

Welcome to Pennsylvania Western University!

Please complete the attached payroll forms so that we may activate you on our payroll system.

Our payroll is processed biweekly and after-the-fact. Thus, your check is always for the prior two-week pay period. Paychecks **cannot** be advanced or released prior to payday, without exception; therefore, you are encouraged to use direct deposit. Should a payday occur on an observed holiday, the processing schedule will be adjusted, and payday will precede the holiday.

If you have been appointed with benefits, please check your university email to see your benefits and retirement plan options.

For direct deposit or payroll deductions into your financial institution, you must notify HRConnect prior to closing or changing your account(s). Failure to do so will result in a delay of payment to you.

Should you have any questions or concerns, please feel free to contact HRConnect at 717-720-4040 or [passhe.service-now.com](http://passhe.service-now.com). Please return your completed payroll forms to the local Human Resources office on or before the first day of work.

## EMPLOYEE INFORMATION

1. DATE: \_\_\_\_\_ 2. SOCIAL SECURITY NUMBER: \_\_\_\_\_
3. NAME (EXACTLY AS ON YOUR SOCIAL SECURITY CARD): \_\_\_\_\_
4. DATE OF BIRTH: \_\_\_\_\_ 5. GENDER: \_\_\_\_\_
6. RESIDENCE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
7. TELEPHONE NUMBER: \_\_\_\_\_ Unlisted: YES / NO ? \_\_\_\_\_
8. EMERGENCY CONTACT INFORMATION:  
NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
9. ARE YOU PRESENTLY A MEMBER OF ONE OF THE RETIREMENT PLANS LISTED BELOW: YES / NO ? \_\_\_\_\_  
(PSERS) PENNSYLVANIA PUBLIC SCHOOL EMPLOYEES RETIREMENT SYSTEM: \_\_\_\_\_  
(SERS) PENNSYLVANIA STATE EMPLOYEES RETIREMENT SYSTEM: \_\_\_\_\_  
(ARP) ALTERNATIVE RETIREMENT PLAN: \_\_\_\_\_
10. ARE YOU PRESENTLY AN ANNUITANT (RETIRED FROM) OF PSERS, SERS, or ARP? YES/NO \_\_\_\_\_  
IF YES, WHICH PLAN? PSERS \_\_\_\_\_ SERS \_\_\_\_\_ ARP \_\_\_\_\_ DATE OF RETIREMENT: \_\_\_\_\_

FOR PAYROLL USE ONLY:				
PERNER:	CDC:	TIMEKEEPER:	INPUT BY:	INPUT DATE:

**ELECTION FOR FACULTY MEMBERS OF PAY PERIODS  
FOR ACADEMIC YEAR'S SALARY**

I hereby elect to receive my academic years' salary over:

TWENTY-SIX (26) PAY PERIODS

TWENTY (20) PAY PERIODS

I understand that if I elect payment over twenty-six (26) pay periods, these payments shall commence at the beginning of the academic year, as would be the case if I were being paid over twenty (20) pay periods. Also, if I elected to receive payment over twenty-six (26) pay periods, in no event shall I receive more compensation in twenty-six (26) pay periods than I would have received in twenty (20) pays. I understand that no change to this election may be made by me unless approved by the APSCUF and State System of Higher Education. I also understand that this election shall in no way diminish any additional compensation to which I may be entitled for summer employment.

I understand that by signing this form, I also agree not to file a grievance if an error occurs during the processing of my pay option change. I also understand that if I elect to convert from the twenty-six (26) pay option to the twenty (20) pay option and have a current outstanding conversion payment, that conversion payment will be recovered from the first payment of the academic year, which is affected by this change.

\_\_\_\_\_  
Signature of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personnel Number of Faculty Member

\_\_\_\_\_  
University Name

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

<b>Step 1:</b> <b>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.)		

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 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:</b> <b>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		<b>3</b> \$ _____
<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		<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period		<b>4(c)</b> \$ _____

**Step 5: Sign Here**

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

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

\_\_\_\_\_  
Date

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

## 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](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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

**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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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](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.

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 2024 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.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

## DEPARTMENT OF EDUCATION

At the direction of the U.S. Department of Education, we are required to obtain information on the ethnicity and racial identity of all Commonwealth employees. This information is being gathered to insure that the Commonwealth's affirmative action program to achieve equal employment opportunities is being effectively implemented. Please select **both** an ethnicity and race category. You may indicate one or more races.

