

**SUBSTITUTE TEACHER  
HANDBOOK**



**2025-2026**

**Connellsville Area School District**

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This Handbook has been prepared to help you be an effective substitute in the Connellsville Area School District. The District operates as an entity, but the rules, regulations, and procedures vary among buildings. You should become familiar with the systems for each building.

We have included in this booklet the most often used forms and information you will need and use. Feel free to consult with administrators and faculty members concerning any problem or situation you may encounter during your days in our schools.

### TIME CLOCK PLUS

All substitutes will use their Identification Badges to log onto the Time Clock Plus System. After logging on to the system, choose which position you are filling (i.e. Sub Teacher Regular Ed, Sub Teacher Special Ed, or Sub Teacher CTC Shop) and then press the clock-in button. When exiting the building, you will need to log out of the Time Clock Plus System.

If you misplace your badge, complete a Missed Punch Form, and turn it into the building secretary.

### AESOP

Connellsville Area School District is using an automated service that greatly simplifies and streamlines the process of finding and managing substitute jobs in this district. This service from Frontline Education utilizes both the telephone and the internet to assist you in locating jobs in this school district. The Frontline Absence and Time solution is available 24 hours a day, 7 days a week. Frontline uses three methods to make jobs available to substitutes:

1. You can search for and accept available jobs, change personal settings, update your calendar, and personalize your available call times by visiting Frontline on the internet at <http://www.aesoponline.com>.
2. You may interact with the Frontline system by way of a toll-free, automated voice instruction menu at 1-800-942-3767. Here, you can proactively search for jobs and manage existing jobs. We recommend calling in to check the computer recording of your name by entering your ID number and PIN.
3. The system will also make phone calls to substitutes to offer jobs. The administrative office has selected the following hours as standard call times when the AESOP service may call for substitutes: 5:00 AM-11:59 AM in the morning and 5:00 PM-12:00 AM in the evening. Please review the phone number we have on record for you.

Important Notes:

\*In order to access the Frontline Absence and Time Solution by phone, you will need to enter your ID and PIN numbers, which will be assigned to you by the District office.

\*If you have provided an email address, you will receive an email prompting you to create new log-in information for use online. You cannot log in on the internet with an ID and PIN number.

\*If you accept a job, you will be issued a confirmation number. Please remember that your transaction is not complete until Frontline supplies you with a confirmation number.

\*Frontline will automatically make a recording of your name for Connellsville Area School District on the phone system. To review or change the recording of your name, call into Frontline and select option 5.

We are confident that you will find the Frontline Absence & Time experience beneficial and enjoyable.

Should you experience difficulty using the system in any way, please contact Kelli Porterfield by phone at 724-628-3300, ext. 1302, or email at [kporterfield@casdfalcons.org](mailto:kporterfield@casdfalcons.org)

ALL AVAILABLE JOBS AND REFUSALS ARE DOCUMENTED AND REPORTED TO THE UNEMPLOYMENT COMPENSATION CLAIMS OFFICE.

\*NOTE: If there is a one (1) year lapse in substitute service, you will need to complete all new paperwork, and be re-approved by the school board. This includes obtaining new clearances and medical screenings, at your expense. The Connellsville Area School District will pay for medical screenings one time for each employee.

## About Us

### MISSION STATEMENT

"Connellsville Area School District will provide a safe, equitable, and challenging educational environment dedicated to helping all students become respectful, responsible, and resilient life-long learners prepared to proactively participate in civic life to meet the demands of the global society. "

### VISION STATEMENT

"The students of the Connellsville Area School District are successful through personal and intellectual excellence as they prepare for future endeavors. "

Substitutes should teach the lesson left by the teacher. If in a position for multiple days , substitutes are encouraged to use or create a lesson on the current topic for observation purposes. As you are called to teach, you may wish to request the building administrator grant you an observation. To the extent possible such requests will be granted. You will be given a copy of your observation report. Substitutes may be observed more than once. Each evaluation will be kept on file, and will be considered part of our process for recommending candidates for hire.

Questions concerning an observation should be directed to the observing principal.

The following are recommendations to help substitute teachers perform as expected.

