service Direct Deposit, simply fill out this form and return to payroll. You **must** attach a voided check from your checking account, along with this form. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Please be advised that it may take up to two (2) payroll cycles for your paycheck to be directly deposited; this is to verify that the bank has received the correct account information.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit # (A 9-digit number always between these two marks)

Checking Account #

Check # (this number matches the number in the upper right corner of the check -- not needed for sign-up)

I hereby authorize the **Albert Gallatin School District**, either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the **Albert Gallatin School District**, either directly or through its payroll service provider, to my account. In the event that the **Albert Gallatin School District** deposits funds erroneously into my account, I authorize the **Albert Gallatin School District**, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the **Albert Gallatin School District**, and Bank have received written notice from me of its termination in such time and in such manner as to afford the **Albert Gallatin School District** and Bank reasonable opportunity to act on it.

Employee Name: _____

Employee Signature: _____

Date: _____

Social Security #: _____

★ ★ You MUST attach a VOIDED check so that account information may be verified ★ ★

Account Information

1. Bank Name/City/State: _____

Routing/Transit #: _____

Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ Or Entire Net Amount

(For office use only)

Notes:

Date Entered: _____

**Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.*



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

2012

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			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (No PO Box, RR or RD)			Location:
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER x
MUNICIPALITY (City, Borough, Township) / SCHOOL DISTRICT /			
COUNTY	PSD CODE	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

NAME (Last, First, Middle, Initial) Albert Gallatin			EMPLOYER FEIN 25-1158253
STREET ADDRESS where employee reports to work (No PO Box, RR or RD) District Administration Office			
SECOND LINE OF ADDRESS 2625 Morgantown Road			
CITY Uniontown	STATE PA	ZIP CODE 15401-6703	DAYTIME PHONE NUMBER (724) 564-7190
MUNICIPALITY (City, Borough, Township) GEORGES TWP / ALBERT GALLATIN A S D			
COUNTY FAYETTE	PSD CODE 260102	MUNICIPAL NON-RESIDENT EIT RATE 1.0000	

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

Select Get Local Gov Support > Municipal Statistics

CERTIFICATION

SIGNATURE OF EMPLOYEE		DATE
PHONE NUMBER	EMAIL ADDRESS	



2625 Morgantown Road Uniontown, PA 15401 PHONE: (724) 564-7190 FAX: (724) 564-7512

Ms. Denise E. Sheetz, Controller

To: All Substitute Teachers, Substitute Custodians, Part Time Security, Bus Monitors, Substitute Nurse Aides, Substitute Classroom Aides, Tax Collectors, Substitute Secretaries, Substitute Cafeteria and Cafeteria Ladies (3.50 hours and less)

From: Denise Sheetz

Date: 12/29/2016

Re: Local Services Tax

Beginning the second pay in January, we will again be starting the \$4.00 per pay deduction for the 2017 Local Services Tax for Georges Township, German Township, Smithfield Borough and Masontown Borough. If you earn more than \$12,000.00 from all places of employment, your total tax for 2017 will be \$52.00. If you do not estimate that your total earnings from all places of employment will total \$12,000.00 for 2017, please complete the attached Exemption Certificate and return to the Administration Office before January 13th, 2017. We need a form completed for 2017 even if you already have one on file for 2016.

Please read the form carefully & follow the directions. No exemption will be approved until proper documentation has been received in our payroll office. If you will earn more than \$12,000.00, please disregard the form. If you are not going to work for Albert Gallatin in 2017, please check with your current employer. Thank you.

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

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

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

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**

2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____ : Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.

3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.

4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

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

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

IMPORTANT NOTE TO EMPLOYERS

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

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

	1. PRIMARY EMPLOYER	2.	3.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

	4.	5.	6.
Employer Name			
Address			
Address 2			
City, State Zip			
Municipality			
Phone			
Start Date			
End Date			
Status (FT or PT)			
Gross Earnings			

PLEASE NOTE:

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

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

SIGNATURE: _____ **DATE:** _____



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

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

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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

