

Date: _____

Twin Valley School District

Supplemental Professional Application
Administrator to the Superintendent
4851 N. Twin Valley Rd., Elverson, PA 19520
Phone: (610) 286-8652 / FAX (610) 286-8608

Personal Information

Name _____ Phone Number (____) _____

Supplementary Information

Area(s) of Certification _____

Cumulative Grade Point Average _____ G.P.A. of Certified Area _____

National Teacher Exam Scores _____ Student Teaching Grades _____ # of Credits _____

Do you have a founded or indicated report under the PA Child Abuse History Clearance? Yes or No

Are you eligible for veteran's preference consideration? Yes or No, If yes, please indicate dates: _____

Please indicate what type of position(s): () Permanent () Daily Substitute () Homebound

Date _____ Signature of Applicant _____

Twin Valley School District is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex and handicap in its activities, programs or employment practices as required by Title VI, Title IX and Section 504. For information regarding civil rights or grievance procedures, contact Title IX Compliance Officer, 4851 N. Twin Valley Rd., Elverson, PA 19520-9310.

For Office Use Only:

Application Review Log

Date	Position Considered For	Person Reviewing Application

Twin Valley School District

No. 815

SECTION(S): Operations
TITLE: Acceptable Use of Electronic Resources
ADOPTED: February 20, 2001
REVISED: May 21, 2018

		No. 815 - Acceptable Use of Electronic Resources	
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	1. Purpose	<p>The TWIN VALLEY SCHOOL DISTRICT (district) provides employees, students, School Board Members, and guests (users) with approved access to the district's technology resources to be used for educational purposes including but not limited to electronic communications systems, computers, computer networks, networked devices, hardware, software, internet access, copiers and cameras.</p> <p>Any unauthorized third-party usage of the district's, computers, network, internet, electronic communications and information systems is prohibited.</p> <p>The use of the district's technology resources shall be consistent with the curriculum adopted by the district and made available for the performance of job duties consistent with the educational mission of the district. Instructional needs, learning styles, abilities and developmental levels of students shall be taken into consideration. All use for any purpose must comply with this policy and all other applicable codes of conduct, policies, procedures, and rules and must not cause damage to the district's technology resources.</p> <p>All employees and students are responsible for the appropriate and lawful use of the district's technology resources. This policy is intended to ensure that all users continue to enjoy access to the district's technology resources and that such resources are utilized in an appropriate manner and for purposes consistent with the curriculum adopted by the district.</p>	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 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	2. Definitions	<p><u>Child Pornography</u> - see Act 47 U.S.C. § 254; and Act 24 P.S. § 4601</p> <p><u>District Technology Resources</u> - All technology owned and/or operated by the district, including but not limited to computers, audio/visual systems, mobile devices, printing/copying devices, scanning devices, cameras and other media equipment, hardware, software, networking equipment/devices or network/resource accounts.</p> <p><u>Educational Purpose</u> - Use that is consistent with the curriculum adopted by the district as well as the varied instructional needs, learning styles, abilities and developmental levels of students.</p> <p><u>User(s)</u> - Anyone who utilizes or attempts to utilize district technology resources while on or off district property. The term includes, but is not limited to, students, staff, parents or guardians, and any guest(s) to the district that may be approved to use district technology.</p>	31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
1 of 4			