### 1. What is your ethnicity? (Select One)

- HISPANIC or LATINO** -A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.
- NOT HISPANIC or LATINO**

### 2. What is your race? (Select One or More)

- AMERICAN INDIAN or ALASKA NATIVE** -A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ASIAN**- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- BLACK or AFRICAN AMERICAN** - A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER** - A person with origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- WHITE**- A person in any of the original peoples of Europe, the Middle East, or North Africa.

---

SIGNATURE

---

DATE



## RESIDENCY CERTIFICATION FORM

### Local Earned Income Tax Withholding

#### TO EMPLOYERS/TAXPAYERS:

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

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

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name) Pennsylvania Western University		EMPLOYER FEIN	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE PA	ZIP CODE	PHONE NUMBER 717-720-4040
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-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:**

**[www.newPA.com](http://www.newPA.com)**





## DIRECT DEPOSIT AUTHORIZATION FORM

### How Direct Deposit works –

The Pennsylvania State System of Higher Education notifies your financial institution electronically of the funds to be deposited on your behalf. Your financial institution records this transaction into an account of your choice, creating immediate access on the day of deposit. You receive an earnings statement documenting this payment. If you desire to make a direct deposit into more than one institution, you must complete a form for each institution. Only one deposit can be made to one account at each institution.

- ✓ **It's convenient** – saves you a trip to the bank.
- ✓ **It's faster** – most banks post the funds to your account at the beginning of the day's business on payday allowing immediate access.
- ✓ **It's safer** – Direct Deposit eliminates the worry of a lost or stolen paycheck.
- ✓ **It's confidential** – funds are automatically processed and you can instruct your bank to apply them to your savings or checking account.

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Name \_\_\_\_\_ Personnel Number \_\_\_\_\_  
(may be found on pay statement)

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

Financial Institution Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type (Savings/Checking) \_\_\_\_\_

Deduction Amount (\$ Amount) \_\_\_\_\_

Effective with pay date of \_\_\_\_\_

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

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

Co-Signature **(Required if Joint Account)** \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

# LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year (MUST BE COMPLETED EVERY YEAR)

## APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

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

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

Soc Sec #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

1. \_\_\_\_\_ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**
  
2. \_\_\_\_\_ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN \_\_\_\_\_ (municipality or school district) WILL BE LESS THAN \$ \_\_\_\_\_: Attach copies of your last pay statements or your W-2 for the year prior.  
  
If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
  
3. \_\_\_\_\_ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
  
4. \_\_\_\_\_ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

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

Tax Office: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone #: \_\_\_\_\_

Zip: \_\_\_\_\_

### IMPORTANT NOTE TO EMPLOYERS

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

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

**1. PRIMARY EMPLOYER**

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

**4.**

**5.**

**6.**

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

**PLEASE NOTE:**

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

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

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Not Required for PA Residents



4190020105

**REV-419**

## EMPLOYEE'S NONWITHHOLDING APPLICATION CERTIFICATE

**20**     

Please print or type. A fill-in form may be obtained from [www.revenue.pa.gov](http://www.revenue.pa.gov).

### SECTION I EMPLOYEE INFORMATION

Employee Name: first, middle initial, last				Social Security Number	Telephone Number
Street Address	City	State	Zip Code	Tax Year (not necessary if checking Box b below)	

### SECTION II EXEMPTION INFORMATION

I claim exception from withholding because:

- a. I qualified for Tax Forgiveness of my PA personal income tax liability last year, and had a right to a full refund of all income tax withheld and/or I expect to qualify for Tax Forgiveness of my PA personal income tax liability this year and expect to have a right to a full refund of all income tax withheld.
- b. I declare I am a resident of the reciprocal state checked below:  
 INDIANA     MARYLAND     NEW JERSEY     OHIO     VIRGINIA     WEST VIRGINIA  
and that pursuant to the reciprocal tax agreement between that state and PA, I claim an exemption from withholding of PA personal income tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania.
- c. I certify I am a legal resident of the state of \_\_\_\_\_ and am not subject to Pennsylvania withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended, and as set forth in revised Personal Income Tax Bulletin 2010-01.

### SECTION III CERTIFICATION

Under penalties of perjury, I certify that I did not incur any Pennsylvania personal income tax liability during the preceding tax year and/or I do not expect to incur any liability during the current tax year based on the reason(s) indicated above.

