## WILLIAMSPORT AREA SCHOOL DISTRICT 2780 WEST FOURTH STREET, WILLIAMSPORT, PA 17701 (570) 327-5500, ext. 40200

TO: FROM: SUBJECT:	NEW TEACHER CANDIDATES HUMAN RESOURCES DEPARTMENT NEW HIRE PACKET FOR PROFESSIONAL STAFF		
		DATE:	
		through Friday	e Human Resources Department (address above) between the hours of 8:00 a.m. and 4:00 p.m. Monday , to obtain and submit the following completed forms. Please note: before you can be begin working all of rk must be returned complete and your hire as a new employee must be submitted for School Board
	arances, a physical exam and TB test should be a priority if you do not currently have all three clearances of the mandatory medical tests dated within the past twelve months of your hire date.		
	YLVANIA TEACHING CERTIFICATE – You must show proof of certification. (A letter from the University that you have met the requirements to obtain PDE certification is acceptable until certification is issued.		
CRIMIN	AL RECORD CHECK BACKGROUND CHECK - Please provide a printout of your current Act 34 form.		
CHILD	ABUSE HISTORY BACKGROUND CHECK – Please provide a copy of your Act 151 form.		
	<b>CKGROUND CHECK</b> – After completing the application and fingerprint requirements please provide the ion ID# to allow us to access the report.		
	6 MANDATED REPORTER TRAINING (Child Abuse Recognition & Reporting) – Provide copy of this ation dated within five years, or be required to obtain within 30 days of hire.		
current o	L MISCONDUCT/ABUSE DISCLOSURE RELEASE (ACT 168) – This form must be provided for your employer and a separate form is required for each past PAID employment where the position involved with children. Complete the first page and sign and date page 2 of each form, and then return the form to will forward the Act 168 to your former employers so accurate contact information is necessary.		
ACT 24	ARREST/CONVICTION RECORD - Please complete and return the PDE 6004, Act 24 Arrest Record form		
	M (PROOF OF U.S. CITIZENSHIP) – You must complete this document and show two forms of ation. Please BRING IN YOUR DRIVER'S LICENSE and SOCIAL SECURITY CARD.		
	AL EXAMINATION – You will need to provide a pre-employment medical history form from a physician of pice. If you have had a physical within the last year, BRING A COPY WITH YOU.		
	<b>CULIN TEST</b> – If you have not had a "tine" test within the past year, you need to obtain one. If you've had a uberculin test, please BRING PROOF WITH YOU.		
	YMENT NOTIFICATION AND ACKNOWLEDGEMENT – Please review this form regarding worker's sation and return it to our office. The copy containing the Panel of Physicians list is for your information.		
Board P	POLICY NOTIFICATION AND ACKNOWLEDGEMENT (Green Form) –Please sign and return the olicy Notification & Acknowledgement form. It is important that you read and understand your rights and ibilities as explained in these documents. Return green page and keep white copies for your reference.		
PAYROLL FO			
	W-4 FEDERAL TAX WITHOLDING FORM Please note that you are responsible for submitting a new W-4 form if any lifestyle changes occur resulting in increased or decreased tax obligation.		
	PAYROLL OFFICE FORM for PSERS – Indicate past contributions to PSERS retirement fund		
	<b>DIRECT DEPOSIT</b> – It is mandatory that all new substitutes complete direct deposit information. Please attach a voided check or deposit slip.		
	OCCUPATION PRIVILEGE (EMST/OPT) TAX – In order to assess your occupation tax for the current year, please bring a copy of a RECENT PAYSTUB from your current or last employer with you. Otherwise, we will be obligated to deduct the full yearly assessment from your pay.		