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

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

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

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





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

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

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>Drivers License</i>		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 <i>Social Security Card</i>		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Kathy Hershberger</i>		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative <i>Secretary</i>	
Last Name of Employer or Authorized Representative <i>Hershberger</i>		First Name of Employer or Authorized Representative <i>Kathy</i>	Employer's Business or Organization Name <i>Albert Gallatin School</i>	
Employer's Business or Organization Address (Street Number and Name) <i>2625 Morgantown Road</i>		City or Town <i>Uniontown</i>	State <i>PA</i>	ZIP Code <i>15401</i>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

**Albert Gallatin Area School District
Administration Office
2625 Morgantown Road
Uniontown, PA 15401**

☆ **ALL Subs** (excluding café), Security, Bus Monitors, Nurse Aides, Classroom Aides, Library Aides ☆

All information must be completed!!

Substitute Teachers get paid by the number of days. All others get paid by the number of hours.

Name _____ Job Title _____

Address _____

Phone Number _____ Social Security # _____

Date Worked	Start	End	Total Hours/ Days	Building	Subs: All Others: Name of Employee Worked For Reason for Payment, Absence Or Overtime	Principal Initials

Total Hours Worked _____ Total Days Worked _____ **(Substitute Teachers Only)**

Employee Signature _____ Date _____

Administrator's Signature _____ Date _____

****Office Use Only****

- Hours/Days _____ @ _____
- Hours/Days _____ @ _____
- Hours/Days _____ @ _____
- Hours/Days _____ @ _____
- Hours/Days _____ @ _____
- Hours/Days _____ @ _____



2625 Morgantown Road Uniontown, PA 15401

PHONE : (724) 564-7190

FAX : (724) 564-7195

Mr. Christopher A. Pegg, Superintendent

IMPORTANT MANDATORY EMAIL ACCOUNT SET UP

The district has provided a **district email account** for ALL employees.

It is very important to be able to communicate with each employee through email. All **clearance, payroll, job postings, job trainings** will go through your district email account, as well as other important information. It is very important that you frequently (daily) check your district email.

District Email Login:

- Access our district website at: www.agasd.org
- Click Staff
- Click **Office 365 Outlook Web App**
- User Name: firstname.lastname@agasd.org
- Password: colonials

Note: When logging in for the first time, you will be prompted to change your password.

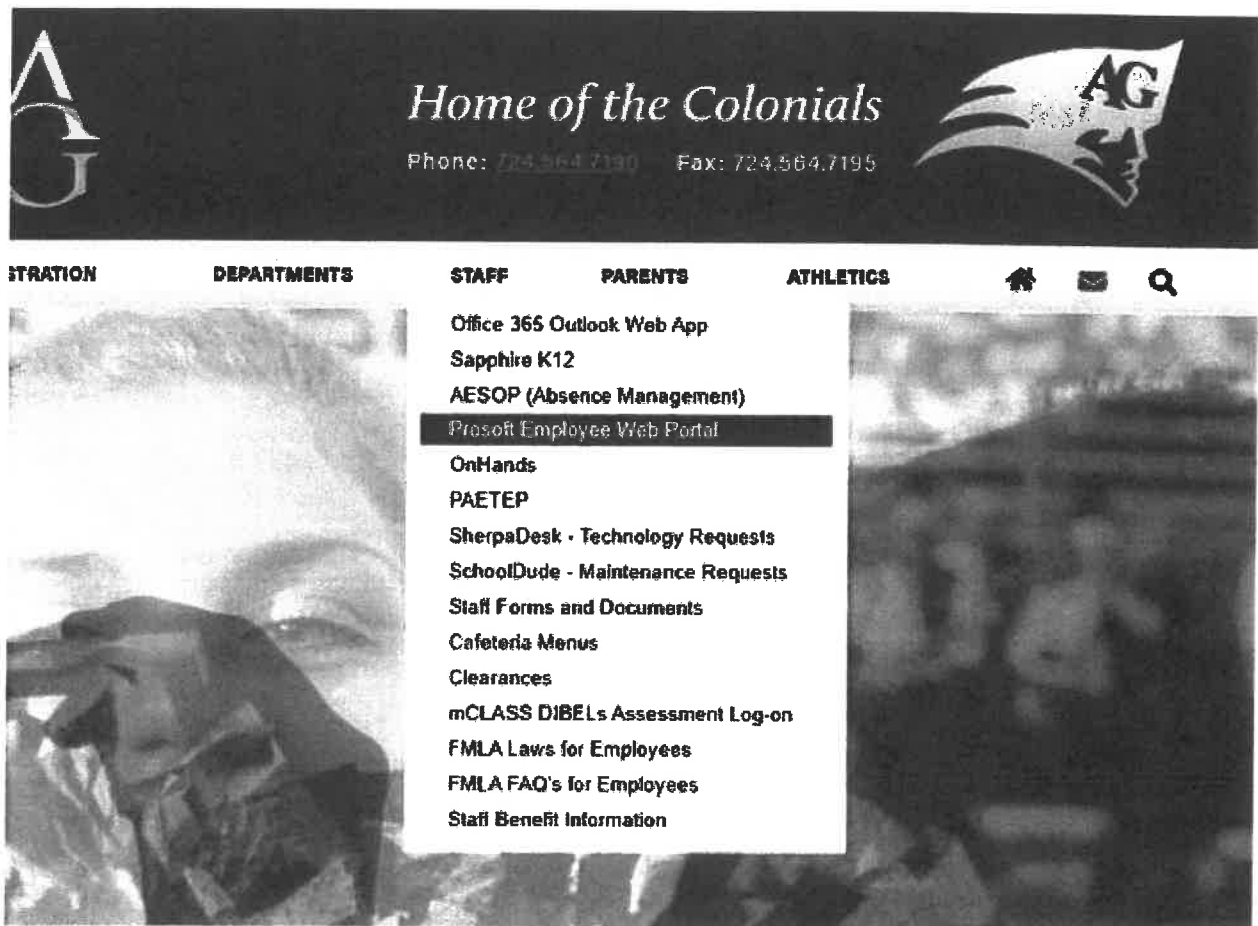
Note: All lower cases letters used.

