

Hazleton Area School District

Coaching Application Review Sheet

Name _____

Date Received _____

NOTE: All documents/results attached to your application packet must be within 1 year of application submission with the exception of the physical and drug screen which have to be done within 90 days prior to application submission.

Application and Resume _____

Personnel Data Sheet _____

W-4 _____

Act 29 Info Sheet _____

PA Criminal Clearance _____ must be dated within 1 year from application submission

PA Child Abuse _____ must be dated within 1 year from application submission

FBI Clearance _____ must be dated within 1 year from application submission

PDE 6004 _____ must return all pages

Act 168 _____ must be completed by current & former employers

Physical Form _____ must take attached HASD physical form to private doctor to be completed as well as tb test.

TB/Chest Xray _____ either test results are accepted-must be documented on school physical form.

Drug Test Results _____ must have test done at

LVPG Occupational Health
26 Station Circle
Hazle Twp., PA 18202

Immigration Form I9 _____

Identification for I9 (2) _____ (need copies of 2 forms or your passport – see sheet included)

Direct Deposit Form _____ if electing (attach voided check)

Local Service Tax Exemption _____ if not electing, write N/A on form

Local Earned Residency Form _____

Payroll Notification _____ Athletic Director to submit

Internet AUP form _____

Act 126 Training _____ gcntraining

Bullying/Harassment Training _____ gcntraining

ATHLETIC OFFICE REQUIREMENTS: CPR _____ Cardiac _____ Concussion _____

PIAA Coaching Education Certification _____ see last page of application for details...

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HAZLETON AREA SCHOOL DISTRICT

1601 West 23rd Street
Hazleton, PA 18202
570-459-3221, ext. 81538
Fax: 570-459-3139

COACHING APPLICATION PACKET

Hazleton Area School District board policy adopted May 22, 2008 requires all applicants for coaching positions within the HASD to include the following:

- _____ 1. Complete coaching application form
- _____ 2. Submit a detailed resume including description and statistics from any previous coaching position(s)
- _____ 3. Submit three letters of recommendation
- _____ 4. Submit a one page essay on coaching philosophy, training regimens and goals
- _____ 5. Submit Act 34 and Act 151 clearances (*see attached*)
- _____ 6. Submit FBI fingerprint clearances (*see attached*)
- _____ 7. Physical Examination and TB screening tests (*pending hiring*)
- _____ 8. Proof of CPR Certification (*pending hiring*)
- _____ 9. Proof of Lifeguard or Red Cross Swimming Coach Safety Training (*swim coach applicants only*)

Any misstatement of fact will constitute grounds for removing application for consideration. For further information, contact Fred Barletta, Athletic Director at: barlettaf@hasdk12.org or 570-459-3221, ext. 81539

NAME OF APPLICANT: _____

POSITION APPLYING FOR: _____

DATE RECEIVED BY ATHLETIC OFFICE: _____ / _____ / _____

HAZLETON AREA SCHOOL DISTRICT

1601 West 23rd Street
Hazleton, PA 18202
570-459-3221, ext. 81538
Fax: 570-459-3139

APPLICATION FOR COACHING/EVENT WORKER POSITION

****Event Workers Only Complete Position Applying For Section of Application****

POSITION APPLYING FOR: _____

COMPLETE APPLICANT NAME: _____

ADDRESS: _____

HOME PHONE: _____ **CELL PHONE** _____

EMAIL ADDRESS: _____

EDUCATIONAL RECORD:

DEGREE EARNED:

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

SPORTS PARTICIPATION:

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

COACHING EXPERIENCE:

HASD _____

RECORDS: _____

OTHER: _____

WORK EXPERIENCE: (Present Employment)

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

DAYS/HOURS: _____

PREVIOUS EMPLOYMENT:

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

OCCUPATION: _____

REFERENCES:

	NAME AND OCCUPATION	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I hereby give my permission to contact the employers and references listed above.

Signature of Applicant

Date

**HAZLETON AREA SCHOOL DISTRICT
PERSONNEL DATA SHEET**

PLEASE PRINT CLEARLY

SOCIAL SECURITY NUMBER _____

FULL NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

BIRTH DATE _____

EMAIL ADDRESS _____ PPID _____

AREA CODE/PHONE NUMBER () _____ LISTED _____ UNLISTED _____

NAME OF CITY, BORO, TOWNSHIP WHERE EARNED INCOME TAXES ARE PAID _____

HAVE YOU PAID YOUR OPT/EMST TAX FOR THE CURRENT YEAR _____ Yes _____ No

POSITION YOU ARE APPLYING FOR _____ FULL TIME _____ PART TIME _____

BOARD APPROVAL DATE _____ FIRST DAY OF WORK _____

DEGREE PRESENTLY HELD _____

SPOUSE INFORMATION: NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

EMERGENCY CONTACT INFO.: NAME _____

RELATIONSHIP _____ PHONE # _____

CURRENTLY PSERS RETIRE EMPLOYEE _____ YES _____ NO DATE RETIRED: _____

OFFICE USE ONLY

MARITAL STATUS _____ # OF DEPENDENTS _____

EIT CODE _____ OPT/EMST CODE _____ RETIRE CODE _____ JOB CODE _____

APPLICANT DISCLOSURE AFFIDAVIT

Our agency screens prospective employees and volunteers to evaluate whether an applicant poses a risk of harm to the children and youth it serves. Information obtained is not an automatic bar to employment or volunteer work but is considered in view of all relevant circumstances. This disclosure is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure is grounds for disqualification or termination.

APPLICANT: _____ Social Security #: _____
Please print complete name and Social Security Number

The undersigned applicant affirms that I HAVE NOT AT ANY TIME (whether as an adult or juvenile):

YES	NO	(Initial yes or no and provide brief explanation for a yes answer).
_____	_____	Been convicted of or accused of or investigated because of
_____	_____	Pleaded guilty to (whether or not resulting in a conviction)
_____	_____	Pleaded nolo contendere or no contest to
_____	_____	Admitted
_____	_____	Have had any judgment or order rendered against me (whether by default or otherwise)
_____	_____	Entered into any settlement of an action or claim of
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of
_____	_____	Been diagnosed as having or treated for any mental or emotional condition arising from
_____	_____	Resigned under threat of termination of employment or volunteer work for

any allegation, any conduct, matter, or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction): NOTE:

If you were a victim of any crime you need not answer questions pertaining to that incident.

YES	NO	(Initial yes or no and provide brief explanation for a yes answer below).
_____	_____	Any felony
_____	_____	Rape or other sexual assault or sexual harassment
_____	_____	Drug/alcohol-related offenses or accusations
_____	_____	Abuse of a minor or child, whether physical or sexual
_____	_____	Incest
_____	_____	Kidnapping, false imprisonment, or abduction
_____	_____	Sexual harassment
_____	_____	Sexual exploitation of a minor
_____	_____	Sexual conduct with a minor
_____	_____	Annoying/molesting a child
_____	_____	Lewdness and/or indecent exposure
_____	_____	Lewd and lascivious behavior
_____	_____	Obscene literature
_____	_____	Assault, battery, or other offense involving a minor or adult
_____	_____	Endangerment of a child

Applicant Disclosure Affidavit (continued)

YES	NO	(Initial yes or no and provide brief explanation for a yes answer below).
_____	_____	Any misdemeanor felony offense classification involving a minor or to which a minor was a witness
_____	_____	Unfitness as a parent or custodian
_____	_____	Removing children from a state or concealing children in violation of a law or court order
_____	_____	Restrictions or limitations on contact or visitation with children or minors
_____	_____	Any theft related offense

EXCEPT THE FOLLOWING:

(If you answered yes to any of the above, please explain: if none, write "None").