Twin Valley School District

Page 2 – No. 815 – Acceptable Use of Internet/Electronic Communications

1	3. Authority	The electronic information available to students and staff does not	1
2		imply endorsement by the district of the content, nor does the	2
3		district guarantee the accuracy of information received. The	3
4		district makes no guarantee that the functions or services provided	4
5		by or through the district internet, computers or network resources	5
6		will be error-free or without defect.	6
7			7
8		The district shall not be responsible for any information that may	8
9		be lost, damaged or unavailable when using the network or for any	9
10		information that is retrieved via the Internet.	10
11			11
12		The district shall not be responsible for any unauthorized charges	12
13		or fees.	13
14			14
15		The Board establishes that network use is a privilege, not a right;	15
16		inappropriate, unauthorized and illegal use will result in	16
17		cancellation of those privileges as well as appropriate disciplinary	17
18		action.	18
19			19
20		While using district-owned devices, users must utilize the district's	20
21		wired or wireless networks for access to the internet when	21
22		operating in or attending district schools and facilities. Other	22
23		means of access are not permitted (e.g. WIFI hotspots, personal	23
24		internet access, open/rogue networks etc.)	24
25			25
26		The district will implement internet and network safety measures	26
27		through policy, guidelines and technology to filter access by	27
28		minors, protect users' safety and security, and against	28
29		unauthorized access, disclosures or dissemination of users'	29
30		information.	30
31			31
32	4. Delegation of	The Superintendent or designee shall develop procedures, in	32
33	Responsibility	cooperation with the district technology staff, for the acceptable use	33
34		of all district technology resources.	34
35			35
36	5. Guidelines	<u>Use of Personal Electronic Devices</u> - see SB Policy 237	36
37			37
38		<u>Unauthorized Use Prohibited</u> - Only users who have agreed to abide	38
39		by the terms of this policy may utilize the district's technology	39
40		resources. Unauthorized use, utilizing another user's district	40
41		account, or exceeding one's authorization to use district technology	41
42		resources is prohibited.	42
43			43
44		<u>Privacy</u> - The district reserves the right to monitor any user's	44
45		utilization of district technology resources. Users have no	45
46		expectation of privacy while using district technology resources	46
47		whether on or off district property. The district may monitor,	47
48		inspect, copy, and review any and all usage of district technology	48
49		resources including information transmitted and received via the	49
50		internet to ensure compliance with this and other district policies,	50

1		and state and federal law. All emails and messages, as well as any	1
2		files stored on district technology resources may be inspected at any	2
3		time for any reason.	3
4			4
5		<u>Filtering and CIPA Compliance</u> - The district reserves the right to	5
6		restrict access to any internet site or resource it deems inappropriate	6
7		through established policy. As required by law, the district shall	7
8		utilize content and messaging filters designed to prevent users from	8
9		accessing materials deemed obscene, offensive, pornographic,	9
10		harmful to minors or otherwise inconsistent with the district's	10
11		educational mission. Such restrictions will apply to all district	11
12		devices and users.	12
13			13
14		<u>Monitoring</u> - District technology resources shall be periodically	14
15		monitored to ensure compliance with this and other district policies	15
16		including monitoring of users' online activities. The network	16
17		administrator designated by the Superintendent shall ensure that	17
18		regular monitoring is completed pursuant to this section. The	18
19		Superintendent or designee shall also implement procedures to	19
20		ensure that district technology resources are not utilized to track the	20
21		whereabouts or movements of individuals, and that remotely	21
22		activated cameras and/or audio are not utilized.	22
23			23
24		<u>District Provided Resources</u> - District technology resources may be	24
25		assigned or allocated to an individual user for his or her use (e.g.	25
26		individual email accounts, laptop computers, mobile devices, etc.).	26
27		Despite being allocated to a particular user, the technology resources	27
28		remain the property of the district and may be revoked, suspended,	28
29		or inspected at any time to ensure compliance with this and other	29
30		district policies. Users do not have an expectation of privacy in any	30
31		district provided technology resource or any of its contents.	31
32			32
33		<u>Social Media and Networking</u> - The district is not responsible for, nor	33
34		does it endorse messages, narratives or rhetoric published by users	34
35		whose content is inconsistent with the educational purpose of the	35
36		district. In addition, users shall not publish or post information	36
37		deemed confidential or non-public.	37
38			38
39		<u>Incidental Personal Use</u> - Occasional personal use by an individual	39
40		must comply with this policy and all other policies, procedures, and	40
41		rules, and may not interfere with the employee's duties or the	41
42		educational purpose of the district.	42
43			43
44	6. Prohibitions	The following uses of district technology resources are prohibited:	44
45		1. Use of technology resources to violate the law, facilitate illegal	45
46		activity, or to encourage others to do so.	46
47		2. Use of technology resources to violate any other district policy.	47
48		3. Use of technology resources to engage in any intentional act	48
49		which might threaten the health, safety, or welfare of any	49
50		person or persons.	50