If you have trouble logging into your email, please call Chris Bolin at extension 8137 at 724-564-7190 or email him from your personal email at cbolin@agasd.org.

Thank you,
Christopher A. Pegg
Superintendent

Prosoft Employee Web Portal

The link can be located on our District website (www.agasd.org) under "Staff" – from there you will see an option for **Prosoft Employee Web Portal**. This is accessible from anywhere you have an internet connection.



The screenshot shows the website header with the logo on the left, the text "Home of the Colonials" in the center, and contact information: "Phone: 724.364.7190 Fax: 724.364.7195" and a logo on the right. Below the header is a navigation menu with "STAFF" selected. A dropdown menu is open under "STAFF", listing various services. The "Prosoft Employee Web Portal" option is highlighted with a dark background. Other options include Office 365 Outlook Web App, Sapphire K12, AESOP (Absence Management), OnHands, PAETEP, SherpaDesk - Technology Requests, SchoolDude - Maintenance Requests, Staff Forms and Documents, Cafeteria Menus, Clearances, mCLASS DIBELs Assessment Log-on, FMLA Laws for Employees, FMLA FAQ's for Employees, and Staff Benefit Information. The background of the page features a large image of a person's face.

STAFF

- Office 365 Outlook Web App
- Sapphire K12
- Prosoft Employee Web Portal**
- AESOP (Absence Management)
- OnHands
- PAETEP
- SherpaDesk - Technology Requests
- SchoolDude - Maintenance Requests
- Staff Forms and Documents
- Cafeteria Menus
- Clearances
- mCLASS DIBELs Assessment Log-on
- FMLA Laws for Employees
- FMLA FAQ's for Employees
- Staff Benefit Information

Your login credentials are as follows:

Username: jdoe (first initial last name)

Password: 9999 (last four digits of your SSN)



Login

Username

Password

Login

[Forgot Username or Password \(Click Here\)](#)

If you are having issues logging in, please email me directly.

Once you are logged into the Portal, you will now have access to various things such as paystub information, time off balances, W-2 information, and health benefit dependent information.



Financial

ProSoft - Web Portal

Recent Pages

- Employee Absence Report
- W2 Print
- Employee Certifications
- Employee Fringe Benefits
- Employee Demographics

Documents

No pending documents.

- Absence Report
View your absences.
- Employee Certifications
View your certifications.

Paycheck History
View, print and save (.PDF) your pay checks.

