



Woodland Hills
School District

PERSONNEL OFFICE
ADMINISTRATIVE OFFICE

531 Jones Avenue, North Braddock, PA 15104 · 412-731-1300

EXTRA DUTY APPLICATION PACKET

All submitted documents must be dated within one year of application date.

1. EDR Application
2. School Personnel Health Form/TB Test and Physical. Proof of immunizations is required.
3. Clearances:
 - PA Criminal-<https://epatch.pa.gov>
 - Child Abuse History-<https://www.compass.state.pa.us/CWIS>
 - FBI (fingerprints)- <https://uenroll.identogo.com>.
The service code for paid coaching positions is 1KG6XN. The service code for volunteer positions is 1KG6ZJ. **Please note that volunteer clearances cannot be accepted for paid coaching positions**
4. Act 168 form(s)- Please print off as many copies of this form as needed. One form will go to your current employer. You are also required to complete a form for each previous employer where you had direct contact with children. Once you complete the employer information and Section 1 on each form, please submit them to me with along with your packet. I will send them to the designated employers and they will complete Section 2 and return.
5. Payroll Forms
6. Emergency Contact Form
7. Arrest or Conviction form (Act 24)

Once you have completed the required paperwork for the position, please contact Cheryl Muter, Personnel Coordinator, by phone or email, to schedule a pre-employment drug test and complete the Federal I-9 form.

Woodland Hills Administration Building
531 Jones Avenue
Braddock, PA 15104 412-731-1300 x 0114
muitch@whsd.us FAX-412-679-1656

APPLICATION FOR EDR POSITION (Extra Duty Remuneration)

Date of Application _____

Application for the EDR Position of _____

for the _____ school year.

NAME _____
(Last) (First) (Initial)

ADDRESS _____ Telephone(____) _____
(Street) (City/Zip)

Email Address: _____

Present Assignment _____ School _____

If you are not presently employed in the Woodland Hills School District,
please indicate your present employment status if applicable.

(Employment status) (Employer)

Please state briefly your qualifications and experience for the above positions:

Signature _____

Submit to: Building Level Principal

(For District use only)

Interview Date _____

Interview by: _____ Recommended: Yes ___ No ___

Comments _____

Recommendation _____
(Building Principal)

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA DEPARTMENT OF HEALTH
SCHOOL PERSONNEL HEALTH RECORD**

I. Patient Information

Last Name	First	MI	Sex	Date of Birth
Social Security Number		Home Telephone		Work Telephone
Mailing Address	Street	City	State	Zip
Usual Source of Medical Care	Physician's Name	Address	Telephone	
Emergency Contact – Name	Relationship	Address	Telephone	

II. Immunization History

VACCINE	Enter Month, Day, and Year Each Immunization was Given			BOOSTERS & DATES	
	DOSES				
Diphtheria and Tetanus*	1.	2.	3.	4.	5.
Hepatitis B	1.	2.	3.		
Measles, Mumps, Rubella	1.	2.			
Other _____	1.	Other _____	1.		

* Tetanus and Diphtheria are usually received in combined vaccines such as DTP, DtaP, DT, or Td

III. Required Tuberculosis Test Results (as per Regulations of the Department of Health)

DATE APPLIED	ARM	METHOD	ANTIGEN	MANUFACTURER	SIGNATURE
DATE READ	RESULTS (mm)		SIGNATURE		

For previously known/new positive reactors: _____

Chest X-ray: Date: _____ Results: _____ Other: Date: _____ Results: _____
(Attach a copy of the report.) (Attach a copy of the report.)

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

IF SIGNIFICANT REACTION WAS REPORTED, THE PHYSICIAN REPORT MUST STATE THAT THE APPLICANT IS FREE FROM CURRENT TUBERCULOSIS DISEASE OR IS UNDER ADEQUATE CHEMOTHERAPY FOR TUBERCULOSIS DISEASE:

IV. Significant 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. Report of Physical Examination (✓)

	NORMAL	ABNORMAL	NOT EXAMINED	COMMENTS
Height (inches) _____				
Weight (pounds) _____				
Pulse _____				
Blood Pressure _____				
Hair/Scalp				
Skin				
Eyes - Visual Acuity: R _____ L _____				
Eyes - Color Vision				
Ears - Hearing (dB) R _____ L _____				
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 or which might affect his/her work role? 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
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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 (f.1) ("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(c) 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:
 - 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)
 - 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.