1		4. Use of technology resources to cause, or threaten to cause	1
2		harm to others or damage to their property.	2
3			3
4	7. Consequences	Violations of this policy may result in the temporary or permanent	4
5		revocation of a user's right to access district technology resources.	5
6		Additionally, users may be subject to other forms of disciplinary	6
7		actions for violations of this policy and/or local, state, and federal	7
8		law.	8
9			9
10			10
11		<u>References:</u>	11
12			12
13		18 USC 2256 <i>Harmful materials definitions</i>	13
14			14
15		18 PA CSA 6312 <i>Sexual abuse of children</i>	15
16			16
17		20 USC 6777 <i>Internet safety</i>	17
18			18
19		18 PA CSA 5903 <i>Obscene and other sexual materials and</i>	19
20		<i>performances</i>	20
21			21
22		24 PS 4604 <i>School entity Internet policies</i>	22
23			23
24		24 PS 4610 <i>School entity Internet Disabling blocking technology for</i>	24
25		<i>use by certain persons</i>	25
26			26
27		47 U.S.C. § 254; and Act 24 P.S. § 4601 <i>Children's Internet</i>	27
28		<i>Protection Act</i>	28
29			29
30		SB Policy 237	30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
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48			48
49			49
50			50
Page 4 of 4			



TWIN VALLEY SCHOOL DISTRICT

School Board Policy 815: Acceptable Use of Electronic Resources Acknowledgement

For purposes of ongoing acknowledgement by existing and newly hired personnel, existing and newly enrolled students or district users granted permission to access network or other technology resources, who hereby acknowledge TWIN VALLEY SCHOOL DISTRICT School Board Policy 815 (Acceptable Use of Electronic Resources) by adding their signature below.

I, *[print employee or student name]* _____

[print parent/guardian name if granting consent] _____

have received, read and understand the aforementioned policy and agree to adhere to the guidelines therein as well as recognize my position, or my child's position of "user" as defined by the policy. I understand that the technology resources provided by TVSD are used in support of the educational purpose of the district, and any violations of this policy will be enforced in accordance with school code, local, state or federal law.

Signed,

Employee/Student signature

Date

Parent/Guardian signature if applicable

Date

Twin Valley School District

No. 237, 337, 437. 537

SECTION(S): Pupils; Administrative,
Professional, and Classified
Employees

TITLE: Electronic Devices

ADOPTED: April 26, 1999

REVISED: May 21, 2018

		237 – ELECTRONIC DEVICES	
1			1
2			2
3	1. Purpose	The TWIN VALLEY SCHOOL DISTRICT (district) School Board	3
4		recognizes that electronic devices are an integral part of the	4
5		daily lives and culture of the district's students and personnel	5
6		(users). Specific guidelines for acceptable use shall be	6
7		administered at the elementary, middle and high school levels.	7
8			8
9	2. Definitions	<u>Electronic device</u> - any personal or portable device designed	9
10		for mobile communication, recording or transmitting	10
11		audio/visual content, interacting with or accessing media, or	11
12		providing a connection to the internet or other audio/visual	12
13		resources.	13
14			14
15	3. Authority	Electronic devices are permitted in all district-owned	15
16		buildings, on school grounds, in school vehicles, and/or while	16
17		participating in school-sponsored activities on or off school	17
18		premises unless prohibited by district administrators.	18
19			19
20		Building administrators or designee shall have the right to	20
21		regulate use of electronic devices.	21
22			22
23	4. Delegation of	The Superintendent or designee shall develop procedures, in	23
24	Responsibility	cooperation with the district technology staff, for the	24
25		acceptable use of electronic devices.	25
26			26
27	5. Guidelines	<u>Network access</u>	27
28		The district reserves the right to provide a segregated network	28
29		that would allow users to connect a personal electronic device	29
30		using district access resources.	30
31			31
32		<u>Loss or damage</u>	32
33		Users are solely responsible for the safe storage of any	33
34		personal electronic devices that they may choose to bring to	34
35		any district building or premises. The district shall not be	35
36		responsible for the loss of or damage to any electronic device	36
37		owned by a user.	37
38			38
39	6. Prohibitions	The School Board prohibits all students from any use of	39
40		electronic devices in locker rooms, bathrooms or other	40
41		changing areas.	41
42			42
43	SB Policy 815, 18	The School Board prohibits students from using any electronic	43
44	U.S. Code § 1801	device to take photographs or to record audio or video of any	44
45	- Video	person or group, without the knowledge or consent of that	45
46	Voyeurism	person or group, while on district property or while a student	46
47	Prevention Act of	is engaged in school-sponsored activities, unless expressly	47
48	2004	authorized in advance by the building principal or designee,	48
49		except when used to record participants in school-sponsored	49
50		public events such as athletic events, shows, concerts, etc.	50