DESCRIPTION

DATES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VERIFICATION

I, _____, hereby certify that I am the _____
in the above captioned matter and that the facts set forth in the foregoing _____,
are true and correct to the best of my knowledge, information and belief, and are made subject to the
penalties of 18 Pa.C.S.A. S4904 relating to unsworn falsification to authorities.

DATE

SIGNATURE

NOTARY SEAL

SCHOOL PERSONNEL HEALTH RECORD
(FOR USE AFTER OFFER OF EMPLOYMENT HAS BEEN MADE)

I. INFORMATION

School Position Offered _____

Last Name	First	MI	Sex	Date of Birth
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Home Phone	Cell Phone	Work Phone
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Mailing Address: Street	City	State	Zip
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Emergency Contact

Name:	Relationship:
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Address:

Telephone number:	(Home)	(Work)	(Cell)
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II. IMMUNIZATION HISTORY (Recommended, but not mandated by law)

VACCINE Check appropriate box	Enter Month, Day, and Year Each Immunization DOSE Was Given				
	1	2	3	4	5
Diphtheria, Tetanus with Pertussis <input type="checkbox"/> Td <input type="checkbox"/> TdaP					
Hepatitis B					
Measles-Mumps-Rubella (MMR)			Rubella Serology/Date/Titer Mumps disease diagnosed by a physician: Date Measles Serology/Date/Titer		
Varicella <input type="checkbox"/> Vaccine <input type="checkbox"/> Disease <input type="checkbox"/> Serology Date: Neg/Pos					
Influenza					

III. TUBERCULOSIS SKIN TEST RESULTS (Testing required per Regulations of the Department of Health)

DATE GIVEN	SITE: LA / RA	GIVEN BY:	ANTIGEN NAME	MANUFACTURER / LOT # / EXP DATE	SIGNATURE
DATE READ	RESULTS in MM		READ BY SIGNATURE		

OR

IGRA TEST RESULTS

DATE COLLECTED	TEST NAME (QFT-GIT, T-SPOT, etc)	POSITIVE	NEGATIVE	INDETERMINATE	QUANTITATIVE RESULT

DATE TEST COMPLETED _____

SIGNATURE _____

Previously known/new positive reactors: _____

Chest X-ray:
(Attach a copy of the report.)

Date:

Results:

Other:

Date:

Results:

(Attach a copy of the report.)

Preventive Anti-Tuberculosis Chemotherapy ordered: ☐ No ☐ Yes Date: _____

IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.

IV. MEDICAL CONDITIONS (✓)

	Yes	No	If Yes, Explain:
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical Dependency	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuromuscular Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory Illness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____

V. PHYSICAL EXAMINATION (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches)				
Weight (pounds)				
Pulse				
Blood Pressure				
Hair/Scalp				
Skin				
Eyes – Visual Acuity: RL				
Eyes – Color Vision				
Ears – Hearing (dB) RL				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart – Murmur, etc...				
Lungs – Adventitious Findings				

Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				

Are there any special medical problems or chronic diseases which require restriction of activity, medication which might affect his/her work role? If so, specify

Are there any special equipment or accommodations needed to enable this person to perform their duties? If so, specify

Physician Name (Print) Signature of Examiner Date

Physician Address

The statements and answers as recorded above are full, complete and true to the best of my knowledge and belief. I understand that any false or misleading statements may cause termination of my employment.

I authorize the physician or other person to disclose any knowledge or information pertaining to my health to the employing authority for whom this examination is performed.

Signature of Employee Date



Hazleton Area School District

Office of the Treasurer / Business Manager
1515 West 23rd Street
Hazle Township, PA 18202-1647

Robert J. Krizansky

Treasurer / Business Manager
Phone (570) 459-3111 Ext. 3128
Fax (570) 459-6156
Email: krizanskyr@hasdk12.org

Anthony L. Lamanna

Assistant Business Manager
Phone (570) 459-3111 Ext. 3107
Fax (570) 459-6156
Email: lamannat@hasdk12.org

MEMORANDUM

TO: PROSPECTIVE EMPLOYEES OF THE HAZLETON AREA SCHOOL DISTRICT

RE: PRE-EMPLOYMENT DRUG TESTING WITH LVPG OCCUPATIONAL HEALTH

DATE: EFFECTIVE APRIL 5, 2021

Please be advised that a drug test must be completed prior to beginning employment with the Hazleton Area School District. The cost for the test is \$35, and payment is expected at time of service. Please call 610-861-8080 x34067 if you want to schedule an appointment for the drug test, however you can walk in.

Bring this form and photo identification to:

LVPG Occupational Health
26 Station Circle
Hazle Township, PA 18202
610-861-8080 34067
Hours: Monday-Friday 8:00 a.m. to 4:00 p.m.

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.

2023

Step 1: Enter Personal Information	(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 www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

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.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$		
	Multiply the number of other dependents by \$500 \$		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
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	4(a)	\$
	(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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is 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. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}
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 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



Hazleton Area School District

Office of the Secretary/Treasurer
1515 West 23rd Street
Hazle Township, PA 18202-1647

Robert J. Krizansky

Secretary / Business Manager
Phone (570) 459-3111 Ext. 3128
Fax (570) 459-6156
Email: krizanskyr@hasdk12.org

Anthony L. Lamanna

Treasurer/Assistant Business Manager
Phone (570) 459-3111 Ext. 3107
Fax (570) 459-6156
Email: lamannat@hasdk12.org

Name: _____

From: Accounting/Finance Manager

Subject: Employment Status Under Act 29 of 1994

In order for the Hazleton Area School District to Comply with Act 29 of 1994, it is necessary for you to provide the following information:

A. Did you ever work for any Commonwealth of Pennsylvania school entity prior to July 1, 1995 in any capacity whatsoever

_____ Yes _____ No

B. If the answer to Part A is Yes, complete the following: (Include employment with the Hazleton Area School District, if applicable)

School District

Dates

_____	_____
_____	_____
_____	_____

NONDISCRIMINATION POLICY

The Hazleton Area School District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries may be directed to the Title IX Coordinator at 570-459-3221 ext 81566 or the Section 504 Coordinator at 1515 West 23rd St, Hazle Township, PA 18202 or 570-459-3111 ext 3156.

COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(Pursuant to Act 168 of 2014)

Instructions

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to Act 168 of 2014, to be used by school entities and independent contractors of school entities and by applicants who would be employed by or in a school entity in a position involving direct contact with children to satisfy the Act's requirement of providing information related to abuse or sexual misconduct. As required by Act 168, in addition to fulfilling the requirements under section 111 of the School Code and the Child Protective Services Law ("CPSL"), an applicant who would be employed by or in a school entity in a position having direct contact with children, must provide the information requested in SECTION 1 of this form and complete a written authorization that consents to and authorizes the disclosure by the applicant's current and former employers of the information requested in SECTION 2 of this form. The applicant shall complete one form for the applicant's current employer(s) and one for each of the applicant's former employers that were school entities or where the applicant was employed in a position having direct contact with children (therefore, the applicant may have to complete more than one form). Upon completion by the applicant, the hiring school entity or independent contractor shall submit the form to the applicant's current and former employers to complete SECTION 2. **A school entity or independent contractor may not hire an applicant who does not provide the required information for a position involving direct contact with children.**

Relevant Definitions:

Direct Contact with Children is defined as: "the possibility of care, supervision, guidance or control of children or routine interaction with children."

