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. Payroll Office Fax Number: 610-683-4881

<table>
<thead>
<tr>
<th>EMPLOYEE INFORMATION - RESIDENCE LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME (Last Name, First Name, Middle Initial)</td>
</tr>
<tr>
<td>STREET ADDRESS (No PO Box, RD or RR)</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township) CIRCLE ONE</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER INFORMATION - EMPLOYMENT LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYER BUSINESS NAME (Use Federal ID Name)</td>
</tr>
<tr>
<td>PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION - KUTZTOWN UNIVERSITY</td>
</tr>
<tr>
<td>STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)</td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>KUTZTOWN</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough or Township)  MAXATAWNY TOWNSHIP</td>
</tr>
<tr>
<td>COUNTY</td>
</tr>
<tr>
<td>BERKS</td>
</tr>
</tbody>
</table>

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

PHONE NUMBER

EMAIL ADDRESS (List Kutztown 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
**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.

### Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Address
- City or town, state, and ZIP code
- □ Single or Married filing separately
- □ Married filing jointly (or Qualifying widow(er))
- □ Head of household (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- **(a)** Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or
- **(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- **(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

### Step 3: Claim Dependents

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

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

Multiply the number of other dependents by $500

Add the amounts above and enter the total here.

### Step 4 (optional): Other Adjustments

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

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

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

### Step 5: Sign Here

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

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

**Date**

### Employers Only

Employer’s name and address

First date of employment

Employer identification number (EIN)

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For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

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

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

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

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

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

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

Specific Instructions

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

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

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

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

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

Step 3. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

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

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

1 Two jobs. If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ ........................................

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ ........................................

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

   2c $ ........................................

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

3 ........................................

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

4 $ ........................................

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

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.

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1 $ ........................................

2 Enter: [ ] $24,800 if you’re married filing jointly or qualifying widow(er)
        [ ] $18,650 if you’re head of household
        [ ] $12,400 if you’re single or married filing separately

   2 $ ........................................

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”.

3 $ ........................................

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

4 $ ........................................

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

5 $ ........................................
<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$20,000 - 29,999</td>
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<tr>
<td>$30,000 - 39,999</td>
<td>$30,000 - 39,999</td>
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<tr>
<td>$40,000 - 49,999</td>
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<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
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<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
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<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
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<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
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<tr>
<td>$90,000 - 99,999</td>
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<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

Form W-4 (2020)

Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Single or Married Filing Separately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Paying Job Annual Taxable Wage &amp; Salary</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
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<td>$20,000 - 29,999</td>
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<td>$30,000 - 39,999</td>
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<td>$40,000 - 49,999</td>
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<td>$50,000 - 59,999</td>
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<tr>
<td>$60,000 - 69,999</td>
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<tr>
<td>$70,000 - 79,999</td>
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<tr>
<td>$80,000 - 89,999</td>
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<tr>
<td>$90,000 - 99,999</td>
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<tr>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
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<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
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<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________
- [ ] 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: ____________________________

2. Form I-94 Admission Number: ____________________________

3. Foreign Passport Number: ____________________________

   Country of Issuance: ____________________________

Signature of Employee ____________________________

Today's Date (mm/dd/yyyy) ____________________________

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Today’s Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A Document Title</th>
<th>List B Document Title</th>
<th>List C Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>OR</td>
<td>Identity Employment Authorization</td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Additional Information

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)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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 |
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td></td>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td></td>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td></td>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td></td>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td></td>
<td>a. Foreign passport; and</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>(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.</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>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</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
</tr>
<tr>
<td></td>
<td>7. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
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. 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 the bank to apply them to your savings or checking account

Name ______________________________________ Personnel Number __________________________

I hereby authorize the Pennsylvania State System of Higher Education to (circle 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.

Financial Institution’s Name ____________________________________________ (for net pay deposit)
Transit Routing Number ________________________________________________
Account Number ____________________________
Type of Account ____________________________ (Checking or Savings)

2nd Financial Institution’s Name ____________________________________________
Transit Routing Number ________________________________________________
Account Number #2 ____________________________
Type of Account ____________________________ (Checking or Savings)
Deduction 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) 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 Pennsylvania State System of Higher Education.

Signature ____________________________________________ Date ____________________________

Co-Signature (If Joint Account) ____________________________________________
Consent Form

Requesting Consumer Reports for Employment Purposes

In connection with my application for employment with Kutztown University of Pennsylvania, (the "Employer"), who may request consumer reports or investigative consumer reports on me, I understand that these reports may include pre-employment credit reports, criminal background (all levels), governmental databases, department of motor vehicle reports, as well as verifications of professional license, employment (including reason for termination), professional and personal references, and education verification including copies of my transcripts.

By signing below I give my consent and authorization to this Employer, their screening agent and any agency contacted in connection with this application to obtain consumer reports and investigative consumer reports as listed above. I understand should I be hired by the Employer, that this consent will hold firm throughout my employ with the Employer for use in annual background checks, promotions and other security related matters deemed as needed by the Employer that require background screening.

I release and hold harmless any individual, corporation, or private or public entity from any and all causes of action that might arise from furnishing to the Employer any information or data they may request pursuant to this release.

A photo or faxed copy of this release will act as the original and shall be valid for this and any future reports or updates that may be requested by the Employer in connection with my employment.

__________________________________________
Date

Signature

Full Name

Print

Names/Aliases/Maiden names used in the past:

__________________________________________

Social Security Number Date of Birth

Driver’s License Number State of Issue

Present Address

City, State, Zip

Position Applying For

Please check if you have lived at your present address for 10 or more years □

Previous Names, Aliases and Addresses: (List all for the past 10 years) Use back of this sheet if necessary.