1. ALWAYS REPORT TO YOUR ASSIGNED BUILDING OFFICE ON TIME, AND BE APPROPRIATELY DRESSED. IT IS IMPERATIVE THAT ALL SUBSTITUTE TEACHERS LOG ONTO THE TIME CLOCK PLUS SYSTEM WITH YOUR DISTRICT ISSUED I.D. BADGE WHEN REPORTING FOR DUTY, BEFORE GOING TO THE CLASSROOM. If possible, arrive early so you may plan interesting activities for your students. Dressing professionally will serve as a model for our students to emulate.
2. ALL DUTIES ASSIGNED TO THE REGULAR TEACHER ARE YOUR DUTIES, including homeroom, cafeteria, and hall duty.
3. A WELL-DISCIPLINED CLASSROOM IS THE BEGINNING POINT OF A LEARNING ENVIRONMENT. You cannot teach a group of rowdy individualists. They must be controlled. Don't allow students to control you with constant requests for restroom visits.
4. TEACH EVERY CLASS AS IF YOU WERE THE CLASSROOM TEACHER. Adhere to the teacher's lesson plans. Under no circumstances are you to sit with your feet resting on the desk, ignoring the class by reading books or magazines, or using your cellphone for personal use. Giving the class a study hall is NOT acceptable. Time is to be purposefully used for the education of our students.

5. ALWAYS STATION YOURSELF AT THE DOOR OF YOUR CLASSROOM DURING CHANGING OF CLASSES AND DISMISSAL.

6. AT THE CLOSE OF THE SCHOOL DAY PAY ATTENTION TO CLOSING CLEAN-UP ACTIVITIES. Your day is the same as all the teachers in the building. Please follow the bell schedule of the building. Log out on the Time Clock Plus System with your district issued I.D. badge.

If you pay attention to the six points listed above, you are on your way to a successful teaching career.

**CONNELLSVILLE AREA SCHOOL DISTRICT  
ADMINISTRATIVE PERSONNEL 2025-2026**

**DISTRICT ADMINISTRATION**

**724-628-3300**

Superintendent of Schools----- \*Richard Evans  
Assistant to the Superintendent for Curriculum, Instruction K-12, and Federal Programs  
----- Dr. Traci Kuhns  
Business Manager ----- Cherie Routzahn

**ACTIVITIES AND SERVICES**

Assistant Business Manager----- Jennifer Helms  
Director of Human Resources/Solicitor----- Timothy Witt  
Director of Buildings & Grounds----- Scott Kirsch  
Director of Athletics & Transportation----- \*Richard Evans  
Coordinator of Special Education----- Julie Bohna  
Director of Security/Attendance Coordinator/Facilities Manager----- Michael Parlak  
Director of Student Services----- Dr. Lori Rosensteel  
Director of Food Services----- Matt Triffanoff  
Director of Technology----- Kevin Ghost  
Network Systems Coordinator----- Eric Trump  
Administrative Assistant to the Superintendent/Board Secretary----- Diana DeWitt  
Access Coordinator----- Denise Petrowski

**BUILDING ADMINISTRATION**

**SECONDARY**

**Connellsville Area Senior High School**

**724-628-1350**

Principal----- Nicholas Bosnic  
Assistant Principal----- Andrew Hedrick  
Assistant Principal----- \*Dr. Tammy Stern

**Connellsville Area Career & Technical Center**

**724-626-0236**

Director----- Dr. Jeffrey McWilliams  
Workforce Development Coordinator----- Dr. Lori Rosensteel

**Connellsville Area Middle School**

**724-628-8910**

Principal----- Robert Butts  
Assistant Principal----- William Petko  
Secondary Dean of Students ----- Kyle Martin

**Falcon Online Learning Academy**

**724-628-1350**

Director of 5-12 FOLA program----- \*Dr. Tammy Stern  
Director of Elementary FOLA ----- \*Dr. Stephanie Romanishan  
Coordinator of Online Learning----- Beth Shreve

**ELEMENTARY**

Bullskin Township Elementary Principal-----Jamie Bielecki-Quinn----- 724-628-6540  
Dunbar Township Elementary Principal-----Jennifer Laskey----- 724-628-6330  
Springfield Clifford N. Pritts Elementary Principal-----Dr. Stephanie Romanishan-- 724-455-3191  
West Crawford Elementary Principal-----Dana Stepanic----- 724-628-4497  
Elementary Dean of Students ----- Lora Snyder