Employee Acknowledgement Form

The Personnel Policy Handbook describes important information about Twin Valley School District.

I acknowledge receipt of the handbook and I understand that I should review its terms and consult the Personnel Office regarding any questions not answered in the handbook.

Since provisions of the handbook are subject to change, I acknowledge that the District reserves the right to amend, supplement, rescind, and interpret any provisions of this handbook as it deems appropriate, in its sole and absolute discretion.

I have entered into my employment relationship with Twin Valley School District voluntarily and acknowledge that there is no specified length of employment. Accordingly, either the District or I can terminate the relationship at will, for any reason, or for no reason, at any time.

I acknowledge that this handbook is not a contract of employment. I have received the handbook, and I understand that it is my responsibility to read and comply with this handbook and any revisions made to it. I understand that the Twin Valley School District reserves the right to interpret the provisions of this handbook or any of our benefit policies.

In the event of termination, I authorize Twin Valley School District to deduct from my final paycheck, as permitted by law, whatever reasonable costs they deem appropriate for any District property I fail to return.

I understand that a condition of my employment is the completion and/or submission of the pre-employment items checked below. I further understand that I may not begin to work for the Twin Valley School District and will not receive compensation until satisfactory completion of the required paperwork.

	Application		Professional Certificate/License - Original
	Child Abuse History Clearance		Guardian Life Insurance Application
	Criminal History Record Check		Acceptable Use of Internet Policy
	FBI Background Check - Original		Drug Test (Quest Diagnostics)
	PDE-6004 – Arrest/Conviction Report & Certification Form		Certificate of Residency
	School Personnel Health Record		Act 126 Training Certificates
	Act 29 Information Sheet		Act 168 – Sexual Misconduct Form
	Authorization for Payroll Direct Deposit		Resume'
	Employee Emergency Procedure Card		
	Professional Employee Education and Exp. Record		<i>Informational items provided to you by the district</i>
	Employment Eligibility Verification		District Identification Number
	Electronic Device Policy		Collective Bargaining Agreement
	I-9 Form – Homeland Security + I. D.		Group Long Term Disability Insurance Program Information
	W-4 - Employee's Withholding Allowance Cert.		Occupational Privilege Tax Memo
	Induction Verification		Tax Sheltered Annuity Information
	Medical/Dental Health Plan Enrollment		Your Group Insurance Benefits
	Payment of Salary Earned in Case of Death		
	What to Do in Case of a Work-Related Injury		

Employee's Signature

Date

Employee's Name (Printed)

EMPLOYEE EMERGENCY PROCEDURE

Twin Valley School District

PLEASE PRINT:

Employee's Name:	
Address:	
Home Phone:	
Cell Phone:	
Date of Birth:	

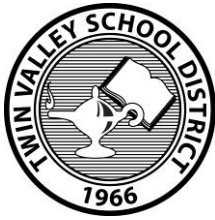
Note any physical condition that may require special treatment:

Person to Notify in Case of Emergency:	
Address:	
Home phone:	
Cell/Work phone:	
Preferred Physician:	
Address:	
Phone:	
Preferred Local Hospital:	
Date of Last: Physical Exam	
Date of Last: Chest X-Ray	

If emergency treatment is required, may the school authorities use their own judgement in securing the service of the doctor
MOST EASILY ACCESSIBLE providing none of the aforementioned people can be reached? YES NO

Signature of Employee: _____ Date: _____

Rev. 3/10/22



Twin Valley School District

4851 N. Twin Valley Road • Elverson, PA 19520

Telephone 610-286-8600 • FAX 610-286-8608

Twin Valley School District
"Every Student, Every Day"

