

## PROFESSIONAL SUBSTITUTE CHECKLIST

\_\_\_ STANDARD TEACHING APPLICATION  
\_\_\_ RESUME                      \_\_\_ 3 LETTERS OF RECOMMENDATION

\_\_\_ PA TEACHING CERTIFICATE    PPID# \_\_\_\_\_              BACHELORS \_\_\_\_\_              MASTERS \_\_\_\_\_

\_\_\_ **TIMS** CERTIFICATE – Day to Day Emergency (Must apply online; instructions in packet)

\_\_\_ OFFICIAL TRANSCRIPTS                      \_\_\_ UNOFFICIAL TRANSCRIPTS  
\_\_\_ LETTER FROM COLLEGE ALL COMPLETE                      \_\_\_ PRAXIS SCORES

\_\_\_ TB TEST- (1 step) (within 2 years) Date: \_\_\_\_\_ 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 done within 36 hours of obtaining form.)  
Part 1 \_\_\_\_\_ Part 2 \_\_\_\_\_

\_\_\_ CRIMINAL HISTORY CHECK (Act 34) (within 5 years) DATE: \_\_\_\_\_  
\_\_\_ CHILD ABUSE CLEARANCE (Act 151) (within 5 years) DATE: \_\_\_\_\_  
\_\_\_ FBI FINGERPRINT CLEARANCE (Act 114) (within 5 years) DATE: \_\_\_\_\_  
\_\_\_ ACT 24 OF 2011 FORM (ARREST/CONVICTION) – Date: \_\_\_\_\_  
\_\_\_ Act 126 CHILD ABUSE RECOGNITION AND MANDATED REPORTING (FREE ONLINE TRAINING) - DATE: \_\_\_\_\_  
\_\_\_ Act 168 SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE FORM

\_\_\_ POLICY 828 – FRAUD SIGN OFF SHEET

\_\_\_ COPY OF VALID PA DRIVER'S LICENSE AND SOCIAL SECURITY CARD - BIRTH DATE \_\_\_\_\_

\_\_\_ CONFIDENTIALITY POLICY

\_\_\_ PROFESSIONAL CODE OF CONDUCT

\_\_\_ DISTRICT PHOTO ID BADGE

\_\_\_ EMAIL ADDRESS                      (*office use* -Emailed Technology \_\_\_ )  
    (*office use*-(AESOP Account \_\_\_\_\_ Safe Schools Training \_\_\_\_\_)

\_\_\_ PAYROLL FORMS

**IMPORTANT:**

**ALL APPLICANTS MUST MAKE AN APPOINTMENT WITH KATHY HERSHBERGER (KHSHBERGER.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: 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](mailto:khershberger@agasd.org).



# STANDARD APPLICATION

## For Teaching Positions in Pennsylvania Public Schools

(PLEASE PRINT OR TYPE)

**POSITION(S) DESIRED** \_\_\_\_\_

**NAME**

\_\_\_\_\_

LAST

\_\_\_\_\_

FIRST

\_\_\_\_\_

MIDDLE

\_\_\_\_\_

PROFESSIONAL PERSONNEL ID

**PRESENT ADDRESS**

\_\_\_\_\_

STREET

\_\_\_\_\_

(AREA CODE) TELEPHONE

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

**PERMANENT ADDRESS**

\_\_\_\_\_

STREET

\_\_\_\_\_

(AREA CODE) TELEPHONE

\_\_\_\_\_

CITY

\_\_\_\_\_

STATE

\_\_\_\_\_

ZIP CODE

**E-MAIL ADDRESS (IF AVAILABLE)** \_\_\_\_\_

**LIST, IN ORDER OF PREFERENCE, THE GRADES, SUBJECTS AND/OR POSITIONS FOR WHICH YOU ARE APPLYING:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### CERTIFICATION

(LIST ALL AREAS IN WHICH YOU HOLD VALID PENNSYLVANIA AND/OR OUT-OF-STATE TEACHING CERTIFICATES. NOTE: APPLICANTS HOLDING A CERTIFICATE FROM ANOTHER STATE MUST OBTAIN A PENNSYLVANIA CERTIFICATE IN ORDER TO TEACH IN PENNSYLVANIA PUBLIC SCHOOLS.)