Employee Signature		Date
Employer Name PA State System of Higher Education	Federal Employer Identification Number 25-1690694	
Business Address 2300 Vartan Way, Suite 207	Telephone Number (717) 720-4040	
City Harrisburg	State PA	Zip Code 17110
Employer's Signature	Employee's Quarterly Compensation (not required for applicants checking Box b or c above) \$	



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## Policy IT001: Acceptable Use Policy

**Recommended for Approval by:** Fawn Petrosky, Interim Vice President for Administration and Finance

**Approved by:** Dr. Dale-Elizabeth Pehrsson, President, Pennsylvania Western University;  
Pennsylvania Western University Executive Cabinet

**Effective Date:** 07/01/2022

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### A. Intent

This policy applies to all users including faculty, staff, students, contractors and guest users of the Pennsylvania Western University (PennWest) computer network resources, equipment, or connecting resources. Use of the University's Information Technology Resources signifies agreement to comply with this policy.

While the University recognizes the role of privacy in an institution of higher learning and will attempt to honor that ideal, there should be no expectation of privacy of information stored on or sent through University-owned information technology, unless the law establishes a privacy right that is enforceable against the University. There may be instances where the University may be required to provide information stored in its Information Technology Resources to someone other than the user as a result of court order, investigatory process, or in response to a request authorized under Pennsylvania's Right-to-Know statute (65 P.S. §67.101 et seq.). Information stored by the University may also be viewed by technical staff working to resolve technical issues.

The purpose of this policy is to address the use of University issued/owned Information Technology Resources.

PennWest provides numerous Information Technology Resources for use by the University's students, faculty, and staff. The term Information Technology Resources includes, but is not limited to, all University computing equipment, storage devices, and any electronic device issued by the University and intended for business purposes, as well as software, systems, and networks. The use of Information Technology Resources includes the electronic communications over and through such devices. These resources are provided to support the University's mission and institutional goals. The use of these systems is a privilege and all users are expected to act responsibly and to follow the University's policies and any applicable local, state and federal laws (e.g., copyright, criminal use of a communication device, harassment, etc.) related to the use of these resources.

### B. Definition(s)

User – a.k.a “end user”. Any individual who uses a computer or other information technology resource that is controlled, managed or owned by Penn West.

### C. Policy

- **Responsibilities of User of University Information Technology Resources:**
  - Respect the intellectual property rights of authors, contributors, and publishers in all media;
  - Protect user identification, password, information and system from unauthorized use;
  - Report lost or stolen devices, including devices that contain private or University information to IT immediately upon discovery of the loss;
  - Adhere to the terms of software licenses and other contracts. Persons loading software on any University computer must adhere to University contracting requirements and all licensing requirements for the software. Except where allowed by the University site licenses, copying software licensed for University use for personal use is a violation of this policy;
  - Adherence to all other applicable University policies and/or terms of any collective bargaining agreement;
  - To use the University Information Technology Resources in a manner that complies with State and Federal law. Adherence to all other applicable University policies and/or terms of any collective bargaining agreement;
  - Participate in required Security Awareness Training to learn how to better protect University Accounts, Systems, and Data.
  
- **Prohibited Uses of University Information Technology Resources:**
  - Providing false or misleading information to obtain a University computing account, or hiding or disguising one’s identity to avoid responsibility for behavior in the use of information technologies;
  - Unauthorized use of another user’s account, to include account sharing;
  - Attempting to gain or gaining unauthorized access to University Information Technology Resources, or to the files of another;
  - Performing any act(s) that impede the normal operation of or interfere with the proper functioning of University Information Technology Resources;
  - Interfering with the security mechanisms or integrity of the University’s Information Technology Resources;
  - Use of the University Information Technology Resources to transmit material, chain letters, spam, or communications prohibited by state or federal law;
  - Transmitting or displaying media content in a manner that violates the University’s sexual harassment policy;
  - Copyright infringement, including illegal file sharing of video, audio, software or data;