Payment of Salary Earned In Case of Death

This is to officially notify the Twin Valley School District that, in case of my death while an employee of the district, I wish the unpaid balance of my earnings to be paid to:

Name of Beneficiary

who is my (relationship): _____

Address: _____

Phone Number: _____

Employee Signature

(Print Employee Name)

Date



Twin Valley School District

4851 N. Twin Valley Road · Elverson, PA 19520

Telephone 610-286-8611 · FAX 610-286-8608

A Learning Community

ACT 29 INFORMATION SHEET

Act 29 of 1994 changes the way in which the Commonwealth reimburses school entities for payments made to PSERS (retirement) and for Social Security. The main provision of the act provides two classes of employees:

- a. Those hired on or before 6/30/1994
- b. Those hired after 6/30/1994

To determine which class an employee is in, school districts need more than just the date of hire for the employee. While this Act has no effect on employees, employers must determine if the employee has ever been employed by a school entity within the Commonwealth before 7/1/1994.

In this light, we are required to have you complete the following:

Have you worked for a school entity (school district, intermediate unit and/or vocational technical school) within the Commonwealth of Pennsylvania, in any capacity, prior to July 1, 1994?

Check one:

Yes ☐

No ☐

If yes, please list below:

Employer(s)

Dates of Employment

Employee Signature

Date

Certificate of Residency

Use this form to report essential information for the collection and distribution of Local Earned Income Tax. Each employee must complete this form when hired or to document a name or address change. Employer must **retain** this Certificate of Residency as an addendum to the Federal Employee's Withholding Allowance Certificate (Form W-4). **Do not forward this form to tax collector or governmental authority unless requested to do so.**

Section I – To be completed by EMPLOYEE:

1. Employee first name and middle initial.	Last name	2. Employee social security number
3. Home address (street or rural route/DO NOT use P.O. Box)		City or town, state and ZIP code
4. Phone number ()		5. Employee e-mail
6. Employee municipality of residence (identify the municipal jurisdiction where the employee resides)		7. Resident PSD Code (obtain from employer)
8. Employee signature ►		
Date ►		

Employer must confirm that proper, official PSD Code for resident municipality appears in Box 7 above and that proper official PSD Code for the municipality of employee's workplace appears in Box 13 below.
The municipal PSD Codes are available from the Keystone "Employer Resources" webpage link at www.keystonecollects.com

Section II – To be completed by EMPLOYER:

9. Employer name.		10. Federal EIN
11. Business address (number and street or rural route)		City or town, state and ZIP code
12. Employer municipality (identify the municipal jurisdiction where employee works)		13. Workplace PSD Code
14. Phone number ()		15. Employer e-mail

TWIN VALLEY SCHOOL DISTRICT

Direct Deposit Agreement Form

***To take advantage of this service, simply complete and return this form to the
Twin Valley School District Business Office***

Authorization Agreement

I hereby authorize Twin Valley School District to initiate direct deposits of my net wages to my account at the financial institution named below.

Further, I agree not to hold Twin Valley School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Twin Valley School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Information

New Request ☐

Change Bank ☐

Change ☐

Cancel DD ☐

Employee Name: _____

Social Security Number: _____

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

☐☐

(Check only one)

Signature

Employee Signature: _____ Date: _____

*****Please attach a voided check and return this form to the Payroll Department*****
Any questions can be directed to Norah Cannon at (610) 286-8600, ext. 1640.

Your first paycheck will not be direct deposited.
It will be a test run and you will receive a note in your paycheck.

Employee's Withholding Certificate

OMB No. 1545-0074

2022

▶ **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.**

Step 1:
Enter
Personal
Information

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

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
Do **only one** of the following.
(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐
TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3:
Claim
Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 . . . ▶ \$

Add the amounts above and enter the total here . . . **3** \$

Step 4
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$

Step 5:
Sign
Here

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

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

Employers
Only

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



TVSD REQUIRED SAFETY TRAINING ACT 126 INFORMATION SHEET – All Staff

Act 126 (section 1205.6 of the Public School Code) **mandated** training addresses child abuse recognition and reporting. All employees of a school entity, as defined by the Pennsylvania Department of Education, must be trained.