AREA OF CERTIFICATION	ISSUING STATE	DATE ISSUED

HAVE YOU ACQUIRED TENURE IN PENNSYLVANIA? \_\_\_\_\_

IF YES, IN WHAT SCHOOL DISTRICT? \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

IF YOU ARE NOT EMPLOYED FULL TIME, ARE YOU INTERESTED IN BEING PLACED ON OUR SUBSTITUTE LIST?  YES  NO

LONG-TERM  YES  NO      SHORT-TERM  YES  NO



## EDUCATIONAL BACKGROUND

	SCHOOL OR INSTITUTION AND LOCATION	MAJOR/ MINOR	DIPLOMAS, DEGREES OR CREDITS EARNED	GRADE POINT AVERAGE (GPA)
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
GRADUATE STUDY				
GRADUATE STUDY				

## EXPERIENCE

(PRESENT OR MOST RECENT FIRST)

Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:		Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:
Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:		Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:
Dates		Name of Employer and Address		Your Title
From				
To				
		(Area Code) Telephone:		
Work Performed:		Reason for Leaving:		
Name & Title of Supervisor:				Final Yearly Salary:

Please list activities that you are qualified to supervise or coach:





If you have not been previously employed in a teaching position, please complete the following:

### STUDENT OR PRACTICE TEACHING

GRADE OR SUBJECT TAUGHT	NAME AND ADDRESS OF SCHOOL	1. COLLEGE SUPERVISOR 2. COOPERATING TEACHER
		1.
		2.
		1.
		2.

**Student Teaching References:**

Please attach photocopies of letters of reference and/or evaluations from college/university student teacher supervisor and cooperating teacher(s).

### REFERENCES

References should include superintendents, principals or professors who have first-hand knowledge of your professional competence and your personal qualifications. Experienced teachers should include the superintendent and principal of the two most recent schools in which employed. If any person(s) listed should not be contacted for reference at the present time, indicate in the left-hand margin the date contact(s) may be made.

NAME	POSITION	ADDRESS	TELEPHONE

### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences (including U.S. military service) and/or state any additional information you feel may be helpful in considering your application, i.e. honors, awards, activities, technology skills or professional development activities:



## GENERAL BACKGROUND INFORMATION

You must give complete answers to all questions. If you answer "Yes" to any question, you must list all offenses, and for each conviction provide date of conviction and disposition, regardless of the date or location of occurrence. Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits. Your answers will be verified with appropriate police records.

Criminal Offense includes felonies, misdemeanors, summary offenses and convictions resulting from a plea of "nolo contendere" (no contest).

Conviction is an adjudication of guilt and includes determinations before a court, a district justice or a magistrate, which results in a fine, sentence or probation.

You may omit: minor traffic violations, offenses committed before your 18th birthday which were adjudicated in juvenile court or under a Youth Offender Law, and any convictions which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition program.

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Were you ever convicted of a criminal offense?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you currently under charges for a criminal offense?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you ever forfeited bond or collateral in connection with a criminal offense?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Within the last ten years, have you been fired from any job for any reason?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Within the last ten years, have you quit a job after being notified that you would be fired?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Have you ever been professionally disciplined in any state?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Professional disciplined means the annulment, revocation or suspension of your teaching certification or having received a letter of reprimand from an agency, board or commission of state government, such as the Pennsylvania Professional Standards and Practices Commission. |                          |     |                          |    |
| Are you subject to any visa or immigration status, which would prevent lawful employment?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

**Note:** If you answered "Yes" to any of the above questions, please provide a detailed explanation on a separate sheet of paper, including dates, and attach it to this application. Please print and sign your name on the sheet, and include your social security number.