Sexual Misconduct is defined as: "any act, including, but not limited to, any verbal, nonverbal, written or electronic communication or physical activity, directed toward or with a child or a student regardless of the age of the child or student that is designated to establish a romantic or sexual relationship with the child or student. Such acts include, but are not limited to: (1) sexual or romantic invitation; (2) dating or soliciting dates; (3) engaging in sexualized or romantic dialogue; (4) making sexually suggestive comments; (5) self-disclosure or physical exposure of a sexual, romantic or erotic nature; or (6) any sexual, indecent, romantic or erotic contact with the child or student."

Abuse is defined as "conduct that falls under the purview and reporting requirements of the CPSL, 23 Pa.C.S. Ch. 63, is directed toward or against a child or a student, regardless of the age of the child or student."

Please Note

A prospective employer that receives any requested information regarding an applicant may use the information for the purpose of evaluating the applicant's fitness to be hired or for continued employment and shall report the information as appropriate to the Department of Education, a state licensing agency, law enforcement agency, child protective services agency, another school entity or to a prospective employer.

If the prospective employer decides to further consider an applicant after receiving an affirmative response to any of the questions listed in SECTIONS 1 and 2 of this form, the prospective employer shall request that former employers responding affirmatively to the questions provide additional information about the matters disclosed and include any related records. The **Commonwealth of Pennsylvania Sexual Misconduct/Abuse Disclosure Information Request** can be used to request this follow-up information. Former employers shall provide the additional information and records within 60 calendar days of the prospective employer's request.

The completed form and any information or records received shall not be considered public records for the purposes of the Act of February 14, 2008 (P.L. 6, No. 3) known as the "Right to Know Law."

The Department of Education shall have jurisdiction to determine willful violations of Act 168 and may, following a hearing, assess a civil penalty not to exceed \$10,000. School entities shall be barred from entering into a contract with an independent contractor who is found to have willfully violated the provisions of Act 168.

**COMMONWEALTH OF PENNSYLVANIA
SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE
(under Act 168 of 2014)**

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

To:	Name of Current or Former Employer: 1	<input type="checkbox"/> No applicable employment
Street Address:		
City, State, Zip:		
Telephone Number:	Fax Number:	Email:
Contact Person:	Title:	

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth's students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 calendar days as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

Applicant's Name (First, Middle, Last):	
Any former names by which the Applicant has been identified: 1	
DOB:	
Last 4 digits of Applicant's Social Security Number:	PPID (if applicable):
Approximate dates of employment with the entity listed above:	
Position(s) held with the entity:	

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant's consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.

Have you (Applicant) ever:

Yes ☐ No ☐ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes ☐ No ☐ Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes ☐ No ☐ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are correct, complete, and true to the best of my knowledge. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records. I understand that third party vendors may be used to process this Act 168 pre-employment history review.

Signature of Applicant

Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT'S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: _____

Contact telephone #: _____

To the best of your knowledge, has Applicant ever:

Yes ☐ No ☐ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes ☐ No ☐ Been disciplined, discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes ☐ No ☐ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

☐

No records or other evidence currently exists regarding the above questions. I have no knowledge of information pertaining to the applicant that would disqualify the applicant from employment.

Former Employer Representative Signature and Title

Date

Return all completed information to:

School Entity/Independent Contractor: Hazleton Area School District	
Address: 1515 W. 23rd Street	Phone: 570-459-3111 ext 3108
City: Hazle Township, PA 18202	Fax: 570-459-6156; Email: barrettj@hasdk12.org
Contact Person: Jessica A. Barrett	Title: Personnel Benefits Supervisor

Date Form Received: _____

Received by: _____

Hazleton Area School District Employee Acceptable Use Agreement Form

Employees of the Hazleton Area School District may access the Internet or email for educational or work-related purposes at any time that it does not interfere with the performance of other responsibilities by the employee.

All users must have a signed copy of this form on file with the school district Technology Department prior to using the Internet.

Internet use is a privilege and inappropriate use may result in cancellation of Internet privileges and/or other disciplinary actions. All employees must abide by the following rules:

1. I will use the district's Internet access for constructive educational and work-related purposes only.
2. I will not access sites that contain illegal, defamatory, pornographic, or otherwise offensive material.
3. I will not circumvent or attempt to circumvent the district's Internet filtering measures.
4. I will report to one (1) of my superiors any such offensive information contained in any file that I might uncover within the district's network.
5. I will observe the district rules and laws regarding copyright (Policy 814) and plagiarism.
6. I will never post on any website another person's home address, telephone number or any other such personal information.
7. I agree to follow any other rules for Internet and local network use that the district establishes, including but not limited to the following HASD policies, each of which are available for my review on HASD's publicly accessible website.
 - 815 Acceptable Use of Internet, Computers and Network Resources
 - 815.1 Use of School-Owned Laptop Computers
 - 815.2 Computer-Related Technology
 - 815.3 Software Licensing, Approval and Installation
 - 815.4 Technology Requests
 - 815.5 Social Media
 - 816 Email

Employee Certification Form

I have read and understand the district's Internet Acceptable Use of Internet, Computers and Network Resources Policy 815 and Faculty Email Policy 816 and the information provided on this form. I understand and will abide by the conditions and rules set forth herein. Should I fail to follow explicitly the rules enumerated above, my access privileges may be revoked and disciplinary action may be taken, up to and including termination of my employment by the district. I understand that appropriate legal action will be taken by the district when warranted, and I further understand that I will be held responsible for any costs incurred by my inappropriate use of the Internet. I am aware that law enforcement agencies must be consulted if violations of these conditions and rules may constitute a criminal offense.

Employee

Date

Printed Name

School

Book	Policy Manual
Section	800 Operations
Title	Computer-Related Technology
Code	815.2
Status	Active
Adopted	August 18, 2011
Last Revised	April 28, 2022

Purpose

The Board shall provide resources to support the use of computers, Internet and network resources in the district's instructional and operational programs.

Guidelines

Computer-Related Technology Purchases

Building-Based Technology Purchases –

All computer-related technology purchases must be initially approved by the building principal and must promote the goals of the district's comprehensive plan.

The district's technology department shall evaluate all building-based technology purchases to ensure that the equipment being purchased maintains the integrity of the district's network. The technology department shall determine the appropriate equipment bid prices and shall develop specifications if items are to be competitively bid, in accordance with Board policy and applicable law and regulations.[1]

The Director of Technology, Business Manager, and Superintendent shall sign off on all building-based technology purchase orders.[2]

Administrative Technology Purchases –

The district's technology department shall evaluate all administrative technology purchases to ensure that the equipment being purchased maintains the integrity of the district's network. The technology department shall determine the appropriate equipment bid prices and shall develop specifications if items are to be competitively bid, in accordance with Board policy and applicable law and regulations.[1]

The Director of Technology, Business Manager, and Superintendent shall sign off on all administrative technology purchase orders.[2]

Installation of Computer-Related Equipment

The technology department shall assume responsibility for the installation of all computer-related equipment. If a contracted vendor is installing equipment in the district, the technology department shall assure that all contracted work has been completed to specifications and is fully operational prior to payment to the contractor. All technology-related contracts in excess of \$10,000 shall follow reporting requirements. The Director of Technology shall submit a short narrative to the Superintendent and Business Manager detailing the contract's closeout prior to making final payment.

Ensuring the Completion of Technology-Related Training

The specific program director or administrator initiating the deployment of a new technology product shall be responsible for ensuring that the contracted computer training is followed as per the negotiated contract.