- Excessive use that overburdens the Information Technology Resources to the exclusion of other users;
  - Personal use by employees that interferes with an employee's ability or availability to perform their job responsibilities;
  - Use of the University Information Technology Resources for personal profit, commercial reasons, non-University fundraising, political campaigns or any illegal purpose;
  - The prohibition against using University Information Technology Resources for personal profit does not apply to:
    - Scholarly activities, including the writing of textbooks or preparation of other teaching material by faculty members; or
    - Other activities that relate to the faculty member's professional development.
    - Other activities as approved by the University President
  - Non-authorized solicitations on behalf of individuals, groups, or organizations are prohibited;
  - Intentionally or knowingly installing, executing, or providing to another, a program or file, on any of the University's Information Technology Resources that could result in the damage to any file, system, or network. This includes, but is not limited to computer viruses, malware, killware, ransomware, Cryptomining, Trojan horses, worms, spyware or other malicious program(s) or file(s).
- **Copying and copyright infringement:** the University respects and upholds the rights of holders of copyrights, their agents and representatives. It is the responsibility of employees and students to be aware of the rights of copyright owners. Legal use of copyrighted material can include, but is not limited to, ownership, license or permissions, and fair use under the US Copyright Act. Illegal use includes:
    - Reproducing or allowing others to reproduce copyrighted software material in any form without proper authorization, or not in keeping with the University's copyright regulations or federal and state laws.
    - The use of software applications that allow for the direct sharing of copyrighted works without the permissions of the copyright holder.
  - **Email Communication:** The PennWest email system is considered an official means of communication and all students and employees are responsible for information sent to them via their PennWest account. All students and employees are given a PennWest email account. With respect to those email accounts:
    - It is the responsibility of the email account owner to delete unwanted messages and attachments, and to otherwise maintain their account.
    - Students, Faculty, and Staff must use their University e-mail account for all University business. In order to protect University information and clearly distinguish official University business as opposed to personal communications, users are not permitted to use non-university email accounts (e.g. personal gmail, yahoo, Comcast, etc.) to conduct University business. Students, Faculty,

and Staff e-mail accounts may not be configured to redirect e-mail to personal accounts (gmail, yahoo, other e-mail providers) nor may students, faculty, and staff personal accounts be configured to send e-mail on behalf of their PennWest e-mail account.

- It is expected that students and employees will check their PennWest email accounts on a frequent and consistent basis.

- **Enforcement:**

A University employee or student who violates this policy risks a range of sanctions imposed by relevant University disciplinary processes, ranging from denial of access to any or all Information Technology Resources up to and including termination (for an employee) or dismissal (for a student). They also risk referral for prosecution under applicable local, state or federal laws.

Enforcement of this policy may be subject to the terms and conditions of the various collective bargaining agreements that apply to faculty and staff.

By signing below, the user of PennWest IT resources acknowledges receipt of a copy of this document and agrees to comply with the policies herein.

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Employee Printed Name and Signature

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Date



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## PennWest University Information Technology Services Faculty-Staff Computer Account Agreement

Employees are assigned Computer Accounts to access University Technology Resources at PennWest University. Information Technology Resources includes, but is not limited to, Email, File Services, and Internet Access. Use of these resources is subject to the Acceptable Use Policy.

Please complete the New Employee Information section. By signing this form, you agree to comply with applicable PennWest University Policies and Procedures.

### New Employee Information

Print Name: \_\_\_\_\_  
Last Name First Name

Campus: \_\_\_\_\_

Department: \_\_\_\_\_ Mailbox #: \_\_\_\_\_

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

New Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Human Resources Confirmation

Print Name: \_\_\_\_\_  
Last Name First Name

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Administrative Use – Do not write below this line**

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Username Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

## MEMO

**TO: All Faculty, Staff, Student Workers, Volunteers, Program Administrators and Contractors**

**SUBJECT: Reporting of Arrests or Convictions and Reporting Suspected Child Abuse**

As required by the Child Protective Services Law, effective December 31, 2014, all employees, volunteers, and program administrators must self-report within 72 hours if they are arrested or convicted of certain reportable offenses outlined in the law. Attached you will find the form (Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses) to be used to report those offenses. Also included is a confirmation sheet to confirm you have received and read this memo and the form.

If the university or program administrator has a reasonable belief that an employee or volunteer has been arrested or convicted of a reportable offense or was named as perpetrator in a founded or indicated report, or if an employee or volunteer has provided notice of activity that would be sufficient to deny employment or program participation, the university or program administrator must immediately require the employee or volunteer to immediately submit current information as required to secure the three background clearance checks. Any employee or volunteer who fails to comply with this paragraph may be subject to discipline up to and including termination or removal.