W2 Print
View, print and save (.PDF) your W2.

Employee Demographics
View your demographic information.

Fringe Benefits
View your benefit plan and costs.

EFFECTIVE JUNE 12, 2020 - DIRECT DEPOSIT PAY STUBS WILL NO LONGER BE PRINTED AND SENT OUT BY PAYROLL AS A RESULT OF THE ONLINE PORTAL.

**Albert Gallatin Area School District
School Directory**

AL Wilson Elementary Fairchance Boro

100 AL Wilson Drive
Fairchance, PA 15436
Krista Baker, Principal 724-564-7434
Marycarol Kezmarksy, Secretary Fax: 724-564-7423
Jillian Ciarrocchi, School Counselor
Grade Level: K-5

Friendship Hill Elementary Springhill Twp.

218 New Geneva Road
Point Marion, PA 15474
Randy Wilson, Principal 724-725-9515
Sandy Townsend, Secretary Fax: 724-725-5161
Keli DeCarlo, School Counselor
Grade Level: K-5

George J. Plava Elementary German Twp.

120 Puritan Road
McClellandtown, PA 15458
Eric Witt, Principal 724-737-5424
Tracey Hackney, Secretary Fax: 724-737-5120
Kristen Crawford, School Counselor
Grade Level: K-5

Masontown Elementary Masontown Boro

201 Spring Avenue
Masontown, PA 15461
Duane Frund, Principal 724-583-1091
Stephanie Humbert, Secretary Fax: 724-583-1893
Kristen Crawford, School Counselor
Grade Level: K-5

Smithfield Elementary Smithfield Boro

23 Liberty Street
Smithfield, PA 15478
Renee Rosie, Principal 724-569-9570
Lisa Sumey, Secretary Fax: 724-569-0121
Keli DeCarlo, School Counselor
Grade Level: K-5

TAX PROPERTY STATE REBATE CODE: 26030

Albert Gallatin North Middle School German Twp.

113 College Avenue
McClellandtown, PA 15458
Michael Dunham, Principal
Sharon Lepri, Asst. Principal 724-737-5423
Mia Shaffer, Secretary Fax: 724-737-5312
Hillary Redman, School Counselor
Grade Level: 6-8

Albert Gallatin South Middle School Springhill Twp.

224 New Geneva Road
Point Marion, PA 15474
Zach Dillow, Principal
Sharon, Lepri, Asst. Principal 724-725-5241
Chrissi Myers, Secretary Fax: 724-725-5242
Kim Hellen, School Counselor
Grade Level: 6-8

Albert Gallatin Senior High School Georges Twp.

1119 Township Drive 724-564-2024
Uniontown, PA 15401 Fax: 724-564-0557
Brian Reams, Principal x5306
Marissa Dugan, Assistant Principal x5305
Kristin Frey-Martin, Assistant Principal x 5326
Tina Miller, Secretary x5301
Duane Dupont, Athletic Dir. 724-564-9050 or x5408
AD Fax: 724-564-1440
Tere Simon, Guidance Secretary 724-564-2024 x 5401
Stacey Bill, Secretary x 5302
Ann Capozzi, Guidance Counselor (A-L)
Elaine Kopich, Guidance Counselor (M-Z)
Gary Serock, Attendance Officer x5404
Other numbers: 724-564-2040, 724-564-2586,
724-564-5050; Fax: Guidance-724-564-4525
Grade Level: 9-12

Albert Gallatin School District

**2625 Morgantown Road
Uniontown, PA 15401
724-564-7190 Fax: 724-564-7195
Transportation Fax: 724-564-7512
Federal Programs Fax: 724-564-7514
Chris Pegg, Superintendent
Lara Bezjak, Federal/Elem. Supervisor/Curriculum
Jared Plisko, Special Education Director
Jason Hutchinson, Sec. Super/Curriculum
Bill Parnham Transportation Director
Troy Golden, Food Service Director
Chris Bolin, Technology Director**

**ALBERT GALLATIN AREA SCHOOL DISTRICT
Teacher Report Times**

SCHOOL REPORTING TIMES:

