

## ***INSTRUCTIONS FOR FILLING OUT STUDENT EMPLOYMENT PAPERWORK***

### **STUDENT DEDUCTION AUTHORIZATION:**

Please fill out your name and ID# and your department and supervisor. If you would like to contribute to your tuition account through payroll deductions, please put in an amount to be deducted for each monthly check. If you would like your full paycheck, please check the box at the bottom where it says full payment.

All students must fill out one of these forms for each semester they are working, even if they are working in the same job.

Your time sheets need to be in the white box outside the Human Resources Department by the 1<sup>st</sup> of the month, in order to be paid for that month. Please note that you will be paid in arrears (i.e. paid in October for September's time sheet). The time sheets are available on Moodle under Student Lounge and are also available in front of the white box in HR. Please have your supervisor sign the time sheet before you hand it in and please make sure your name, ID number and month are also on the time sheet.

Paychecks will be in your student mailbox on the 10<sup>th</sup> of the month.

### **I-9 FORM:**

This form is required by the Department of Homeland Security and will need to be filled out with every job you will have now and in the future. Please see the "List of Acceptable Documents" that you will be required to turn in with your paperwork. We will need to make a copy of this documentation and put it in your personnel file. ***YOU WILL NOT BE ABLE TO WORK UNTIL WE HAVE THIS DOCUMENTATION.*** Please fill in the high-lighted areas only.

### **W-4:**

This form is for your Federal taxes and is another form which you will have to fill out for all jobs in the future. Please fill out the highlighted sections only. Please sign at the arrows at the bottom of the page.

### **DIRECT DEPOSIT:**

We are now offering direct deposit to all student employees. This may be in either a checking or savings account. **NO DIRECT DEPOSIT WILL BE MADE UNLESS A VOIDED CHECK IS ATTACHED TO THE FORM.** Your first paycheck after you file for direct deposit will be a live check. Please cash this check. Your next month's check will be directly deposited into the account that you designate. Please check your bank account on payday to be sure that the deposit has been made. Please contact the payroll department if it is not there.

### **RESIDENCY CERTIFICATION FORM:**

This form is for the local Greenville taxes. Greenville is considered a distressed community and is therefore allowed to take an earned income tax. Please fill out the highlighted portion with your **home address** and please be sure to record your township and county in the box allocated. There is no need to know your school code. Please sign at the bottom where it is highlighted.

## **LOCAL SERVICES TAX – EXEMPTION CERTIFICATE:**

This application is for the exemption of a local service tax. Please fill out the highlighted section at the top and check off box #2. Then sign the second page of the form on the bottom. There is no need to fill in the box on the second page.

## **WORKERS' COMP INFO AND PA RIGHTS & DUTIES:**

Thiel College has a workers' compensation policy that will cover your medical costs should you be injured or made ill on the job. Please note that this policy is only for the time that you are employed at your student job at Thiel. Please sign only the highlighted area on the Workers' Comp form. This form states that if you have been turned down for your claim, there is a government bureau where you may contest this decision. The second page, PA Rights and Duties, explains the policy and your responsibility should an injury/illness occur. If you agree with these terms please sign in the highlighted area. You do have the right to refuse this policy, and if that is the case, please sign at the bottom under "Refusal to Sign". In this case, you will be responsible for any and all medical costs associated with your work related injury.

## **THIEL COLLEGE CONFIDENTIALTY POLICY:**

Please read carefully Thiel's policy on handling confidential information. This may include test grades, medical information or employee information. Please put your department in the space allocated and sign at the bottom. You may keep the policy page. Violation of this policy may result in disciplinary action up to and including termination of employment.

Please check with your supervisor as far as hours of employment and the appropriate attire to wear. Office positions require professional attire and positions such as maintenance or athletics typically require casual attire.

We hope that you have a wonderful semester and enjoy your student employment experience!

Should you have any questions or concerns, please feel free to contact the Human Resources department or stop in to see us (M-F 8am to 4pm):

Kris Whaling [kwhaling@thiel.edu](mailto:kwhaling@thiel.edu)  
Human Resources Coordinator

Kim Braden [kbraden@thiel.edu](mailto:kbraden@thiel.edu)  
Payroll & Human Resources Assistant

Jennifer Clark [jclark@thiel.edu](mailto:jclark@thiel.edu)  
Director of Human Resources

Thank you!



**THIEL**  
COLLEGE

**STUDENT EMPLOYEE  
DEDUCTION AUTHORIZATION**

**Student Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Employment Term:**

**SPRING** \_\_\_\_\_ **FALL** \_\_\_\_\_ **SUMMER** \_\_\_\_\_ **YEAR 20** \_\_\_\_\_

I authorized Thiel College to deduct the following amount from my student employment check to be used towards funds owed to the College.

\_\_\_\_\_ Entire Check

\_\_\_\_\_ Specified Amount

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

\_\_\_\_\_ Pay Date

\_\_\_\_\_ I would like full payment of my student employment check made payable to me.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<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>	
QR Code - Section 1 Do Not Write In This Space	

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

STOP *Employer Completes Next Page* STOP

## 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.

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

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

Refer to the instructions for more information about acceptable receipts.

## Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

▶ **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.**

2020

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))			
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

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

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

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.) _____		▶ <b>Date</b> _____

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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**AUTHORIZATION FOR DIRECT DEPOSIT**

Effective \_\_\_\_\_, 20\_\_\_\_\_, I authorize Thiel  
Date

College to establish direct deposit of my net pay to the savings and/or checking account(s) noted below. I have attached a voided check or deposit ticket for any checking account(s) that I've indicated. I understand that I will receive a paycheck for the first pay cycle following submission of this Authorization, while the direct deposit process is established. I also understand that such direct deposit will be made on each succeeding payday, and that changes to the Institution or the Account will only be made upon my submission of a new Authorization reflecting such changes.

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

Address \_\_\_\_\_  
\_\_\_\_\_

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

Account Number \_\_\_\_\_  
\_\_\_\_\_ Checking  
\_\_\_\_\_ Savings  
\_\_\_\_\_ Specified Amount

Name \_\_\_\_\_ Please Print Thiel ID # \_\_\_\_\_

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

.....  
For Payroll Use Only:

Date Received \_\_\_\_\_ Set-Up \_\_\_\_\_ Confirm: \_\_\_\_\_



## LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

### 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, First, Middle Initial)			SOCIAL SECURITY NUMBER	
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)				
SECOND LINE OF ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough, Township)				
COUNTY	PSD CODE			TOTAL RESIDENT EIT RATE
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
THIEL COLLEGE			25-0965576
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
75 COLLEGE AVENUE			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
GREENVILLE	PA	16125	7245892000
MUNICIPALITY (City, Borough, Township)			
GREENVILLE BOROUGH			
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE
MERCER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1.185

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

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

[www.newPA.com](http://www.newPA.com)  
 Select Get Local Gov Support, >Municipal Statistics





COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF BUSINESS TRUST FUND TAXES  
DEPT. 280904  
HARRISBURG, PA 17128-0904

**EMPLOYEE'S STATEMENT  
OF NONRESIDENCE IN  
PENNSYLVANIA AND  
AUTHORIZATION TO WITHHOLD  
OTHER STATE'S INCOME TAX**

**Ohio only**

PLEASE PRINT OR TYPE

**Employer Instructions:** You must keep a copy of this form on file for each employee who claims exemption from withholding of Pennsylvania Personal Income Tax on compensation received in Pennsylvania and who authorizes withholding of income tax for another state for remittance to that state. Send the bottom portion of this form to the PA Department of Revenue, Bureau of Business Trust Fund Taxes, Dept. 280904, Harrisburg, PA 17128-0904. Photocopies of this form are acceptable. Unless the state of residence changes, it is not necessary to refile this statement each year.

**Employee Instructions:** You must complete both portions of this form to claim an exemption from withholding of Pennsylvania Personal Income Tax and to authorize withholding of your state's income tax. Only residents of the states listed on this form are eligible for exemption of withholding from Pennsylvania since they are the only states with which there is a reciprocal agreement. If you change your residence from the state specified on this form, you must notify your employer and complete a new form within 10 days of that change of residence.

CUT HERE

**EMPLOYER COPY (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employee name: First, Middle Initial, Last	Social Security Number
Home Address	
City	State Zip Code
I hereby declare that, under penalties of perjury, I am a resident of the state checked below:	
<input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA	
and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania	
Employee's Signature	Date

**(EMPLOYER COMPLETES INFORMATION BELOW)**

Employer Name:	Federal Employer Identification Number (EIN)
Business Address	Telephone Number ( )
City	State Zip Code

CUT HERE

**COPY TO BE SENT TO THE COMMONWEALTH OF PENNSYLVANIA  
(EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)**

Employee name: First, Middle Initial, Last	Social Security Number
Home Address	
City	State Zip Code
I hereby declare that, under penalties of perjury, I am a resident of the state checked below:	
<input type="checkbox"/> INDIANA <input type="checkbox"/> MARYLAND <input type="checkbox"/> OHIO <input type="checkbox"/> NEW JERSEY <input type="checkbox"/> VIRGINIA <input type="checkbox"/> WEST VIRGINIA	
and that pursuant to the reciprocal agreement between those states, I claim an exemption from withholding of Pennsylvania Personal Income Tax and authorize my employer to withhold income tax for my resident state on compensation paid to me in the Commonwealth of Pennsylvania	
Employee's Signature	Date

**(EMPLOYER COMPLETES INFORMATION BELOW)**

Employer Name:	Federal Employer Identification Number (EIN)
Business Address	Telephone Number ( )
City	State Zip Code

Ohio only

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_

3. Exemptions for dependents \_\_\_\_\_

4. Add the exemptions that you have claimed above and enter total \_\_\_\_\_

5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

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

# LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

\_\_\_\_\_  
Tax Year

## APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

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

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Zip: \_\_\_\_\_

### REASON FOR EXEMPTION

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

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

Tax Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

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

### IMPORTANT NOTE TO EMPLOYERS

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

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

1. PRIMARY EMPLOYER 2. 3.

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

4. 5. 6.