## Connellsville Area School District 2025-2026 Calendar

August 18	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Year Teachers
August 19, 20	Teacher In-Service Days
August 21	Teacher Clerical Day
August 25	First Student Day
September 1	Labor Day – No School
November 4	Act 80 Day (General Election Day) (Conferences – No School)
November 10	Elementary School Conferences (4-6:00)
November 11	Veterans Day – No School
November 12	Middle School Conferences (4-6:00)
November 13	Senior High Conferences (4-6:00)
November 26	Teacher In-Service/Clerical Day
November 27, 28	Thanksgiving Break – No School
December 1	Thanksgiving Break – No School
December 23	Two-Hour Early Dismissal for Students
December 24-31	Christmas Vacation – No School
January 1	New Year's Day – No School
January 2	Christmas Vacation – No School
January 19	Martin Luther King Day – No School (Make-up if needed)
February 16	President's Day – No School (Make-up if needed)
April 2	Easter Break – No School (Make-up if needed)
April 3	Good Friday – No School
April 6	Easter Break – No School (Make-up if needed)
April 7	Act 80 Day
May 19	Act 80 Day (Primary Election Day)
May 25	Memorial Day – No School
May 29	Last Student Day
May 29	Graduation
June 1	Teacher Clerical Day
TBD	Kennywood Picnic

# Connellsville Area School District

## 2025-2026 School Calendar

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

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

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

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

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

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

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

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

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

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

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

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



1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Year Teachers



End of Grading Period



Payday



First Day of School



Report Cards



Act 80 Day



Last Day of School, End of 4<sup>th</sup> Nine Weeks, Final Report Card



In-service and/or Clerical Day



No School



Two-Hour Early Dismissal For Students



No School – Make-up if needed

Board Approved 1/22/25

## PAYDAYS

Regular teachers are paid every two weeks. You are also paid every two weeks, if you work during the corresponding, in-arrears payroll period. In order to understand pay periods below are two examples.

- If paydays are September 4, 18, and October 2, 16 and 30, as a substitute, if you worked any days between September 1 and September 4 and clocked into the Time Clock Plus System, you will be paid on September 18 for those days worked.
- If you worked between September 7 and September 18, and clocked into the Time Clock Plus System, you would be paid for the days during that period on October 2.
- If you worked between September 21 and October 2, and clocked into the Time Clock Plus System, you would be paid for the days worked during that period on October 16.

YOU ARE ALWAYS PAID TWO WEEKS IN-ARREARS-----

If for any reason you cannot clock in on the Time Clock Plus system (ex: technology failure, power outage, I.D. badge, etc.) please review, complete, and submit the Time Clock Missed Punch Request Form that must be turned into the school office before leaving the building on that work day.



### Time Clock Missed Punch Request Form

Procedure: Employee will complete and obtain approval from immediate supervisor.

More information can be found in the Time Management Manual on page 2.

Employee Name: \_\_\_\_\_  
(please print)

Date of Missed Punch: \_\_\_\_\_ Time of Missed Punch: \_\_\_\_\_

Reason for Missed Punch: Forgot ID: \_\_\_\_\_

Time Clock Malfunction: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Approval from employee's immediate supervisor shall be obtained prior to Approver editing time.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Work Location

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed

***Approver must send Missed Punch Request Forms over each pay period with Time Sheets.***

Revised 11/21/2018



## RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

**TO EMPLOYERS/TAXPAYERS:**

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at [doed.pa.gov/Act32](http://doed.pa.gov/Act32) to determine PSD codes, EIT rates, and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER		
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	

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

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

**[dced.pa.gov/Act32](http://dced.pa.gov/Act32)**

**Employee's Withholding Certificate**

OMB No. 1545-0074

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.

**2025**

<b>Step 1: Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.