**ACT 34 Clearance (PA State Police Criminal Background Check)**

Each applicant must submit with his/her employment application a copy of a Criminal History Record from the Pennsylvania State Police. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

\*\*\*\*\*

**ACT 114 (Federal Criminal History Record)**

Each applicant must submit with his/her employment application a copy of a Federal Criminal Record from the Federal Bureau of Investigation (FBI). Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

\*\*\*\*\*

**ACT 151 Clearance (PA Child Abuse History Clearance)**

Each candidate must submit with his/her employment application a copy of an official clearance from the Pennsylvania Department of Public Welfare. Prospective employees must submit ORIGINAL report, which may not be more than one (1) year old.

\*\*\*\*\*

**ESSAY**

Please write an essay as described on page six. For your convenience, you may attach a sheet; however, your essay may not exceed one page. At the bottom of the attachment, please print and sign your name.

\*\*\*\*\*

**CERTIFICATION AND RELEASE AUTHORIZATION**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I further certify that I am the sole author of the essay. I understand that any misrepresentation of information shall be sufficient cause for: (1) rejecting my candidacy, (2) withdrawing of any offer of employment, or (3) terminating my employment.

I hereby authorize any and all of my previous employers and/or supervisors to release any and all of my personnel records, and to respond fully and completely to all questions that officials of \_\_\_\_\_ (school district) may ask regarding my prior work history and performance. I will hold such previous employers and/or supervisors harmless of any and all claims that I might otherwise have against them with regard to statements made to this school district. I further authorize these officials to investigate my background, now or in the future, to verify the information provided and release from liability all persons and/or entities supplying information regarding my background. However, I do not authorize the production of medical records or other information, which would tend to actually identify a disability nor do I authorize inquiries which would include information related to any medical condition or medical history. Further, I do not waive any rights which I may have under state or federal law related to my right to challenge the disclosure of unlawful or inaccurate information, whether by the school district or by entities or persons providing such information to the school district, including any and all claims concerning allegations of employment discrimination because of race, color, sex, religion, national origin, ancestry, age or disability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Candidate (in ink)  
[Must be original]

*Pennsylvania school districts shall not discriminate in their educational programs, activities or employment practices based on race, color, national origin, sex, disability, age, religion, ancestry or any other legally protected classification. This policy is in accordance with state and federal laws, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990 and the Pennsylvania Human Relations Act. Information relative to special accommodation, grievance procedure, and the designated responsible official for compliance with Title VI, Title IX, and Section 504 may be obtained by contacting the school district.*



## ESSAY

We are interested in your ability to organize and express thoughts on a specific topic in a succinct manner. Please select one of the following topics and write an essay in the space provided on this page.

1. The Most Important Qualities of an Outstanding Educator.
2. My Philosophy of Student Discipline.
3. The Importance of Continuing Professional Development and How I Plan to Incorporate It Throughout My Career.
4. Essential Elements of Instruction, Administration or Area of Certification.
5. How Information Technology (i.e., computers, Internet) Can Be Integrated into the Instructional Process and Curriculum.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

Note to applicants: This application can be downloaded from the Department of Education's home page which is accessible at: <http://www.state.pa.us>.

This application was developed, in accordance with Section 1204.1 of Act 107 of 1996, by the Pennsylvania Department of Education in consultation with organizations representing school administrators, including personnel administrators, teachers and school boards. Questions should be referred to PDE School Services Office at Voice Telephone (717) 787-4860, Text Telephone TTY (717) 783-8445 or FAX (717) 783-6802. If you need accommodation in completing this application, including alternate format, please contact the school district.





# 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 tab group id= 2 1](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab%20tab%20group%20id%3D2%201)
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 tab group id= 2 1](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab%20tab%20group%20id%3D2%201)
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"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
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- (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	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*

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### **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: \_\_\_\_\_

### **CODE OF CONDUCT**

I have read and understand the Pennsylvania Code of Conduct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

*"The mission of the Albert Gallatin Area School District is to achieve educational excellence for all students."*





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





<b>Book</b>	Policy Manual
<b>Section</b>	100 Programs
<b>Title</b>	Confidentiality of Special Education Student Information
<b>Number</b>	113.4
<b>Status</b>	Active
<b>Adopted</b>	October 19, 2016
<b>Last Revised</b>	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]

# PROFESSIONAL CODE OF CONDUCT

## Section 1. Mission

The Professional Standards and Practices

Commission is committed to providing leadership for improving the quality of education in this Commonwealth by establishing high standards for preparation, certification, practice and ethical conduct in the teaching profession.