Legal

1. Pol. 610
2. Pol. 611
- 24 P.S. 510
- Pol. 815

Book	Policy Manual
Section	800 Operations
Title	Use of School-Owned Laptop Computers and Associated Technology
Code	815.1
Status	Active
Adopted	August 18, 2011
Last Revised	April 28, 2022

Authority

The Board authorizes district-owned laptop or tablet computers and associated technology to be used off school property if said equipment is being used by a district employee as a tool to enhance work performance and improve the instructional process, or being used by a student as a tool or resource to enhance instruction. If equipment is assigned to a specific individual, that individual shall be fully liable for loss of equipment and excessive damage during the period of use. In the event of loss or damage, the responsible person will be required to compensate the district for the cost of repair or replacement. This equipment shall be used only by authorized individuals.

Delegation of Responsibility

The building principal or specific program director may grant the use of equipment after school, during the summer, or as otherwise needed. An authorization form must be completed, signed, and returned to the School Office prior to the removal of any equipment from school grounds. Under no circumstances may a District-owned laptop or tablet computer be used for personal purposes.

The district's Office of Asset Inventory and Office of Security Operations shall conduct a semi-annual inspection of all equipment. A random inspection of the equipment may be conducted anytime at the district's discretion.

The user shall be responsible for loss of equipment as a result of fire, theft, excessive damage, etc., not covered by the district's equipment maintenance contract. The replacement cost shall be determined based on the present market value of the item, not to exceed the original purchase price of the item.

Issues related to malfunction or damage to equipment covered under the district's equipment maintenance policy must be reported to the appropriate department within a timely manner, not to exceed one (1) week or five (5) working days.

Book	Policy Manual
Section	800 Operations
Title	Acceptable Use of Internet, Computers and Network Resources
Code	815
Status	Active
Adopted	August 18, 2011
Last Revised	April 28, 2022

Purpose

The Board supports use of the computers, Internet and other network resources in the district's instructional and operational programs in order to facilitate learning, teaching and daily operations through interpersonal communications and access to information, research, and collaboration.

The district provides students, staff and other authorized individuals with access to the district's computers, electronic communication systems and network, which includes Internet access, whether wired or wireless, or by any other means.

For instructional purposes, the use of the Internet and network facilities shall be consistent with the curriculum adopted by the district as well as the varied instructional needs, learning styles, abilities, and developmental levels of students.

Definitions

The term child pornography is defined under both federal and state law.

Child pornography - under federal law, is any visual depiction, including any photograph, film, video, picture, or computer or computer-generated image or picture, whether made or produced by electronic, mechanical, or other means, of sexually explicit conduct, where:[22]

1. The production of such visual depiction involves the use of a minor engaging in sexually explicit conduct;
2. Such visual depiction is a digital image, computer image, or computer-generated image that is, or is indistinguishable from, that of a minor engaging in sexually explicit conduct; or

3. Such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct.

Child pornography - under state law, is any book, magazine, pamphlet, slide, photograph, film, videotape, computer depiction or other material depicting a child under the age of eighteen (18) years engaging in a prohibited sexual act or in the simulation of such act.[23]

The term harmful to minors is defined under both federal and state law.

Harmful to minors - under federal law, is any picture, image, graphic image file or other visual depiction that:[2][3]

1. Taken as a whole, with respect to minors, appeals to a prurient interest in nudity, sex or excretion;
2. Depicts, describes or represents in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or lewd exhibition of the genitals; and
3. Taken as a whole lacks serious literary, artistic, political or scientific value as to minors.

Harmful to minors - under state law, is any depiction or representation in whatever form, of nudity, sexual conduct, sexual excitement, or sadomasochistic abuse, when it:[24]

1. Predominantly appeals to the prurient, shameful, or morbid interest of minors;
2. Is patently offensive to prevailing standards in the adult community as a whole with respect to what is suitable for minors; and
3. Taken as a whole lacks serious literary, artistic, political, educational or scientific value for minors.

Obscene - any material or performance, if:[24]

1. The average person applying contemporary community standards would find that the subject matter taken as a whole appeals to the prurient interest;
2. The subject matter depicts or describes in a patently offensive way, sexual conduct described in the law to be obscene; and
3. The subject matter, taken as a whole, lacks serious literary, artistic, political, educational or scientific value.

Technology protection measure - a specific technology that blocks or filters Internet access to:

- visual depictions that are known to be obscene, child pornography, or harmful to minors [3]
- any areas on the Internet that are known to have a serious potential to lead to physical, psychological, or emotional harm to minors

Authority

The availability of access to electronic information does not imply endorsement by the district of the content, nor does the district guarantee the accuracy of information received. The district shall not be responsible for any information that may be lost, damaged or unavailable when using the network or for any information that is retrieved via the Internet, including but not limited to data that is graphic, video, audio, text, etc.

The district shall not be responsible for any unauthorized charges or fees resulting from access to the Internet or other network resources.

The Board declares that computer and network use is a privilege, not a right. The district's computer and network resources are the property of the district. Users shall have no expectation of privacy in anything they create, store, send, delete, receive or display on or over the district's Internet, computers or network resources, including personal files or any use of the district's Internet, computers or network resources. The district reserves the right to monitor, track, and log network access and use; monitor fileserver space utilization by district users; or deny access to prevent unauthorized, inappropriate or illegal activity and may revoke access privileges and/or administer appropriate disciplinary action. The district shall cooperate to the extent legally required with the Internet Service Provider (ISP), local, state and federal officials in any investigation concerning or related to the misuse of the district's Internet, computers and network resources.[4][5][6]

The Board requires all users to fully comply with this policy and to immediately report any violations or suspicious activities to the Superintendent or designee.

The Board establishes the following materials, in addition to those stated in law and defined in this policy, that are inappropriate for access by minors:[3]

1. Defamatory.
2. Lewd, vulgar, or profane.
3. Threatening.
4. Harassing or discriminatory.[7][8][9][10][11]
5. Bullying.[12]
6. Terroristic.[13]

The district reserves the right to restrict access to any Internet sites or functions it deems inappropriate through established Board policy, or the use of software and/or

online server blocking and filtering. Specifically, the district operates and enforces a technology protection measure(s) that blocks or filters access to inappropriate matter by minors on its computers used and accessible to adults and students. The technology protection measure shall be enforced during use of computers with Internet access.[2][3][14]

Upon request by students or staff, the Superintendent or designee shall expedite a review and may authorize the disabling of Internet blocking/filtering software to enable access to material that is blocked through technology protection measures but is not prohibited by this policy.[14]

Delegation of Responsibility

The district shall make every effort to ensure that this resource is used responsibly by students and staff.

The district shall inform staff, students, parents/guardians and other users about this policy through employee and student handbooks, posting on the district website, and by other appropriate methods. A copy of this policy shall be provided to parents/guardians, upon written request.[14]

Users of district networks or district-owned equipment shall, prior to being given access or being issued equipment, sign user agreements acknowledging awareness of the provisions of this policy, and awareness that the district uses monitoring systems to monitor and detect inappropriate use and may use tracking systems to track and recover lost or stolen equipment.[16]

Student user agreements shall also be signed by a parent/guardian.

Administrators, teachers and staff have a professional responsibility to work together to help students develop the intellectual skills necessary to discern among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use the information to meet their educational goals.

Students, staff and other authorized individuals have the responsibility to respect and protect the rights of every other user in the district and on the Internet.

Building administrators shall make initial determinations of whether inappropriate use has occurred.