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: Claim Dependent and Other Credits</b>	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	3	\$ _____
<b>Step 4 (optional): 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 . . . . .	4(a)	\$ _____
	(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 . . . . .	4(b)	\$ _____
	(c) <b>Extra withholding.</b> 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

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

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 and you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**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](http://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 2025 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: 

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 . . . . . **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(b)(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 territories 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 Surviving Spouse**

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,480	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,630	4,850	5,850	6,850	8,050	9,190	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

## TERMS AND CONDITIONS OF EMPLOYMENT

### LONG-TERM SUBSTITUTE TEACHERS

The Connellsville Area School District and the Connellsville Area Education Association have agreed to the following terms and conditions for the long-term substitute teacher employment:

1. A long-term substitute shall be defined as a member of the bargaining unit who fills a temporary vacancy in the bargaining unit for at least 90 consecutive days. All substitutes working less than 90 consecutive working days shall be considered day to day substitutes.
2. The assignment of a long-term substitute employee shall be terminated upon the return of the regular employee to that position, the conclusion of the school year, or two consecutive unsatisfactory observations and evaluations by the administration.
3. All long-term substitute employees, as defined above, shall be paid the minimum legal starting salary or prorated portion thereof.
4. All paid leave for long-term substitute employees shall be based on a prorated portion of paid leave accorded regular employees, with the exception of Bereavement Leave, which shall be granted in full.
5. All long-term substitute employees shall be provided an opportunity to participate in the district's group insurance program at their own expense.

The approved rate of pay is:

Daily Rate      \$170/day with individual EPO health insurance coverage  
                         \*1 semester = 6 months of coverage; full year = 12 months coverage  
                         \$220.00 if decline health insurance coverage

### DAY TO DAY SUBSTITUTE TEACHERS

Daily Rate      \$21/hr

### DAY TO DAY SUBSTITUTE NURSES

Daily Rate      \$22/hr

**OUTSIDE TIME FOR ELEMENTARY CLASSES:**

\*It is recommended that outside time be limited to two times per week as a 20 minute period.

\*Students shall return to the classroom by 3:00 p.m.

**PRIMARY**

	Length of Period	Time Per Week
Opening	5	5
ELA	145	5
Mathematics	60	5
Science	25	5
Social Studies	25	5
Creative Writing/Handwriting	20	3
Music	35	1
Art	35	1
Health/Physical Education	35	1
Library	35	1
Computer	35	1
RTII	40	5

**INTERMEDIATE**

Opening	5	5
ELA	100	5
Mathematics	80	5
Science	60	5
Social Studies	45	5
Music	35	1
Art	25	1
Health/Physical Education	35	1
Library	35	1
Computer	35	1
Academic Intervention	30	3

**\*Other health related educators will supplement the health content standards.**

BELL SCHEDULE FOR ELEMENTARY	Time	Activity
	8:15 - 9:00 a.m.	Teacher Planning Time
	9:00 a.m.	Breakfast Program Begins
	9:00 - 9:20 a.m.	Students Report to Classroom
	9:20 a.m.	Classes Begin
	3:25 p.m.	Student Dismissal

DATE \_\_\_\_\_

TAUGHT FOR \_\_\_\_\_

TO: SUBSTITUTE TEACHERS

FROM: OFFICE OF THE PRINCIPAL

The regular teacher should be informed as to what was covered in class during their absence. We would appreciate your assistance. Please write a short statement as to what was covered in each class and what work, if any, was assigned. Add any comments that you feel may be of help to the teacher in adding continuity to your lesson. Please also include any comments regarding notable disciplinary or other student issues that occurred during their absence.

Was a Lesson Plan available? \_\_\_\_\_ A seating chart? \_\_\_\_\_

Substitute Teacher \_\_\_\_\_

(Signature)

**PLEASE COMPLETE THIS FORM AND RETURN IT TO THE OFFICE WITH PAY SLIP AND TEACHER'S FOLDER.**

## CONNELLSVILLE AREA SCHOOL DISTRICT BELL SCHEDULE

<b>ELEMENTARY LEVEL</b>	<b>ITINERANT PERIODS</b>		Lunch Passing Time	12:20-12:25
Teachers Report 8:15 a.m.	Period 1	9:20-10:00	Lunch Passing Time	1:00-1:05
Students Report 9:00 a.m.	Period 2	10:00-10:35	Period 6	12:25-1:00
Classes Begin 9:20 a.m.	Period 3	10:35-11:10	Period 7	1:05-1:40
Student Dismissal 3:25 p.m.	Period 4	11:10-11:45	Period 8	1:40-2:15
Teacher Dismissal 3:40 p.m.	Period 5	11:45-12:20	Period 9	2:15-2:50
			Period 10	2:50-3:25