__________________________________________
PROFILe SHEET

Current Position:
DEPARTMENT:

FULL NAME (Last, First & Middle):
LIST PREVIOUS / ALIASES / MAIDEN NAMES:

STREET ADDRESS:
APARTMENT / UNIT #:

CITY
STATE
ZIP CODE

PHONE:
ALTERNATE PHONE NUMBER:
EMAIL ADDRESS:

Have you ever worked for Kutztown University: ☐ Yes ☐ No If yes, indicate date of employment and departments below:

Are you a US citizen? ☐ Yes ☐ No If not, do you have a legal right to work in the US? Please explain below.

Criminal History:
- CRIMINAL OFFENSE includes felonies and misdemeanor offenses.
- CONVICTION is an adjudication of guilt and includes determinations before a court, a district justice or magistrate and pleas of nolo contendre (no contest) that result in a fine, sentence or probation.
- For this question disregard: minor traffic violations (no points), offenses committed before your 18th birthday which were adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitation Disposition Program.
- A “Yes” answer is not necessarily a bar to employment.

WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE? ☐ Yes ☐ No
If you answer “Yes”, please provide a written explanation in the space below.

AGREEMENT

Notice of Availability of Annual Security Report

This report includes statistics for the previous three years concerning reported crimes that occurred on-campus; in certain off-campus buildings or property owned or controlled by Kutztown University; and on public property within or immediately adjacent to and accessible from, the campus. This report also includes institutional policies concerning campus security, such as policies concerning sexual assault, and other matters. You can obtain a copy of this report by contacting the Department of Public Safety & Police Services at one of the following: Mailing address: Kutztown University, Department of Public Safety & Police Services, P.O. Box 730, Kutztown, PA 19530 Phone 610-683-4002 / Fax 610-683-1530 Email: publicsafety@kutztown.edu

I certify that all statements made by me on this application and any supporting material included are true and correct to the best of my knowledge and belief, and are a full and complete disclosure. I agree that if employed, any misrepresentation or falsification regardless of when discovered, shall justify disciplinary action, including termination. I understand that Kutztown University will conduct a complete background investigation as part of the hiring process. I also authorize Kutztown University of Pennsylvania to contact my previous employers and references.

By SIGNING BELOW, I certify that I have read and agree with these statements.

Employee’s Signature

Date
Pennsylvania's State System of Higher Education
Background Clearance Certification
for Provisional Employment or Volunteering
(Under the Child Protective Services Law)

Please read this entire form carefully before completing it. This form is to be used by prospective employees/volunteers to meet the written certification requirement to be considered as a provisional hire or volunteer assignment. In certain limited circumstances, current employees/volunteers may need to complete this form.

Section 1. Personal Information

Full Legal Name: ___________________________ Date of Birth: ____ / ____ / ____

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

Section 2. Instructions

Please submit this form to Kutztown University – Human Resources.

If you have any question about whether to report an offense, you should report it. Failure to report may result in disqualification for employment.

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:
   - 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 5904 or (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

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 of child abuse within the preceding five-year period in the statewide database maintained by the Department of Human Services.
Section 3. No Conviction

☐ By checking this box, I certify that I have not been convicted of any 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. (See Section 2 for a list of Reportable Offenses.)

Section 4. Application for Background Checks

I certify that I have applied for the following required background clearance checks:

☐ A report of criminal history record from the Pennsylvania State Police (PSP) or statement from the PSP that no criminal record exists.

☐ Certification from the Pennsylvania Department of Human Services as to whether I am named in the statewide database as a perpetrator in a pending child abuse investigation or in a founded report or indicated report of child abuse.

☐ A report of federal criminal history record information, which is done through Indentogo (https://uerroll.identogo.com/), and the service code you will use is 1KG756

☐ I further certify that I have provided copies of the completed request forms for these background clearance checks to Pennsylvania’s State System of Higher Education. (Appropriate forms may be attached to this Certification Form.)

Section 5. 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

C:\Users\jatham\AppData\Local\Microsoft\Windows\INetCachet\Content.Outlook\3305561\2018 Certification Form Provisional Hires \K\identogo.docx

This form has been developed by Pennsylvania’s State System of Higher Education, pursuant to Pennsylvania’s Child Protective Services Law, 23 Pa.C.S. §6301 et seq. December 19, 2014
Department of Human Resources
454 Normal Avenue
Kutztown, PA 19530
(610) 683-1353

Acknowledgement of the Requirement to Report within 72 Hours

In accordance with PASSHE Policy 2014-01-A: Protection of Minors, section 7. B., I acknowledge that as a current employee or volunteer I am required 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. The form for reporting can be found on the Kutztown University Human Resource website here: https://www.kutztown.edu/about-ku/administrative-offices/human-resources/forms.htm. This form should be submitted to the Assistant Vice President of Human Resources.

Signature: __________________________________________ Date: ____________

Please print your full name ____________________________

Reporting of Arrests and Convictions

All employees, volunteers, and program administrators must provide written notice to the designated person in charge at the university if they or an authorized adult or program staff are: (1) arrested for, or convicted of, an offense that would constitute grounds for denial of employment or participation in a program, activity, or service; or (2) are named as a perpetrator in a founded or indicated report under the Child Protective Services Law (23 Pa.C.S. §6301, et seq.). The employee, volunteer, or program administrator shall provide such written notice within 72 hours of arrest, conviction, or notification that the person has been listed as a perpetrator in the statewide database. The failure of an employee or program administrator to make a written notification, as required, is a misdemeanor of the third degree.

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:

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   - Section 4305 relating to dealing in infant children
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