## Section 2. Introduction

(a) Professional conduct defines interactions between the individual educator and students, the employing agencies and other professionals. Generally, the responsibility for professional conduct rests with the individual professional educator. However, in this Commonwealth, a Code of Professional Practice and Conduct (Code) for certificated educators is required by statute and violation of specified sections of the Code may constitute a basis for public or private reprimand. Violations of the Code may also be used as supporting evidence, though may not constitute an independent basis, for the suspension or revocation of a certificate. The Professional Standards and Practices Commission (PSPC) was charged by the act of December 12, 1973 (P. L. 397, No.141) (24 P. S. § § 12-1251—12-1268), known as the Teacher Certification Law, with adopting a Code by July 1, 1991. See 24 P. S. § 12-1255(a) (10).

(b) This chapter makes explicit the values of the education profession. When individuals become educators in this Commonwealth, they make a moral commitment to uphold these values.

## Section 3. Purpose

(a) Professional educators in this Commonwealth believe that the quality of their services directly influences the Nation and its citizens. Professional educators recognize their obligation to provide services and to conduct themselves in a manner which places the highest esteem on human rights and dignity. Professional educators seek to ensure that every student receives the highest quality of service and that every professional maintains a high level of competence from entry through ongoing professional development. Professional educators are responsible for the development of sound educational policy and obligated to implement that policy and its programs to the public.

(b) Professional educators recognize their primary responsibility to the student and the development of the student's potential. Central to that development is the professional educator's valuing the worth and dignity of every person, student and colleague alike; the pursuit of truth; devotion to excellence; acquisition of knowledge; and democratic principles. To those ends, the educator engages in continuing professional development and keeps current with research and technology. Educators encourage and support the use of resources that best serve the interests and needs of students. Within the context of professional excellence, the educator and student together explore the challenge and the dignity of the human experience.

## Section 4. Practices

(a) Professional practices are behaviors and attitudes that are based on a set of values that the professional education community believes and accepts. These values are evidenced by the professional educator's conduct toward students and colleagues, and the educator's employer and community. When teacher candidates become professional educators in this Commonwealth, they are expected to abide by this section.

(b) Professional educators are expected to abide by the following:

(1) Professional educators shall abide by the Public School Code of 1949 (24 P. S. § § 1-101—27-2702), other school laws of the Commonwealth, sections 1201(a)(1), (2) and (4) and (b)(1), (2) and (4) of the Public Employee Relations Act (43 P. S. §§ 1101.1201(a)(1), (2) and (4) and (b)(1), (2) and (4)) and this chapter.

(2) Professional educators shall be prepared, and legally certified, in their areas of assignment. Educators may not be assigned or willingly accept assignments they are not certified to fulfill. Educators may be assigned to or accept assignments outside their certification area on a temporary, short-term, emergency basis. Examples: a teacher certified in English filling in a class period for a physical education teacher who has that day become ill; a

substitute teacher certified in elementary education employed as a librarian for several days until the district can locate and employ a permanent substitute teacher certified in library science.

- (3) Professional educators shall maintain high levels of competence throughout their careers.
- (4) Professional educators shall exhibit consistent and equitable treatment of students, fellow educators and parents. They shall respect the civil rights of all and not discriminate on the basis of race, national or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status, disabling condition or vocational interest. This list of bases or discrimination is not all-inclusive.
- (5) Professional educators shall accept the value of diversity in educational practice. Diversity requires educators to have a range of methodologies and to request the necessary tools for effective teaching and learning.
- (6) Professional educators shall impart to their students principles of good citizenship and societal responsibility.
- (7) Professional educators shall exhibit acceptable and professional language and communication skills. Their verbal and written communications with parents, students and staff shall reflect sensitivity to the fundamental human rights of dignity, privacy and respect.
- (8) Professional educators shall be open-minded, knowledgeable and use appropriate judgment and communication skills when responding to an issue within the educational environment.
- (9) Professional educators shall keep in confidence information obtained in confidence in the course of professional service unless required to be disclosed by law or by clear and compelling professional necessity as determined by the professional educator.
- (10) Professional educators shall exert reasonable effort to protect the student from conditions which interfere with learning or are harmful to the student's health and safety.