<b>ELEMENTARY LUNCH</b>	<b>(K-1)</b>	<b>(GR 2-3)</b>	<b>(GR 4-5)</b>
Bullskin Township	11:45-12:20	12:25-1:00	1:05-1:40
Dunbar Township	11:45-12:20	12:25-1:00	1:05-1:40
Springfield CNP	11:45-12:20	12:25-1:00	1:05-1:40
West Crawford	11:45-12:20	12:25-1:00	1:05-1:40

### SECONDARY LEVEL

SENIOR HIGH	MIDDLE SCHOOL	CACTC
6:55 Teachers Report	7:05 Homeroom Teachers Report	6:45-7:27 Teachers Report/Prep
7:00 Students Report	7:05 Students Report	7:27 Students Report
	7:05-7:25 Breakfast	7:27 Students Report to Homeroom
No Homeroom	7:25-7:32 Homeroom	7:30-7:35 Attendance/Announcements
7:15-7:55 PERIOD 1	7:36-8:20 PERIOD 1	7:38-8:19 PERIOD 1
7:59-8:38 PERIOD 2	8:24-9:08 PERIOD 2	8:22-9:04 PERIOD 2
8:42-9:21 PERIOD 3	9:12-9:56 PERIOD 3	9:07-9:49 PERIOD 3
9:25-10:04 PERIOD 4	10-10:30 <b>LUNCH</b> GRADE 6 10-10:44 PERIOD 4 GRADE 7 & 8	9:52-10:34 PERIOD 4
10:08-10:47 PERIOD 5 <b>LUNCH I</b>	10:34-11:18 PERIOD 5 GR. 6 10:48-11:18 <b>LUNCH</b> GR. 7 10:48-11:32 PERIOD 5 GR. 8	10:37-11:07 <b>LUNCH</b> GR. 11 10:37-11:15 PERIOD 5 GR. 12
10:51-11:30 PERIOD 6 <b>LUNCH II</b>	11:22-12:06 PERIOD 6 GR. 6 & 7 11:36-12:04 <b>LUNCH</b> GR. 8	11:11-11:49- PERIOD 6 GR. 11 11:19-11:49 <b>LUNCH</b> GR. 12
11:34-12:13 PERIOD 7 <b>LUNCH III</b> 12:17-12:51 FALCON TIME	12:10-12:54 PERIOD 7	11:53-12:35 PERIOD 7
12:55-1:34 PERIOD 8	12:58-1:42 PERIOD 8	12:39-1:21 PERIOD 8
1:38-2:17 PERIOD 9	1:46-2:30 PERIOD 9	1:25-2:07 PERIOD 9
FINAL ANNOUNCEMENTS	FINAL ANNOUNCEMENTS	FINAL ANNOUNCEMENTS
2:17 STUDENT DISMISSAL	2:30 STUDENT DISMISSAL	2:07 STUDENT DISMISSAL
2:20 TEACHER DISMISSAL	2:30 HOMEROOM TEACHERS	2:10 TEACHER DISMISSAL

DATE: \_\_\_\_\_

SUBSTITUTED FOR: \_\_\_\_\_

TO: SECONDARY SUBSTITUTE TEACHERS  
FROM: OFFICE OF THE PRINCIPAL

TO HELP THE REGULAR TEACHER INFORMED AS TO WHAT WAS COVERED IN CLASS DURING HIS/HER ABSENCE, WE WOULD APPRECIATE YOUR ASSISTANCE. PLEASE WRITE A STATEMENT AS TO WHAT WAS COVERED IN EACH CLASS AND WHAT WORK, IF ANY, WAS ASSIGNED. ADD ANY COMMENTS THAT YOU FEEL MAY BE OF HELP TO THE TEACHER IN ADDING CONTINUITY TO YOUR LESSON. PLEASE ALSO INCLUDE ANY COMMENTS REGARDING NOTABLE DISCIPLINARY OR OTHER STUDENTS ISSUES THAT OCCURRED DURING THEIR ABSENCE.  
HOMEROOM OR HALL DUTY;

Period 1

Period 2

Period 3

Period 4

Period 5

Period 6

Period 7

Period 8

WAS A LESSON PLAN AND SEATING CHART AVAILABLE? \_\_\_\_\_

SUBSTITUTE TEACHER'S NAME: \_\_\_\_\_

Please complete this form and return it to the office at the end of the day.