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

**PLEASE NOTE:**

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

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

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

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

## WORKERS' COMPENSATION INFORMATION

To all employees:

The workers' compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers' compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer.

Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a worker's compensation judge.

The Bureau of Workers' Compensation cannot provide legal advice. However, you may contact the Bureau of Workers' Compensation for additional general information at:

Bureau of Workers' Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, PA 17104-2501  
Telephone number within Pennsylvania: 800-482-2383  
Telephone number outside of this Commonwealth: 717-772-4417  
TTY-800-362-4228 (for hearing and speech impaired only)  
[www.state.pa.us](http://www.state.pa.us), PA Keyword: workers comp.

I, \_\_\_\_\_, employee of Thiel College, certify that I received, read and understood the information provided above on my date of hire \_\_\_\_\_ (date).

If applicable, I, \_\_\_\_\_, employee of Thiel College certify that I received, read, and understood the above information on \_\_\_\_\_ (the date of work-related injury or illness).

**PENNSYLVANIA  
RIGHTS AND DUTIES**

1. The employer shall provide payment in accordance with the Workers' Compensation Act for reasonable, surgical and medical services, services rendered by physicians or other health care providers, medicines and supplies, as and when needed, including an additional opinion when invasive surgery may be necessary, attributable to the work-related injury.
2. When an employer establishes a medical panel, it must have at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians. The employer shall not include on this list a physician or health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list.
3. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice.
  - A. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow, provided that the second opinion provides a specific and detailed course of treatment.
  - B. If the employee chooses to follow the procedures designated, in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice.
4. The employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit.
5. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for services rendered during such applicable period.
6. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under the Act to the employee.
7. The employer shall further insure that the employee has been informed and that the employee understands these rights and duties.
8. This duty shall be evidenced only by the employee's written acknowledgement of having been informed and having understood these rights and duties.
9. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of the Act to the contrary, and the employer shall remain liable for all rendered treatment.



10. Subsequent treatment, after the ninety (90) day period, may be provided by any health care provider of the employee's choice.
11. Following the termination of the ninety (90) day period, if the employee is provided treatment from a non-designated health care provider, the employee shall notify the employer within five (5) days of the first visit to said health care provider.
12. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined to have been unreasonable or unnecessary.
13. In addition to the above service, the employer shall provide payment for medicines and supplies, hospital treatment, services and supplies and orthopedic appliances, and prostheses in accordance with the Act.

\_\_\_\_\_  
**EMPLOYEE**

\_\_\_\_\_  
**EMPLOYER WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

THE ABOVE SIGNATURE ACKNOWLEDGES THAT I HAVE BEEN  
 INFORMED AND UNDERSTAND MY RIGHTS AND DUTIES  
 PERTAINING TO MEDICAL TREATMENT FOR WORK-RELATED INJURES

***REFUSAL TO SIGN***

*I understand that by refusing to sign the above acknowledgment of my Rights and Duties under the Workers' Compensation Act, I am relieving Thiel College and its Workers' Compensation carrier, from any responsibility for payment for services received in the treatment of a work related injury.*

\_\_\_\_\_  
**EMPLOYEE**

\_\_\_\_\_  
**DATE**



## **Thiel College Confidentiality Policy**

All individuals serving as employees or in any non-compensated position (volunteer, intern, etc.) of Thiel College have an ethical and legal responsibility to protect confidential information of the College, its employees and its students, during and after his/her service with the College. Such confidential information includes, for example, information protected by the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), financial data, employee, student or alumni information, recruiting procedures, operating procedures, or any other proprietary information acquired through service with the College. This information is protected by state and federal privacy laws and must be kept strictly confidential. It is not to be disclosed outside the College and cannot be used except as necessary in the normal course of business. Questions regarding the nature and scope of disclosure of confidential information should be directed to the Office of Human Resources.

As a condition of employment or a volunteer relationship with Thiel College, individuals are required to acknowledge this obligation by signing a "Confidentiality Agreement." Violation of this Policy and/or this Agreement will result in discipline, up to and including, but not limited to, termination of service.

Care should be taken to protect confidential information from disclosure. It should be marked "confidential," kept out of sight and stored in locked cabinets or drawers when not in use.



## Thiel College Confidentiality Agreement

I have read and understand the Thiel College Confidentiality Policy. As a condition of my employment or volunteer relationship with the \_\_\_\_\_ Department of Thiel College, I hereby agree to abide by the terms and conditions of the Thiel College Confidentiality Policy. I understand that a violation of the Thiel College Confidentiality Policy will result in discipline, up to and including, but not limited to, termination of my relationship with \_\_\_\_\_ Department.

I specifically agree to refrain from disclosing information in a manner that violates the Thiel College Confidentiality Policy, including information protected by the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA), financial data, employee, student or alumni information, recruiting procedures, operating procedures, or any other proprietary information acquired through my relationship with the College.

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Signature

Date

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Print Name