## **Section 5. Conduct**

Individual professional conduct reflects upon the practice, values, integrity and reputation of the profession. Violation of § 235.6-235.11 may constitute an independent basis for private or public reprimand, and may be used as supporting evidence in cases of certification suspension and revocation.

## **Section 6. Legal obligations**

- (a) The professional educator may not engage in conduct prohibited by the act of December 12, 1973 (P. L. 397, No. 141) (24 P. S. § § 12-1251—12-1268), known as the Teacher Certification Law.
- (b) The professional educator may not engage in conduct prohibited by:
  - (1) The Public School Code of 1949 (24 P. S. § § 1-101—27-2702) and other laws relating to the schools or the education of children.
  - (2) The applicable laws of the Commonwealth establishing ethics of public officials and public employees, including the act of October 4, 1978 (P. L. 883, No. 170) (65 P. S. § § 401—413), known as the Public Official and Employee Ethics Law.
  - (c) Violation of subsection (b) shall have been found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.

## **Section 7. Certification**

The professional educator may not:

- (1) Accept employment, when not properly certificate, in a position for which certification is required.
- (2) Assist entry into or continuance in the education profession of an unqualified person.
- (3) Employ, or recommend for employment, a person who is not certificated appropriately for the position.

## **Section 8. Civil Rights**

The professional educator may not: (1) Discriminate on the basis of race, National or ethnic origin, culture, religion, sex or sexual orientation, marital status, age, political beliefs, socioeconomic status; disabling condition or vocational interest against a student or fellow professional. This list of bases of discrimination is not all-inclusive. This discrimination shall be found to exist by an agency of proper jurisdiction to be considered an independent basis for discipline.

- (2) Interfere with a students or colleague's exercise of political and civil rights and responsibilities.

## **Section 9. Improper personal or financial gain**

The professional educator may not:

- (1) Accept gratuities, gifts or favors that might impair or appear to impair professional judgment.
- (2) Exploit a professional relationship for personal gain or advantage.

### **Section 10. Relationships with students**

The professional educator may not:

- (1) Knowingly and intentionally distort or misrepresent evaluations of students.
- (2) Knowingly and intentionally misrepresent subject matter or curriculum.
- (3) Sexually harass or engage in sexual relationships with students.
- (4) Knowingly and intentionally withhold evidence from the proper authorities about violations of the legal obligations as defined within this section.

### **Section 11. Professional relationships**

The professional educator may not:

- (1) Knowingly and intentionally deny or impede a colleague in the exercise or enjoyment of a professional right or privilege in being an educator.
- (2) Knowingly and intentionally distort evaluations of colleagues.
- (3) Sexually harass a fellow employee.
- (4) Use coercive means or promise special treatment to influence professional decisions of colleagues.
- (5) Threaten, coerce or discriminate against a colleague who in good faith reports or discloses to a governing agency actual or suspected violations of law, agency regulations or standards.

The Code of Professional Practice and  
Conduct for Educators can be found at 22  
Pa. Code §§235.1 - 235.11.

All questions should be directed to the Professional Standards and Practices Commission





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 1<sup>st</sup> pay, and then from the 1<sup>st</sup> 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

Department of the Treasury  
Internal Revenue Service

▶ **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**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

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

**TIP:** To be accurate, submit a 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.)

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

**Step 5:**  
**Sign Here**

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

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

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





**ALBERT GALLATIN AREA SCHOOL DISTRICT**  
**DISTRICT ADMINISTRATION OFFICE**  
 2625.MORGANTOWN ROAD, UNIONTOWN, PA 15401-6703  
 Telephone: 724-564-7185 FAX: 724-564-7512

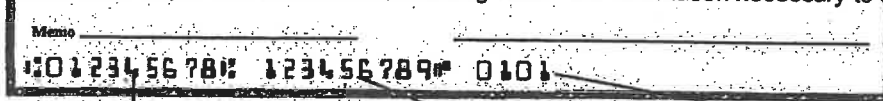
**Full Service Direct Deposit Form**

*\*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](http://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*

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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 <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write in This Space	

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

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

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

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





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

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

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

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

List A 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.)