The Superintendent or designee shall be responsible for recommending technology and developing procedures used to determine whether the district's computers are being used for purposes prohibited by law or for accessing sexually explicit materials. The procedures shall include but not be limited to:[2][3][19]

1. Utilizing a technology protection measure that blocks or filters Internet access for minors and adults to certain visual depictions that are obscene, child pornography, harmful to minors with respect to use by minors, or determined inappropriate for use by minors by the Board.

2. Maintaining and securing a usage log.
3. Monitoring online activities of minors.

The Superintendent or designee shall develop and implement administrative regulations that ensure students are educated on network etiquette and other appropriate online behavior, including:[3]

1. Interaction with other individuals on social networking websites and in chat rooms.
2. Cyberbullying awareness and response.[12][18]

Guidelines

Network accounts shall be used only by the authorized owner of the account for its approved purpose. Network users shall respect the privacy of other users on the system.

Access to Information

Information is no longer restricted to books, libraries, and broadcast media. The World Wide Web is the most up-to-date source of information on every conceivable topic. Countless organizations globally contribute to its content. Students and teachers may use this rich source of global information regularly in their classrooms. New skills are required – the skills of scanning, assessing for relevance and selecting from the vast amount of information retrieved. District teachers and staff shall assist students in developing skills necessary to use this resource responsibly and in accordance with Board policy and administrative regulations.

Safety

It is the district's goal to protect users of the network from harassment and unwanted or unsolicited electronic communications. Any network user who receives threatening or unwelcome electronic communications or inadvertently visits or accesses an inappropriate site shall report such immediately to a teacher or administrator. Network users shall not reveal personal information to other users on the network, including chat rooms, email, social networking websites, etc.

Internet safety measures shall effectively address the following:[3][19]

1. Control of access by minors to inappropriate matter on the Internet and World Wide Web.
2. Safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications.

3. Prevention of unauthorized online access, including "hacking" and other unlawful activities.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors.
5. Restriction of minors' access to materials harmful to them.

Prohibitions

Users are expected to act in a responsible, ethical and legal manner in accordance with district policy, accepted rules of network etiquette, and federal and state law. Specifically, the following uses are prohibited:

1. Facilitating illegal activity.
2. Commercial or for-profit purposes.
3. Nonwork or non-school related work.
4. Product advertisement or political lobbying.
5. Bullying/Cyberbullying.[12][18]
6. Hate mail, discriminatory remarks, and offensive or inflammatory communication.
7. Unauthorized or illegal installation, distribution, reproduction, or use of copyrighted materials.
8. Accessing, sending, receiving, transferring, viewing, sharing or downloading obscene, pornographic, lewd, or otherwise illegal materials, images or photographs.[20]
9. Access by students and minors to material that is harmful to minors or is determined inappropriate for minors in accordance with Board policy.
10. Inappropriate language or profanity.
11. Transmission of material likely to be offensive or objectionable to recipients.
12. Intentional obtaining or modifying of files, passwords, and data belonging to other users.
13. Impersonation of another user, anonymity, and pseudonyms.
14. Fraudulent copying, communications, or modification of materials in violation of copyright laws.[21]

15. Loading or using of unauthorized games, programs, files, or other electronic media.
16. Disruption of the work of other users.
17. Destruction, modification, abuse or unauthorized access to network hardware, software and files.
18. Accessing the Internet, district computers or other network resources without authorization.
19. Disabling or bypassing the Internet blocking/filtering software without authorization.
20. Accessing, sending, receiving, transferring, viewing, sharing or downloading confidential information without authorization.
21. Use of unauthorized chat rooms and/or other forms of direct electronic communication for noneducational purposes.

Security

System security is protected through the use of passwords and an Internet firewall, which will only allow access to authorized users. Failure to adequately protect or update passwords could result in unauthorized access to personal or district files. To protect the integrity of the system, these guidelines shall be followed:

1. Employees and students shall not reveal their passwords to another individual.
2. Users are not to use a computer that has been logged in under another student's or employee's name.
3. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the network.

Copyright

The illegal use of copyrighted materials is prohibited. Any data uploaded to or downloaded from the network shall be subject to fair use guidelines and applicable laws and regulations.[21][25]

District Website

The district shall establish and maintain a website and shall develop and modify its web pages to present information about the district under the direction of the Superintendent or designee. All users publishing content on the district website shall comply with this and other applicable district policies.

Users shall not copy or download information from the district website and disseminate such information on unauthorized web pages without authorization from the building principal.

Consequences for Inappropriate Use

The network user shall be responsible for damages to the equipment, systems, and software resulting from deliberate or willful acts. The cost of damages will include, but is not limited to, hardware replacement costs, legal costs, and labor costs to identify and remedy the damages.[14]

Illegal use of the network; intentional deletion or damage to files or data belonging to others; uploading, downloading, or creating computer viruses; copyright violations; and theft of services shall be reported to the appropriate legal authorities for possible prosecution.

General rules for behavior and communications apply when using the Internet, in addition to the stipulations of this policy.

Vandalism shall result in loss of access privileges, disciplinary action, and/or legal proceedings. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet or other networks; this includes but is not limited to uploading or creating computer viruses.

Failure to comply with this policy or inappropriate use of the Internet, district network or computers shall result in usage restrictions, loss of access privileges, disciplinary action, and/or legal proceedings. [4][5][6]

Legal

2. 20 U.S.C. 6777

3. 47 U.S.C. 254

4. Pol. 218

5. Pol. 233

6. Pol. 317

7. Pol. 103

8. Pol. 103.1

9. Pol. 104

10. Pol. 248

11. Pol. 348

12. Pol. 249

13. Pol. 218.2

14. 24 P.S. 4604

15. 24 P.S. 4610

16. Pol. 815.1

18. 24 P.S. 1303.1-A

19. 47 CFR 54.520

20. Pol. 237

21. Pol. 814

22. 18 U.S.C. 2256

Book	Policy Manual
Section	800 Operations
Title	Technology Requests
Code	815.4
Status	Active
Adopted	August 18, 2011
Last Revised	April 28, 2022

Purpose

The Board shall provide technical support resources to support the use of computers and network systems in the district's instructional and operational programs.

Guidelines

The following procedures shall be enforced by the Technology Department and specify the types of assistance provided by the Site Manager.

Prioritization of Technology Requests

1. Network down
2. Room unable to connect to network
3. Building-wide software issue
4. User account problem (network and email accounts)
5. Internet access problem
6. Classroom Instructional Technology problem
7. Computer problem
8. Network printer problem

All technology related issues must be reported via the district's help desk system. In the event of a building level technology emergency, the Building Administrator may contact the Technology Director via cell phone to report the issue immediately.

Each school's Site Manager shall email all repair/request issues to the district's help desk system. This information is automatically available to the Technology Department. To maintain efficiency, the Technology Department staff shall only address items listed on the help desk ticket. All building issues shall be appropriately scheduled for service.

The Site Manager shall serve as the building liaison with the Technology Department. All building level repairs, projects, inventory, and training requests must be requested

by the Site Manager. District employees may submit their own help desk tickets for individual of classroom technology issues.

Administrative computers, such as office, maintenance, security, library, guidance, and special education (non-classroom systems), shall require Technology Department assistance regarding troubleshooting. Set up of any new administrative users and email accounts must be communicated through the Site Manager to the Technology Department via help desk email.

The Site Manager shall assist with minor day-to-day issues such as network troubleshooting, printing, hardware, and software problems.

Any hardware moves shall require prior Technology Department approval. In addition, the proper Equipment Transfer slip must be completed and forwarded to the Technology Department.