A.L. WILSON ELEMENTARY

8:25 A.M. – 3:45 P.M. – M - F

12:05 P.M. Half Day

FRIENDSHIP HILL ELEMENTARY

8:25 A.M. – 3:45 P.M. – M - F

12:05 P.M. Half Day

GEORGE J. PLAVA ELEMENTARY

8:15 A.M. – 3:35 P.M. – M - F

11:55 A.M. – Half Day

MASONTOWN ELEMENTARY

8:25 A.M. – 3:45 P.M. – M - F

12:05 P.M. Half Day

SMITHFIELD ELEMENTARY

8:30 A.M. – 3:50 P.M. – M - F

12:10 P.M. – Half Day

AG NORTH & AG SOUTH MIDDLE

7:40 A.M. – 3:00 P.M. – M - F

11:20 A.M. – Half Day

AG SENIOR HIGH

7:00 A.M. – 2:20 P.M.- M - F

10:40 A.M. – Half Day

Note: Nurses follow same report times.

SIGN IN PROCEDURE

ALL personnel must scan (sign) in/out at assigned building at a specified location (designated by principal)

REPORTING OFF FROM WORK

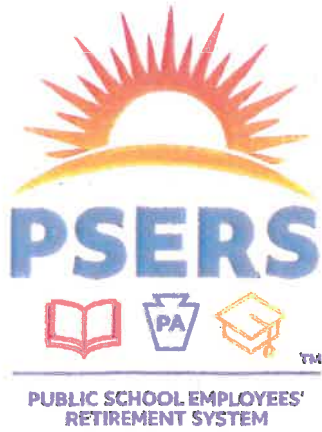
Report off using the Frontline Absence Management system.

DELAYS AND CANCELLATIONS

Announcements local radio, TV, district website

If school is cancelled teachers do NOT report.

If a two-hour delay – reporting time will be two hours later than normal start time.



Information for New School Employees



About PSERS

PSERS is a governmental, cost-sharing, multiple-employer pension plan to which public school employers, the Commonwealth, and school employees (members) contribute. Once you qualify for membership, you will have a defined benefit (DB) plan, a defined contribution (DC) plan, or a hybrid plan with both DB and DC components.

PSERS Defined Benefit (DB) Plan

In the DB plan, the retirement benefit is based on a calculation. The calculation used by PSERS includes a pension multiplier, your credited years of service, and your final average salary. Class T-C, Class T-D, Class T-E, and Class T-F have only a DB component.



PSERS Defined Contribution (DC) Plan

In the DC Plan, the retirement benefit is based on the amount of contributions made to the plan and the investment performance of those contributions. Your DC contributions and earnings, if any, are available for you to withdraw when you retire or leave employment. Class DC has only a DC component.



Hybrid Plan

The hybrid plan consists of both DB and DC components. Class T-G and Class T-H have both DB and DC components.

With PSERS, you're on your way!

The Public School Employees' Retirement System (PSERS) and your school employer have partnered to assist you with planning and saving for your retirement.

When you become a PSERS member, you join one of the nation's largest public pension funds. That means you're now in good company with more than 500,000 fellow PSERS members.

PSERS has been proudly serving Pennsylvania public school employees for the past 100 years. Last year alone, PSERS disbursed more than \$6.6 billion to retirees. When it's your turn to retire, you can count on PSERS to be there for you and your retirement journey.

Questions?

PSERS Retirement Plan Information:

5 N 5th Street | Harrisburg PA 17101-1905
Toll-Free: 1.888.773.7748 (8 a.m. - 5p.m., M-F)
Harrisburg Local: 717.787.8540
ContactPSERS@pa.gov | psers.pa.gov

PSERS DC Plan Information:

Toll-Free: 1.833.432.6627 (8 a.m. - 8 p.m., M-F)
Participant Web: PSERSDC.voya.com

Qualifying for PSERS Membership

All full-time employees must become members of PSERS and must make retirement contributions starting their first day of employment. "Full-time," for retirement purposes with PSERS, is defined as employees who work 5 or more hours a day/5 days a week or its equivalent (25 or more hours a week), even if your employer considers you to be part-time.

Part-time salaried employees qualify for PSERS membership as of their first day of employment and must have retirement contributions withheld.