Thank you

CONNELLSVILLE AREA SCHOOL DISTRICT  
AVAILABILITY QUESTIONNAIRE

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

I WISH TO BE CLASSIFIED FOR THE FOLLOW SUBSTITUTE POSITIONS:  
(PLEASE MARK ALL THAT APPLY)

POSITIONS	YES	NO
DAY TO DAY ONLY		
EXTENDED ASSIGNMENT SUBSTITUTE (2 WEEKS OR MORE)		
LONG TERM (FILLING A TEMPORARY VACANCY FOR AT LEAST 90 CONSECUTIVE WORKING DAYS)		
HOMEBOUND INSTRUCTIONS		
TUTORING		
FULL TIME EMPLOYMENT		

PLEASE LIST YOUR AREA(S) OF CERTIFICATION **OR** IF EMERGENCY SUB:

\_\_\_\_\_

DID YOU GET FULL TIME EMPLOYMENT OUTSIDE OF THE DISTRICT? \_\_\_\_\_  
IF YES, DO YOU WISH TO REMAIN ON THE SUB LIST? \_\_\_\_\_

AT TIMES OUR NEED FOR SUBSTITUTE TEACHERS WITH SPECIFIC CERTIFICATION MAY EXCEED THE NUMBER AVAILABLE. WE MUST THEN ASSIGN A SUBSTITUTE TO A POSITION OUTSIDE HIS/HER AREA OF CERTIFICATION. PLEASE REVIEW THE FOLLOWING AREA(S) YOU WISH TO BE CONSIDERED FOR SUBSTITUTE TEACHING SHOULD A NEED OCCUR.

SECONDARY				ELEMENTARY	
ART	READING	LIBRARY		GIFTED	
BUS ED	SPANISH	MUSIC, INST.		LIBRARY	
COMPSCI	SPECIAL ED	PHYS. ED		MUSIC, INST.	
ENGLISH	GIFTED	MATH		MUSIC, VOCAL	
FRENCH	FAMILY/CON SCI	SCIENCE		PHYS ED	
GERMAN	IND ARTS	SOC STUDIES		SPECIAL ED	

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

\*\*\*\*PLEASE RETURN THIS FORM TO

**Board Approved May 25, 2005**

**CONNELLSVILLE AREA SCHOOL DISTRICT**  
**School Safety Committee Policy**

It is the policy of the Connellsville Area School District to provide an active Safety & Health Program. The objective of the program is to ensure a safe environment for all employees, students, and visitors, as well as to protect school district building, equipment, and other property.

A safety committee shall be implemented to help attain these goals. Some of the "tools" used by the committee shall include, but not be limited to:

- (1) Performing safety inspections of school building and grounds.
- (2) Reviewing accident report and accident investigation forms.
- (3) Promoting safety awareness throughout the district.
- (4) Implementing required safety programs as mandated by the government.
- (5) Organizing and/or providing a safety training program for the staff.
- (6) Reviewing appropriate procedures and recommending changes as necessary.

The safety committee chairperson will give monthly reports to the superintendent, and an annual report to the school board regarding the status of the district's safety program.

The complete cooperation of all personnel concerning this crucial program is expected.

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## MANDATED REPORTERS

Mandated Reporters are defined under the **Pennsylvania Child Protective Services Law (CPSL), Section 6311. Persons required to report suspected child abuse:**

**Mandated Reporters.** – The following adults shall make a report of suspected child abuse, subject to subsection (B), if the person has reasonable cause to suspect that a child is a victim of child abuse:

1. A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State,
2. A medical examiner, coroner or funeral director,
3. An employee of a health care facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals,
4. A school employee,
5. An employee of a child care service, who has direct contact with the children in the course of employment,
6. A clergyman, priest, rabbi, minister, Christian science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization,
7. An individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, is a person responsible for the child's welfare or has direct contact with children,
8. An employee of a social services agency, who has direct contact with children in the course of employment,
9. A peace officer or law enforcement official,
10. An emergency medical services provider certified by the Department of Health,
11. An employee of a public library, who has direct contact with children in the course of employment,
12. An individual supervised or managed by a person listed under paragraphs (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), (13) who has direct contact with children in the course of employment,
13. An independent contractor,
14. An attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance, or control of children,
15. A foster parent,
16. An adult family member who is a person responsible for the child's welfare and provides services to a child in a family living home, community home for individuals with an intellectual disability or host home for children which are subject to

supervision or licensure by the department under Articles IX and X of the act of June 13, 1967 (P.L.31, No.21), known as the Public Welfare Code.