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

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

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

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

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

**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 \_\_\_\_\_ @ \_\_\_\_\_



**NOTE: AG DAILY SUB RATE IS \$110.00 PER DAY.**

### **CERTIFICATION**

To apply for Emergency Substitute Certificate, please visit TIMS link below on the Pennsylvania Department of Education Website:

<http://www.education.pa.gov/Documents/Teachers-Administrators/Certifications/TIMS/Getting%20Started%20with%20TIMS.pdf>

Certification policies and guidelines are important for school districts in maintaining compliance with the Pennsylvania Department of Education codes and audit procedures.

As a reminder, newly hired teachers have a six (6) year time line from date of hiring to make teaching certificates permanent by attaining at least twenty-four (24) credit hours of graduate study.

Long term (half year or full year) substitutes must count the time worked in this position in considering the six-year time limit.

Professional school personnel are charged with the responsibility for communicating and updating the Central Office with changes in your certification status. As credits are completed for permanent certification, you will need to update the TIMS system and submit documents to the Pennsylvania Department of Education. It is essential that your permanent certificate, once received from the Department of education, be brought to the Central Office to be made part of your personnel file.

Substitute teachers are an important part of our educational process and will be evaluated accordingly with the General Lesson Assessment Rubrics.

Please review the copy in your folder and address any questions or concerns to your building principal.

### **MATTERS OF DRESS**

Professional employees are involved in work, which requires the exercises of discretion and judgment. This discretion and judgment should also be applied in matters of dress. For the length of this agreement employees will not wear the following unacceptable attire during formal school hours Monday through Friday:

1. T-shirts/bare mid-drift/ back-less tops
2. Tank tops
3. Spandex pants
4. Baseball caps/hats in the building
5. Sweat suit
6. Excessively short skirts
7. Shorts, (skorts, culottes, fall winter/corduroy/wool shorts as part of an outfit are appropriate providing they are appropriate length)
8. Denim jeans
9. Clothing with holes

Exceptions: The school principal may approve appropriate exceptions, for special days or activities (ex: field trips, hat day etc.) and teachers of Industrial Arts, Physical Education and Art.

Clerical and In-service days are not considered formal school days.







2625 Morgantown Road Uniontown, PA 15401

PHONE : (724) 564-7190

FAX : (724) 564-7195

*Mr. Christopher A. Pegg, Superintendent*

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### **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](http://www.agasd.org)
- Click Staff
- Click **Office 365 Outlook Web App**
- User Name: [firstname.lastname@agasd.org](mailto: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.