Part-time hourly and part-time per diem employees must meet minimum service requirements to qualify for PSERS membership (500 hours or 80 days). Once you meet membership requirements, subsequent service for any school employer is qualified service unless there is a break in membership. Refer to *PSERS Active Member Handbook* for more information.

Part-time employees may waive membership in PSERS. To qualify for the waiver, a part-time employee must have an Individual Retirement Account and request a waiver within 90 days of notification from PSERS that they qualify for PSERS membership. When you waive membership in PSERS, you forfeit all future rights to benefits for the waived time period.

Membership Class of Service

For school employees who become new members of PSERS on or after July 1, 2019, there are three membership classes that govern your retirement contribution amounts and future benefits with PSERS: Class T-G, Class T-H, and Class DC. New members are automatically enrolled as Class T-G, but have a one-time opportunity to elect Class T-H or Class DC membership. Look for class election material from PSERS when your election period is open either through your PSERS Member Self-Service (MSS) account if you sign up or in the mail if you did not sign up for MSS.

Withheld Contributions

If you are a full-time or part-time salaried employee, your employer will begin withholding DB and DC contributions from your first day of work. The amount withheld is determined by your membership class. Full-time and part-time salaried employees who first qualify on or after July 1, 2019, and remain in Class T-G, will have 8.25% withheld for both the DB and DC components of their retirement.

If you are a part-time hourly or per diem employee, your employer may withhold contributions for the DB component which is 5.50%. The amount withheld will be returned to you if you do not qualify for membership. DC contributions cannot be withheld until you qualify for membership. Once you meet PSERS membership eligibility requirements, your employer must withhold both DB and DC contributions.

If you previously were a PSERS member, you will remain in your previous membership class and your employer may withhold contributions at the rate for that class.

Retired Members Returning to Service

The Retirement Code prohibits retirees from working for a public school in any capacity, full-time or part-time, qualifying or non-qualifying service, while receiving a PSERS retirement benefit. If you are a PSERS retiree and return to Pennsylvania public school service as a school employee, your monthly retirement benefit will be stopped unless a return to service exception applies. Please visit the PSERS website or contact PSERS for more information.

Your Responsibilities

Please refer to PSERS website for *PSERS Active Member Handbook* and other detailed information.

- ☑ **Read PSERS Communications:** Once qualified, new members will receive some important items such as the *Welcome Packet* and *Class Election Packet (if applicable)*. If you have a PSERS Member Self-Service (MSS) account, you are automatically enrolled in *Paperless Delivery* which means that PSERS will deliver information to you electronically instead of through physical mail. You should check your account periodically to ensure you do not miss important information.
- ☑ **Nominate and Maintain Beneficiaries:** A beneficiary is the person(s) or entity(ies) you wish to receive your retirement benefits upon your death. You may nominate and change your beneficiary nomination electronically at any time through the MSS Portal. Alternatively, you may submit a *Nomination of Beneficiaries (PSRS-187)* form to PSERS. Please note that your most recently submitted *Nomination of Beneficiaries* will supersede previous nominations.
- ☑ **Review information on PSERS website and take advantage of available resources such as free Foundations for Your Future (FFYF) programs conducted by PSERS retirement representatives.**
- ☑ **Keep your email and mailing address current through the MSS Portal.**

Albert Gallatin Area School District

2020-2021

Academic Year Calendar

Notes

July 20						
Su	M	Tu	W	Th	F	Sa
		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 20						
Su	M	Tu	W	Th	F	Sa
						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 20						
Su	M	Tu	W	Th	F	Sa
		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			

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

November 20						
Su	M	Tu	W	Th	F	Sa
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					

December 20						
Su	M	Tu	W	Th	F	Sa
		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		

January 21						
Su	M	Tu	W	Th	F	Sa
			1	2		
3	4	5	6	7	8	9
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 21						
Su	M	Tu	W	Th	F	Sa
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27	28					

March 21						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April 21						
Su	M	Tu	W	Th	F	Sa
					1	2
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17	18	19	20	21	22	23
24	25	26	27	28	29	30

May 21						
Su	M	Tu	W	Th	F	Sa
						1
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 21						
Su	M	Tu	W	Th	F	Sa
		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 21						
Su	M	Tu	W	Th	F	Sa
				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 21						
Su	M	Tu	W	Th	F	Sa
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				