**Basis to Report. –**

A mandated reporter enumerated in subsection (A) shall make a report of suspected child abuse or cause a report to be made in accordance with Section 6313 (relating to reporting procedure), if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

1. The mandated reporter comes into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity of service,
2. The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization, or there entity that is directly responsible for the care, supervision, guidance or training of the child,
3. A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse,
4. An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

Nothing in this section shall require a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse,

Nothing in this section shall require the mandated reporter to identify the person responsible for the child abuse to make a report of suspected child abuse.

**Staff members of institutions, etc.-**

Whenever a person is required to report under subsection (B) in the capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, that person shall report immediately in accordance with section 6313 and shall immediately thereafter notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge. Upon notification, the person in charge or the designated agent, if any, shall Facilitate the cooperation of the institution, school, and facility or agency with the investigation of the report. Any Intimidation, retaliation or obstruction in the investigation of the report is subject to the provisions of 18 Pa.C.S. § 4958 (relating to intimidation, retaliation or obstruction in child abuse cases). This chapter does not require more than one report from any such institution, school, facility or agency.

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## **FAILURE TO REPORT OR REFER PENALTIES**

Penalties for failure to report or refer suspected or actual child abuse under the **Pennsylvania Child Protective Services Law (CPSL), Section 6319** include the following:

### **Failure to report or refer. -**

1. A person or official require by this chapter to report a case of suspected child abuse or to make a referral to the appropriate authorities commits an offense if the person or official willfully fails to do so.
2. An offense under this section is a felony of the third degree if
  1. The person or official willfully fails to report;
  2. The child abuse constitutes a felony of the first degree or higher; and
  3. The person or official has direct knowledge of the nature of the abuse.
3. An offense not otherwise specified in paragraph (2) is a misdemeanor of the second degree.
4. A report of suspected child abuse to law enforcement or the appropriate county agency by a mandated reporter, made in lieu of a report to the department, shall not constitute an offense under this subsection, provided that the report was made in a good faith report to comply with the requirements of this chapter.

**Continuing course of action.** – If a person’s willful failure under subsection (A) continues while the person knows or has reasonable cause to believe the child is actively being subjected to child abuse, the person commits a misdemeanor of the first degree except that if the child abuse constitutes a felony of the first degree or higher, the person commits a felony of the third degree.

**Multiple offenses.** – A person who commits a second or subsequent offense under subsection (A) commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offenses is a felony of the second degree.

**Statute of limitations.** – The statute of limitations for an offense under subsection (A) shall be either the statute of limitation for the crime committed against the minor child or five years, whichever is greater.

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## GOOD FAITH PROTECTION

### **Under the Pennsylvania Child Protective Services Law (CPSL), Section 6318(c) Immunity from liability, as amended:**

**Presumption of good faith.**- For the purpose of any civil or criminal proceeding, the good faith of a person required to report pursuant to section 6311 (relating to persons required to report suspected child abuse) and of any person required to make a referral to law enforcement officers under this chapter shall be presumed.

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## FALSE REPORTING PENALTIES

**Under Pennsylvania law, 18 Pa.C.S.A. § 4906.1, filing a false report of child abuse is illegal:**

A person commits a misdemeanor of the second degree if the person intentionally or knowingly makes a false report of child abuse under 23 Pa.C.S. Ch. 63 (relating to child protective services) or intentionally or knowingly induces a child to make a false claim of child abuse under 23 Pa.C.S. Ch. 63.

A false report may be a report of child abuse and/or neglect that is made to the ChildLine, which is not true and is maliciously made for the purpose of:

- Harassing, embarrassing, or harming another person;
- Personal benefit for the reporting person in any other private dispute involving a child;
- Personal financial gain for the reporting person; and/or
- Acquiring custody of a child.

**If you have reasonable cause to suspect that a child is being abused, you can report it to Childline by calling:**

**1-800-932-0313**