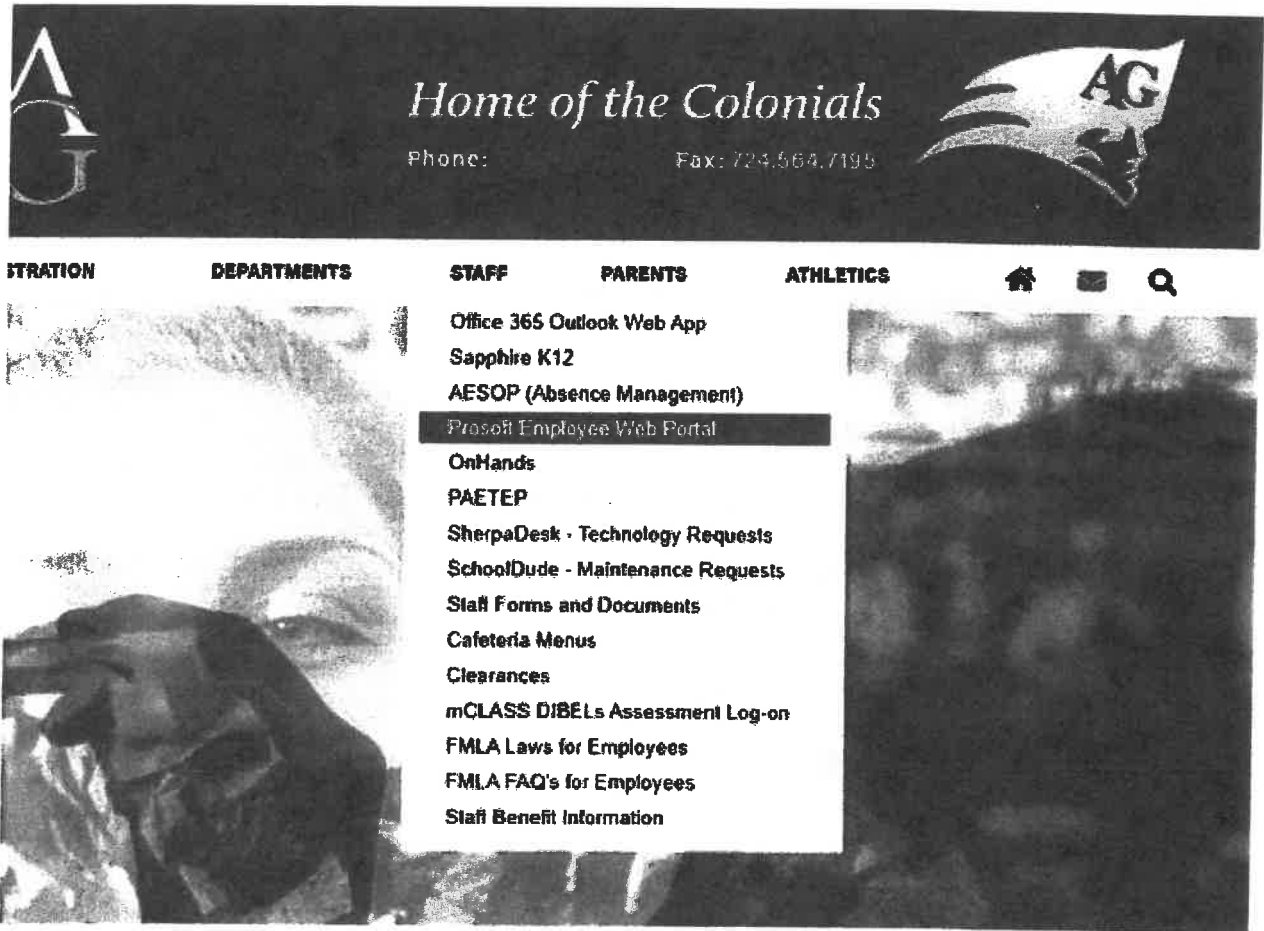
If you have trouble logging into your email, please call Chris Bolin at extension 8137 at 724-564-7190 or email him from your personal email at [cbolin@agasd.org](mailto:cbolin@agasd.org).

Thank you,  
Christopher A. Pegg  
Superintendent



## Prosoft Employee Web Portal

The link can be located on our District website ([www.agasd.org](http://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.



**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

# 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
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 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					

March 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			

April 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

May 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					

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				



**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**

**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 Bezzak, 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

**TAX PROPERTY STATE REBATE CODE: 26030**

**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.

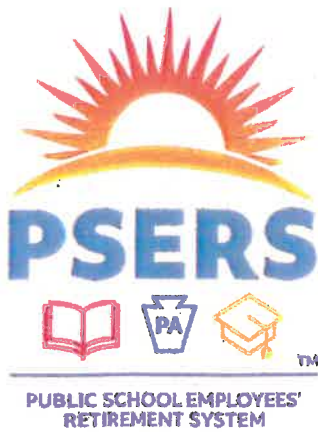
**DELAYS AND CANCELLATIONS**

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](http://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.

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## 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.

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## 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.

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## 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.**