



TO: *New Employees*
 FROM: *James P. Ahearn*
Director of Payroll

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, someone from our Human Resource Department will meet with you to explain your benefits and retirement plan options.

Should you choose direct deposit or payroll deductions into your financial institution, you must notify this office 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 the Payroll office by phone at (724) 938-4426 or via email. Your completed payroll forms should be returned to California University of PA, 250 University Avenue, California, PA, 15419, attention Payroll (Box #10). You must include notarized zeroxed copies of employment eligibility documents (see back of Form I9) if you cannot return these forms in person.

Thank you and welcome to California University of PA.

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:

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

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			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
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	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN			
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)						
SECOND LINE OF ADDRESS						
CITY		STATE	ZIP CODE		PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)						
COUNTY		WORK LOCATION PSD CODE			WORK LOCATION NON-RESIDENT EIT RATE	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

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



State System of Higher Education

The System Works for Pennsylvania

Direct Deposit Authorization

Name _____ Social Security Number _____

I hereby authorize the State System of Higher Education to (check one) ___ Start ___ Change ___ Stop total bi-weekly 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.

Account Number 1:

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account (Checking or Savings) _____

YOUR NET CHECK WILL BE DEPOSITED TO THIS ACCOUNT

Please complete the following if you would like a flat dollar figure going to another account in a different financial institution:

Account Number #2:

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account (Checking or Savings) _____

Deduction Amount (**Designate Dollar Amount**) _____

Effective with pay date of _____

I have an established account at the Financial Institution indicated above, and authorize the 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) indicated 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 I terminate my employment with the State System of Higher Education.

Date _____ Signature _____

Co-Signature (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 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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

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

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



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

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

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

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

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

All documents must be UNEXPIRED

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

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

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



ACCEPTABLE USE POLICY

Purpose:

The purpose of this policy is to address the use of university issued/owned information technology resources.

California University 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, personal data assistants, cellular phones, storage devices, and any electronic device issued by the university and intended for business purposes, as well as software, systems, and networks. 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.

Scope:

This policy applies to all users including faculty, staff, students, contractors and guest users of the California University 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 every attempt will be made 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.

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

The California University community endeavors to embrace the three core values: Integrity, Civility, and Responsibility. All users of university resources should adhere to these values and act accordingly.



Policy:

Acceptable Use of Information Technology Resources

A. Responsibilities of User of University Information Technology Resources:

1. Respect the intellectual property rights of authors, contributors, and publishers in all media;
2. Protect user identification, password, information and system from unauthorized use;
3. Report lost or stolen devices, including devices that contain private or university information to IT within 24 hours of discovery of the loss;
4. Adhere to the terms of software licenses and other contracts. Persons loading software on any University computer must adhere to 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;
5. Adherence to all other applicable university policies and/or terms of any collective bargaining agreement;
6. To use the university information technology resources in a manner that complies with State and Federal law.

B. Prohibited Uses of University Information Technology Resources:

1. 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;
2. Unauthorized use of another user's account, to include account sharing;
3. Attempting to gain or gaining unauthorized access to university information technology resources, or to the files of another;
4. Performing any act(s) that impede the normal operation of or interfere with the proper functioning of university information technology resources;
5. Interfering with the security mechanisms or integrity of the university's information technology resources;
6. Use of the university information technology resources to transmit abusive, threatening, or harassing material, chain letters, spam, or communications prohibited by state or federal law;
7. Transmitting or displaying media content in a manner that violates the University's sexual harassment policy;
8. Copyright infringement, including illegal file sharing of video, audio, software or data;



9. Excessive use that overburdens the information technology resources to the exclusion of other users;
10. Personal use by employees that interferes with an employee's ability or availability to perform his or her job responsibilities;
11. Use of the university information technology resources for personal profit, commercial reasons, non-university fundraising, political campaigns or any illegal purpose;
 - a. The prohibition against using university information technology resources for personal profit does not apply to:
 - i. Scholarly activities, including the writing of textbooks or preparation of other teaching material by faculty members; or
 - ii. Other activities that relate to the faculty member's professional development.
 - iii. Other activities as approved by the University President
12. Non-authorized solicitations on behalf of individuals, groups, or organizations are prohibited;
13. 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, Trojan horses, worms, spyware or other malicious program(s) or file(s).

C. 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). He or she also risks referral for prosecution under applicable local, state or federal laws.

By signing below, the user of California University IT resources acknowledges receipt of a copy of this document and agrees to comply with policies herein and all other pertinent University polices.

User of California University IT resources

Date

Issuing California University official

Date



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 and volunteers 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:

1. 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:

<ul style="list-style-type: none"> ▪ Chapter 25 relating to criminal homicide ▪ Section 2702 relating to aggravated assault ▪ Section 2709.1 relating to stalking ▪ Section 2901 relating to kidnapping ▪ Section 2902 relating to unlawful restraint ▪ Section 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 	<ul style="list-style-type: none"> ▪ 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
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2. An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," committed within the preceding five-year period.
3. 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.

Section 3. Report of Arrest or Conviction

- By checking this box, I report that I have been arrested for, or convicted of, a Reportable Offense or an offense similar in nature to a Reportable Offense 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; or that I have been 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, 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

I:\Admin and Finance\Public\Minors on Campus Work Group\Procedures and Standards\Reportable Offense Form.docx

REPORTING OF ARRESTS OR CONVICTIONS

**Confirmation Form
For
California University of PA**

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 Eric Guiser in the Office of Human Resources located in Dixon Hall, room 408.



I confirm that I have **RECEIVED and READ** the Memo from Human Resources dated January 21, 2016 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.

Signature

Date

(Please Print Name)

This signed form must be returned to Payroll.



California University of Pennsylvania

250 University Avenue
California, PA 15419-1394
www.cup.edu

MEMO

Building Character. Building Careers.

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

**FROM: Eric Guiser
Director of Human Resources**

DATE: January 21, 2016

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 University's Director of Social Equity 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 sign the confirmation sheet and return to the Payroll Office. Please feel free to call the Human Resources Office with any questions.

Sincerely,

Eric Guiser
Director of Human Resources