The Site Manager shall coordinate professional development activities with the building planning team and the building principal.

Technology Department staff are the only personnel authorized to install software on the district network or district computers.

Any grant or scholastic achievement award projects that involve technology must be coordinated through the Technology Department prior to grant application or acceptance of the award.

Walk-in traffic to the Technology Department must be limited due to server security and scheduled projects.

If a Site Manager is not available and an individual would like to drop off equipment, it must be logged and scheduled the same as all other requests.

Legal

24 P.S. 510

Pol. 815

Pol. 815.2

Pol. 815.3

Book	Policy Manual
Section	800 Operations
Title	Social Media
Code	815.5
Status	Active
Adopted	March 29, 2012
Last Revised	April 28, 2022

Purpose

The Hazleton Area School District recognizes the prevalence of Social Networking in personal and professional communications. This policy addresses employees' use of such networks, including: personal websites, web logs (blogs), wikis, social networks, online forums, virtual worlds, and any other kind of social media.

Student access to non-district approved personal websites, web logs (blogs), wikis, social networks, online forums, virtual worlds, and any other kind of social media is prohibited when using any district device, district network, district Internet access, and at any time when the student is attending school for scheduled education.

The district takes no position on employees' decisions to participate in social media such as that described above, and is cognizant of the constitutional protections afforded to employees speaking as private citizens on matters of public concern. However, employees are reminded that they are professionals and are representatives of the district and the community in all aspects of their lives. At all times, including the course of communications via social media, employees should conduct themselves publicly in accordance with the responsibilities of public service. This policy is intended to assist the employee in making good decisions when communicating and obtaining information online in accordance with district policy.

The Superintendent, and/or designee, is hereby granted the authority to create and enforce additional administrative regulations, procedures, and rules to carry out the purpose of this Social Media policy. These administrative regulations, procedures, and rules may include, among other items, guidance in implementing and using school district-sponsored social media and other websites for educational purposes, upon request. This policy notwithstanding, users are always responsible for their own behavior when communicating via social media.

Users will be held accountable for the content of communications that are posted via social media sites, when appropriate. Users are responsible for complying with the school district's Acceptable Use policy and related guidelines addressing the use of social media. At no time may any user of the district network disrupt the learning

atmosphere, educational programs, school activities, and/or the rights of others via use of a social media site or other form of electronic communication.

Guidelines

Interaction with Students Through Blogs and Social Networking

Employees are required to maintain a professional relationship with their students at all times and are prohibited from becoming friends and/or communicating with students via personal accounts on social media networks. Further, employees should not engage students on either the employee's or the student's blog or social networking page regarding any other matter. Employees should not participate in student social networking group pages or utilize these pages to communicate with students in a personal capacity when they know or should have known that students are involved and participating.

Only school-sponsored websites, wikis, email addresses or other district-sponsored means should be utilized for communications with students and/or parents. In the event an employee receives a communication or request from a student or parent addressed to the employee's personal account, the employee should respond via other means that are district-sponsored.

If an employee wishes to establish a school-sponsored social media account, page, or other platform to address extra-curricular activities for purposes of scheduling and/or other administrative communications, they may submit a request in writing to the Hazleton Area School District Superintendent. Under no circumstances should employees be utilizing personal accounts for such purposes. This acknowledgement of a potential exception for communications with students via social media sites sponsored by the district is limited to circumstances unique to extra-curricular and co-curricular activities that require interaction between coaches and other district personnel with students whom they may not see during the course of the school day. This exception is not intended to apply to, or otherwise permit general, personal, or assignment-related communications between employees and students. Such communication should be occurring solely via district-sponsored means of communication, such as e-mail.

Identification and Authorship

The district encourages employees to be honest about their identity when utilizing social media. Tracking tools enable supposedly anonymous posts to be traced back to their authors. Employees should not pretend to be another person in order to pursue personal communications or agendas, and are prohibited from doing so when communicating about district matters of private or internal concern regarding the district, its staff, students or operations.

Employees are prohibited from acting as a spokesperson for the district or posting comments as a representative of the district without express consent. Any employee who chooses to identify him or herself as a district employee on any social media network or offers any comment on any topic related to the district, while on any social media network, is directed to include a disclaimer providing that follows:

"The views expressed [in the social media format] are mine alone and do not necessarily reflect the views of the Hazleton Area School District."

Monitoring and Liability

Employees should understand the public nature of the Internet and should understand that the district is free to view and monitor employees' public websites, blogs, or other public Internet communications at any time, without consent from the author of such communications. Furthermore, as representatives of the district, employees are reminded that students, parents, and other partners of the district community are able to view any public communication or private social media communication made accessible to them by district employees. It is the responsibility of all employees and/or users of social media to carefully consider their behavior and what they place on line when communicating with, or "friending", any individual. Information placed in social media, even when designated as private, can be accessed in litigation, and otherwise distributed by friends of the user.

Social media users may be held responsible and subject to discipline for commentary that references the district, its staff, students, or operations in an inappropriate or illegal manner. In general, social media users should further be aware that they may incur liability arising from commentary deemed to be proprietary, copyrighted, defamatory, libelous, or obscene (as defined by law).

Social media users should take responsibility and monitor their own social media applications on a regular basis in order to review and approve any and all comments that may appear. Any inappropriate, offensive, obscene, or illegal comments or spam should be deleted or removed as soon as reasonably practical by the employee.

Employees should not permit students to comment on their personal social networking page or on their blog.

Prohibited Conduct

Employees are hereby advised that any and all district-related information published by the employee on their blog or social networking sites must comply with the district's Acceptable Use and Personal Conduct policies. Further, the employee must comply with confidentially obligations imposed by law, including HIPAA and FERPA. Employees must respect all copyright laws and must reference or cite all sources as required by law. Under no circumstances may the employee use district logos, mascots, or images on a personal social media account, profile, site, or blog without express written consent. The use of images or photographs of students on a personal blog or social networking webpage are absolutely prohibited.

Under no circumstances should employees discuss situations involving employee or student discipline on social media networks or sites. As a general guideline, employees should not post anything that they would not want to read in a newspaper or on a billboard.

Employees should not use the district's name to promote or endorse any product, cause, or political party or candidate.

Conduct in the Use of Social Media

Under no circumstances shall the use of social networking activities interfere with the employee's work obligations. Users may not use commercial social media during their work, school, and/or volunteer responsibilities unless approval has been granted by the Superintendent or designee, and only in circumstances where the social media has been opened for that person(s) and purpose only.

Employees should be aware that even privacy settings are not fool-proof. Search engines can turn up posts and pictures years after they have been published to the Internet. It is recommended that employees keep their status as professionals and representatives of the district in mind at all times when communicating via social media.

Employees should use care in posting or publishing photos of themselves. Only pictures that they would be comfortable sharing with the parents of district students or their employer should be posted.

Employees should monitor pictures posted by their friends, utilize appropriate privacy settings, and monitor any tagging of their names to ensure that a search for the employee's name does not bring up inappropriate or unauthorized images of the employee.

Discipline Under This Policy

Violation of this policy by an employee will result in discipline as appropriate, up to and including termination, in accordance with all applicable district disciplinary policies and procedures.

Employees will be held responsible for the disclosure, whether purposeful or inadvertent, of confidential or proprietary information, information that violates the privacy rights of others.

Exceptions to this policy may be recognized in instances where employees' speech is made as a private citizen, on matters of purely public concern, where appropriate and where otherwise required by law.