**Woodland Hills School District
Authorization Agreement for Automatic Deposits (Credits)**

I hereby authorize THE WOODLAND HILLS SCHOOL DISTRICT (hereinafter COMPANY) to deposit any amounts owed to me by initiating credit entries to my account at the Financial Institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries initiated by COMPANY to my account. In the event that COMPANY deposit funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the credit.

Bank Name _____

City, State _____

Bank Routing Number _____

Bank Account Number _____

Is this account a CHECKING or a SAVINGS account? _____

This authorization is to remain in full force and effect until COMPANY and/or BANK has received written notice from me of its termination in such time and in such manner as to afford COMPANY and/or BANK a reasonable opportunity to act on it.

Individual's Name (PLEASE PRINT)

Social Security Number

Individual's Signature

Date

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE.

PAYROLL INFORMATION

<input type="checkbox"/>	NEW HIRE
<input type="checkbox"/>	NAME CHANGE
<input type="checkbox"/>	ADDRESS CHANGE

FULL NAME _____ POSITION _____
SOCIAL SECURITY # _____ PHONE # _____
DATE OF BIRTH _____ SEX: M F
ADDRESS _____

If you are having the Local Service Tax *currently* taken out by another employer, please fill out the Local Service Tax Exemption Certificate provided by the Personnel Office.

If you have had Local Service Tax *deducted by a previous employer*, please attach proof of the amount deducted. The WHSD will deduct the balance due for the calendar year.

Have you been employed by a Pennsylvania Public School Entity prior to July 1, 1994? ____ Yes ____ No

Have you retired from a School District? ____ Yes ____ No

If yes, what was the name of the School District and the State? _____

What was the month and year of your retirement? _____

X _____
EMPLOYEE SIGNATURE

DATE

<i>For Personnel Office Only.</i>	
<i>First Day Worked</i>	_____
<i>Last Day Worked</i>	_____
<input type="checkbox"/>	<i>Approved for Tuition Reimbursement</i>

<i>For Payroll Office Only</i>	
<i>Retirement</i>	_____
<i>Insurance</i>	_____
<i>Union Dues</i>	_____
<i>LSV</i>	_____
<i>First Day Worked</i>	_____
<i>Other</i>	_____



PLEASE RETURN COMPLETED FORM WITHIN FIVE DAYS
 TO THE WOODLAND HILLS SCHOOL DISTRICT
 ADMINISTRATION BUILDING, 531 JONES AVENUE, NORTH
 BRADDOCK, PA 15104. ATTN: PAYROLL OFFICE

RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. 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. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER	
STREET ADDRESS (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE	TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN	
WOODLAND HILLS SCHOOL DISTRICT (see attached)		2 5 1 4 0 1 7 4 3	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
ADDRESS LINE 2			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE	
ALLEGHENY			

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

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

www.newPA.com/Act32

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 Capital Area Health Consortium 270 Farmington Ave, Ste 352 Farmington, CT 06032	First date of employment	Employer identification number (EIN) 51-0173264
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**Woodland Hills School District
PERSONNEL EMERGENCY AID FORM**

The information below is requested so that in the event of an illness or emergency, we may act quickly, efficiently, and in complete accord with your wishes. This information will be on file in the school, readily accessible to the school nurse and administrator.

NAME _____ BIRTHDATE _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

.....

IN CASE OF ACCIDENT OR ILLNESS IN SCHOOL, PLEASE CONTACT:

NAME _____ PHONE _____

Relationship to Employee _____

NAME _____ PHONE _____

Relationship to Employee _____

HOSPITAL PREFERENCE _____

RECURRING ILLNESS _____

ALLERGIES _____

UNDER DOCTOR CARE? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU TAKE ANY MEDICATIONS? IF YES, PLEASE LIST: _____

If you have any further information, please list on the back of this card.

(Employee Signature)

(Position)