Report Suspected Child Abuse – In a situation of suspected child abuse, all State System administrators, faculty, coaches, staff, student workers, independent contractors, and volunteers are mandated reporters under State System Policy. You, as a mandated reporter must immediately contact the Department of Human Services (DHS) by calling 1-800-932-0313 to report suspected child abuse. Immediately following the report to DHS, the mandated reporter must notify the Office of Diversity, Equity and Inclusion and the Chief of the University Campus Police Department.

Please see State System Policy 2014-01-A: Protection of Minors for detailed information on reporting obligations. Please feel free to call the Human Resources Office with any questions.



**Pennsylvania's State System of Higher Education**  
**72-Hour Self-Reporting of Reportable Offenses**  
*(Under the Child Protective Services Law)*

**Please read this entire form carefully before completing it.** This form is to be used by current employees, volunteers, and applicants for employment to provide written notice within 72 hours after an arrest or conviction for a Reportable Offense or notice of being listed in the statewide database as a perpetrator of a founded or indicated report of child abuse.

### Section 1. Personal Information

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Any former names or aliases by which you have been identified: \_\_\_\_\_

### Section 2. Instructions

Individuals completing this form are required to submit the form to the administrator or other person responsible for employment decisions at the university. If you have questions regarding to whom the form should be sent, please contact your supervisor or the office of human resources at the university.

If you have any question about whether to report an offense, you should report it. An employee or volunteer who willfully fails to disclose information required for self-reporting could be charged with a misdemeanor of the third degree and may be subject to discipline up to and including termination or denial of employment or volunteer position.

#### List of Reportable Offenses

A Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. § 6344(c), consists of one or more of the following:

(i) Provisions of Title 18 of the Pennsylvania Consolidated Statutes (relating to crimes and offenses) or an equivalent crime under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania:

- Chapter 25 relating to criminal homicide
- Section 2702 relating to aggravated assault
- Section 2709.1 relating to stalking
- Section 2901 relating to kidnapping
- Section 2902 relating to unlawful restraint
- Section 3121 relating to rape
- Section 3122.1 relating to statutory sexual assault
- Section 3123 relating to involuntary deviate sexual intercourse
- Section 3124.1 relating to sexual assault
- Section 3125 relating to aggravated indecent assault
- Section 3126 relating to indecent assault
- Section 3127 relating to indecent exposure
- Section 4302 relating to incest
- Section 4303 relating to concealing death of a child
- Section 4304 relating to endangering welfare of children
- Section 4305 relating to dealing in infant children
- A felony offense under Section 5902(b) relating to prostitution and related offenses
- Section 5903(c) or (d) relating to obscene and other sexual materials and performances
- Section 6301 relating to corruption of minors
- Section 6312 relating to sexual abuse of children
- A felony offense under section 2718 (relating to strangulation)
- A felony offense under section 3301 (relating to arson and related offenses)
- An offense under [18 U.S.C. § 2261](#) (relating to interstate domestic violence) or § 2262 (relating to interstate violation of protection order)
- the attempt, solicitation, or conspiracy to commit any of the above

- (ii) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," committed within the preceding five-year period.
- (iii) A founded report or indicated report of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.
- (iv) Identification on the National Crime Information Center National Sex Offender Registry or on a state's sex offender registry.

### Section 3. Report of Arrest or Conviction

By checking this box, I report that I have been:

- arrested for, or convicted of one of more of the following under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania: a Reportable Offense; an offense similar in nature to a Reportable Offense; the attempt, solicitation, or conspiracy to commit a Reportable Offense or offense similar in nature to a Reportable Offense; and/or
- named as a perpetrator of a founded or indicated report in the statewide database maintained by the Department of Human Services.

(See Section 2 for a list of Reportable Offenses.)

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 4. Certification

*By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, accurate, 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

**REPORTING OF ARRESTS OR CONVICTIONS**

**Confirmation Form  
For  
Pennsylvania Western University**

I understand I must provide written notice to the Director of Human Resources within 72 hours after:

- 1) an arrest or conviction for one of the Reportable Offenses named on *Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses Form*.
- 2) notice of being listed in the state wide database as a perpetrator of a founded or indicated report of child abuse.

For this purpose, written notice shall mean completing *Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses Form* and providing it to Human Resources.



I confirm that I have **RECEIVED and READ** the Memo from Human Resources and *Pennsylvania's State System of Higher Education 72-Hour Self-Reporting of Reportable Offenses Form*.

**I UNDERSTAND I must self-report within 72 hours if arrested or convicted of any of the reportable offenses outlined on the form.**

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Signature

Date

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(Please Print Name)