Preservation and Compliance with Applicable Law

Nothing in this policy shall be interpreted in a manner that violates an employee's civil or other rights as set forth in state and federal law.

Book	Policy Manual
Section	800 Operations
Title	District Email
Code	816
Status	Active
Adopted	July 24, 2008
Last Revised	April 28, 2022

Purpose

It is the policy of the Hazleton Area School District (HASD) to: [1]

1. Prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications.
2. Prevent unauthorized access and other unlawful online activity.
3. Prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors.
4. Comply with the Children's Internet Protection Act.

This policy describes guidelines of the Hazleton Area School District with regard to access to, retention of, and disclosure of electronic mail (email) messages sent or received with use of the HASD email system.

Authority

The Hazleton Area School District respects individual privacy; however, privacy does not extend to the employee's work-related conduct, the student's school related conduct, or to the use of district-provided equipment or supplies. Employees and students should be aware that the following guidelines might affect their privacy in the District's physical and virtual environment. Employees and students shall have no expectation of privacy while utilizing the district email, computers, networks, Internet access, and all other district systems. [1]

Personal Use

HASD provides employees and students with email accounts to assist in the process of education and learning. These email accounts must only be used in support of the educational objectives of the Hazleton Area School District. Each user is personally

responsible for their email account and operating it in accordance with this policy, the Acceptable Use policy, and any and all other applicable district policies. [1]

Email should not be considered a secure means of communication. Email should not be used for the transmission of sensitive or confidential information.

Inappropriate Use

The email system of the HASD may not be used in any way that may be seen as insulting, disruptive, offensive by other persons, or harmful to employee or student morale, or otherwise in violation of the district Acceptable Use policy or any and all other district policies. [1]

Prohibitive actions include, but are not limited to:

1. The use of HASD email for personal gain.
2. Sharing your email account password.
3. Infringing on the copyright or intellectual property of third parties.
4. The sending of chain letters or spam email.
5. The distribution of offensive messages or images.
6. Any illegal activity not specifically mentioned.

The email system may not be used to send offensive or pornographic content. Employees who transmit or store this material on HASD systems are subject to immediate termination through due process.

Users of the District's email system may not intentionally intercept, read, or alter another person's email. Additionally, users may not alter an email to fraudulently identify themselves, to conceal their true identity, to impersonate another user or the district, or maintain or establish anonymity in any other manner.

Appropriate School Use

Only an HASD email address should be used when communicating on behalf of HASD. The use of non-HASD email accounts for any HASD related functions is prohibited. Users are not permitted to use third party email systems (such as Yahoo, Gmail, or Hotmail) when using district devices, when using the district network, in communications between faculty and students, or in the capacity as an employees of HASD.

Confidentiality and Access

This electronic mail system has been installed by the HASD to facilitate educational communications. Although each user has an individual password to access this system, the system belongs to the HASD. The contents of email communications are vulnerable

to subpoena by the courts and discovery by third parties in litigation. Therefore, users should not assume that messages are confidential. Back-up copies of email shall be maintained and referenced by the district.

System administrators are authorized to take reasonable actions to implement and enforce district policy and ensure network security.

Email may be monitored to ensure the system functionality and accessed to perform regular system maintenance. Emails will not be examined without the prior authorization of the Hazleton Area School District Superintendent.

Delegation of Responsibility

The Hazleton Area School District Superintendent shall be the primary contact for the interpretation, enforcement, and monitoring of this policy and the resolution of problems concerning it. Any issues concerning law shall be referred to the HASD solicitor for advice.

The Hazleton Area School District Superintendent authorizes system administrators to perform general inspection and monitoring to ensure the security and stability of the network and systems connected to it. This may include monitoring, inspection, and support activities such as, but is not limited to:

1. Assuring adequate quality of service for critical applications.
2. Detecting unauthorized use of the network.
3. Filtering content (as described above).
4. Preventing or investigating system problems or efficiencies.
5. Assessing security vulnerabilities of computers connected to the network.
6. Preventing or investigating improper or illegal activities.
7. Compiling usage statistics.

System administrators have the following responsibilities for systems and networks they administer:

1. Taking precautions against theft or damage.
2. Protecting the integrity of district networks, hardware, software, and privacy of personal, financial, and other confidential information stored on district systems and networks.
3. Following appropriate practices for security and disaster recovery.

4. Promulgating policies and procedures that govern services, access, and use of the systems they administer.
5. Reporting suspected legal violations, security threats or violations of district policy to appropriate district authorities.
6. Cooperating with administrators to find and correct problems caused by the use of systems under their control.

Guidelines

Suspension of Privileges and Consequences for Violation

System administrators may temporarily suspend access privileges if they believe it necessary to maintain the integrity of computer systems or networks. If legal violations, security threats, or violations of district policy are suspected, appropriate district authorities will be informed. Where appropriate, violations of this policy will be reported to appropriate legal authorities where the action in violation of the policy is believed to be in violation of criminal law. Further, where a user violates this policy in a manner in violation of the district's rights as protected by law, the district may pursue a suit against the user in the district's sole discretion.

Email Retention

All incoming, outgoing and internal emails for the Hazleton Area School District will be archived in accordance with the Federal Rules of Civil Procedure.

All emails arriving to HASD will first be filtered for spam. Emails determined to be spam will not be delivered to a user's inbox or archived. Any message delivered to or sent from a mailbox on the hasdk12.org domain will be archived according to this policy.

HASD will begin archiving all HASD email on October 1, 2010, at 12:01 a.m. Archived data will be retained for a period of two (2) calendar years from the date they are first archived. This will allow for messages to be indexed, stored and deleted once the retention date has been reached.

All email communication is subject to search and is the property of HASD. Deleting email from your inbox does not delete the email from the archive. Once an email has been sent and/or received in your inbox, the email will become part of the archive. There is nothing HASD can do to remove messages from the archive.

The archival solution also allows for email retrieval, search, and review by the request of administration or in the event of an investigation.

In the case of litigation, the administrative offices will notify the Technology Department, in writing, with the appropriate information necessary to place a litigation hold on select archived accounts or to suspend any archival data destruction until further notice. Once completed, the administrative offices will notify the Technology Department by writing to resume data destruction procedures according to this policy.

Policy Interpretation

The Hazleton Area School District Superintendent shall be responsible for interpretation of this policy, resolution of problems and conflicts with local policies, and special situations.

Legal

1. Pol. 815

2. Pol. 800

Federal Rules of Civil Procedure

Pol. 317

Pol. 814

Attachments:

816 Attachment I - Employee Acceptable Use Agreement Form

816 Attachment II - Non-District Employee AUP Form

816 Attachment III - Student Technology Acceptable Use Agreement

Background Clearance Information

Pennsylvania State Police Check

Pennsylvania Access to Criminal History (PATCH) Web Site

- Choose "Individual Request"
- Select Reason – **MUST BE FOR EMPLOYMENT**
- Complete information required, submit clearance, save PDF version of results.

Fee - \$22.00, Standard Record Check Request. Only this type of request is accepted for employment purposes.

Pennsylvania Child Abuse History Clearance

<https://www.compass.state.pa.us/cwis/public/home>

- Create an Individual Account
- "Access my Clearances"
- "Create Clearance Application"
- Select reason "School Employee Governed by Public School Code: Applying as a school employee who is required to obtain background checks pursuant to Section 111 of the Public School Code "

Fee- \$13.00

FBI Fingerprint Record

<https://uenroll.identogo.com/>

- The Commonwealth of Pennsylvania has changed to a new electronic fingerprinting vendor, IDEMIA, for Federal Bureau of Investigation (FBI) criminal history background checks.
- **Service Name: School Districts**
- **Service Code: 1KG6XN**

APPLICANT PROCEDURES

Fee: \$23.85; All applicants will receive an unofficial copy of their report.