All Twin Valley School District employees who are hired after November 1, 2013, will be required to complete this training before they begin working for the district. There will be no cost to the employee for this training.

Twin Valley has contracted with "Safe Schools" to provide this training. "Safe Schools" is an Act 126 Pennsylvania Department of Education approved provider. In order to establish a training account for you, we will need you to provide the following information:

Name: _____

*E-mail Address: _____

Telephone Number: _____

If you have already completed this training elsewhere, please provide
Twin Valley School District with a copy of the certificate issued to you upon completion.

*If you do not have access to a computer or do not have an e-mail account, you will still be assigned an account on the "Safe Schools" website. The training does have to be done from this website, so it will be necessary for you to access a computer. Most public libraries have computers that can be used for this purpose.

The District also requests that you complete the following modules regarding School Safety:

1. All Hazards Standard Response Protocol Part 1 Policy Course
2. All Hazards Standard Response Protocol Part 2 Policy Course
3. All Hazards Standard Response Protocol Part 3 Policy Course
4. Run, Hide, Fight Policy Course
5. Diversity Awareness: Staff to Staff
6. Diversity Awareness: Staff to Student
7. Trauma Awareness: U.S. National (*Administrators, Professional Staff & School Secretaries*)
8. Trauma-Informed Practices: U.S. National (*Administrators, Professional Staff & School Secretaries*)

The following modules need to be completed for *coaches*:

1. AED (Automated External Defibrillators) (Full Course)
2. Cardiopulmonary Resuscitation (Full Course)
3. First Aid (Full Course)
4. Heat Illness Prevention (Full Course)
5. Sport Supervision and Safety (Full Course)
6. Student Drug & Alcohol Abuse (Full Course)
7. Athletic Liability (Full Course)
8. Conflict Management: Managing the Angry Parent (Full Course)
9. Conflict Management: Student to Student (Full Course)
10. Cyberbullying
11. Emergency Operations Planning: Building the Plan (Full Course)
12. Emergency Operations Planning: Implementing the Plan (Full Course)
13. Hazing Awareness and Prevention (Full course)
14. Sensitivity Awareness
15. Steroid and PED Awareness in Athletics
16. Title IX and Gender Equity in Athletics

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD

I. Patient Information

Last Name	First	MI	Sex	Date of Birth
Social Security Number		Home Telephone		Work Telephone
Mailing Address	Street	City		State Zip
Usual Source of Medical Care	Physician's Name	Address		Telephone
Emergency Contact – Name	Relationship	Address		Telephone

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____		1.	

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: ☐ No ☐ Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:

IV. Significant Medical Conditions (✓)

	Yes	No	If Yes, Explain:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol.....	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
Neuromuscular Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopedic Condition.....	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory Illness.....	<input type="checkbox"/>	<input type="checkbox"/>	
Seizure Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Vision Disorder.....	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	

V. Report of Physical Examination (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches) _____				
Weight (pounds) _____				
Pulse _____				
Blood Pressure _____				
Hair/Scalp				
Skin				
Eyes – Visual Acuity: R _____ L _____				
Eyes – Color Vision				
Ears – Hearing (dB) R _____ L _____				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc...				
Lungs – Adventitious Findings				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication or which might affect his/her work role? If so, specify _____

Physician Name (Print)

Signature of Examiner

Date

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

Signature of Employee

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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative ADMINISTRATOR TO THE SUPERINTENDENT	
Last Name of Employer or Authorized Representative HADDOCK		First Name of Employer or Authorized Representative RITA		Employer's Business or Organization Name TWIN VALLEY SCHOOL DISTRICT	
Employer's Business or Organization Address (Street Number and Name) 4851 N. TWIN VALLEY RD.			City or Town ELVERSON		State PA
					ZIP Code 19520

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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.

**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:	
Address:	Phone:
City: State: Zip:	Fax: Email:
Contact Person:	Title:

Date Form Received: _____

Received by: _____

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

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by
which you have
been identified: _____

Section 2. Arrest or Conviction

- ☐ By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.
- ☐ By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

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

Section 3. Child Abuse

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

Section 4. Certification

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

Signature

Date

INSTRUCTIONS

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

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

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

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

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

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

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

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