The fingerprint-based background check is a multiple-step process, as follows:

- <https://uenroll.identogo.com/>
- Enter Service code – 1KG6XN
- "Schedule or Manage Appointment"
- Enter Information required
- After you choose the location to be Fingerprinted at, submit receipt / confirmation of appointment.
- **THE SCHOOL DISTRICT DOES NOT RECEIVE COPIES OF YOUR RESULTS, WE NEED TO VERIFY USING THE UEID # YOU PROVIDE**
- If you cannot locate your receipt / email confirmation, call **855-845-7434** to request your UEID #

HAZLETON AREA SCHOOL DISTRICT
PAYROLL DEPARTMENT
PAYROLL CHECK DIRECT DEPOSIT AUTHORIZATION
(Electronic Transfer)

PLEASE PRINT CLEARLY:

NAME: _____ Employee ID: _____

- A. Financial Institution Name: _____
Address: _____
Telephone #: _____
- B. Type of Deposit Account: (select only one)
Savings Account ☐
Checking Account ☐
- C. * Account Number to which your check will be deposited: _____
- D. * ABA# _____

Depositors: **PLEASE MAKE SURE THE ACCOUNT # AND ABA # ARE CORRECT**

Credit Union depositors: Please call the Credit Union office to ensure the account number you are providing is correct.

* Refer to sample below as to where this information can be found.

John Jones Mary A. Jones	Date _____
Pay to the order of _____	
_____ Dollars	<div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>
1 st Savings Bank 123 Main Street Anytown, PA	
ABA# _____	ACCT# _____
CK# _____	

Please attach a voided check or deposit ticket if depositing into checking account. If depositing check into your savings account, please contact your bank for the ABA#.

PLEASE NOTE: AFTER YOU AUTHORIZE DIRECT DEPOSIT, THE FIRST PAYCHECK GOES THROUGH A PRE-NOTE PROCESS WITH THE BANK TO VERIFY THE ACCOUNT. (THIS MEANS YOU WILL RECEIVE AN ACTUAL CHECK.) IF YOU PROVIDE INCORRECT INFORMATION ON THIS FORM, THERE MAY BE A FURTHER DELAY AS TO WHEN YOUR CHECK WILL BE CREDITED TO YOUR ACCOUNT.

Provide all the information requested

Date

Any questions contact:

Signature

Michele Boretski, Payroll Supervisor
boretskim@hasdk12.org
570-459-3111 ext. 3110

Karen Diehl, Payroll Specialist
diehlk@hasdk12.org
570-459-3111 ext. 3109



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 (See instructions)	
<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. (See instructions)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
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(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





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

Section 2: Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete this section 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	<div>Additional Information</div>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority	<div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>	
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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Must submit Forms of Identification - See List

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
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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				

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

Refer to the instructions for more information about acceptable receipts.



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 <div style="display: flex; justify-content: space-around; width: 100%;"> </div>			TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN		
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)					
SECOND LINE OF ADDRESS					
CITY	STATE	ZIP CODE	PHONE NUMBER		
MUNICIPALITY (City, Borough, Township)					
COUNTY	PSD CODE <div style="display: flex; justify-content: space-around; width: 100%;"> </div>			MUNICIPAL NON-RESIDENT EIT RATE	

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

Select Get Local Gov Support, >Municipal Statistics

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 for the municipality or school district in which you are primarily 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 your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.
2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$12,000: Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.
3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.
4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

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

Tax Office: _____
Address: _____
City/State: _____

Phone #: _____
Zip: _____

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the combined 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**.

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

SIGNATURE: _____ **DATE:** _____

ARREST/CONVICTION REPORT AND CERTIFICATION FORM

(under Act 24 of 2011 and Act 82 of 2012)

Section 1. Personal Information

Full Legal Name: _____

Date of Birth: ____/____/____

Other names by
which you have
been identified: _____

Section 2. Arrest or Conviction

☐

By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.

☐

By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

Details of Arrests or Convictions

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 3. Child Abuse

☐

By checking this box, I state that I have NOT been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

☐

By checking this box, I report that I have been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

Section 4. Certification

By signing this form, I certify 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 _____

INSTRUCTIONS

Pursuant to 24 P.S. §1-111(c.4) and (j), the Pennsylvania Department of Education developed this standardized form (PDE-6004) to be used by current and prospective employees of public and private schools, intermediate units, and area vocational-technical schools.

As required by subsection (c.4) and (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current and prospective employees of said institutions to provide written reporting of any arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) and (f.1) and to provide notification of having been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

As required by subsection (j)(4) of 24 P.S. §1-111, this form also shall be utilized by current and prospective employees to provide written notice within seventy-two (72) hours after a subsequent arrest or conviction for an offense enumerated under 24 P.S. §§1-111(e) or (f.1).

In accordance with 24 P.S. §1-111, employees completing this form are required to submit the form to the administrator or other person responsible for employment decisions in a school entity. Please contact a supervisor or the school entity administration office with any questions regarding the PDE 6004, including to whom the form should be sent.

PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.

LIST OF REPORTABLE OFFENSES

- A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:

- | | |
|---|---|
| <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 2910 (relating to luring a child into a motor vehicle or structure) ▪ 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 3124.2 (relating to institutional sexual assault) ▪ Section 3125 (relating to aggravated indecent assault) ▪ Section 3126 (relating to indecent assault) ▪ Section 3127 (relating to indecent exposure) ▪ Section 3129 (relating to sexual intercourse with animal) ▪ Section 4302 (relating to incest) ▪ Section 4303 (relating to concealing death of child) | <ul style="list-style-type: none"> ▪ 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(a)(1) (relating to corruption of minors) ▪ Section 6312 (relating to sexual abuse of children) ▪ Section 6318 (relating to unlawful contact with minor) ▪ Section 6319 (relating to solicitation of minors to traffic drugs) ▪ Section 6320 (relating to sexual exploitation 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."

- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:

- the United States; or
- one of its territories or possessions; or
- another state; or
- the District of Columbia; or
- the Commonwealth of Puerto Rico; or
- a foreign nation; or
- under a former law of this Commonwealth.

- A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d) (relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

CARDIAC-CONCUSSION-CPR and PIAA COACHING EDUCATION

All Hired Coaches must take a Cardiac and Concussion course prior to starting their position. These Cardiac and Concussion courses must be re-taken every year (July 1st thru June 30th). These courses can be accessed by going to the following website and clicking on the appropriate links: www.sportsafety.com. Complete the CardiacWise and ConcussionWise courses and print out the certifications or just print out the email stating you successfully completed the courses (FREE) and submit to the athletic office annually.

All Hired Coaches must have their CPR certifications and submit a copy of your certification card to the athletic office. You will be responsible to keep that certification updated as long as you coach within the district. CPR certifications can be obtained at your chosen site. Ex: some coaches use the American Academy of CPR & First Aid site.

All Hired Coaches (head, assistant, paid, or volunteer) must take the MANDATED PIAA Coaching Education Course (2 courses totaling \$95.00), create a PIAA Profile, and submit to the athletic office proof of course completion. This course only needs to be taken once and does not have to be updated or taken again. You must take these courses within 2 years of your hired date. Go to the <http://www.piaa.org> site and go to PIAA Coaching Education Requirements and follow the instructions.