

INSTRUCTIONS FOR FILLING OUT STUDENT EMPLOYMENT PAPERWORK

STUDENT DEDUCTION AUTHORIZATION:

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

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

Paychecks will be in your bank account (direct deposit) or your student mailbox on the 10th of the month.

I-9 FORM:

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

W-4:

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

DIRECT DEPOSIT:

We are now requiring direct deposit for all student employees. This may be in either a checking or savings account. **INPUT YOUR ACCOUNT INFORMATION VERY CLEARLY OR ATTACH A VOIDED CHECK TO THE FORM.** Please check your bank account on payday to be sure that the deposit has been made. Please contact the payroll department if it is not there.

RESIDENCY CERTIFICATION FORM:

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

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE:

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

WORKERS' COMP INFO AND PA RIGHTS & DUTIES:

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

THIEL COLLEGE CONFIDENTIALTY POLICY:

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

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

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

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

Sophia Fabian sfabian@thiel.edu
Human Resources Assistant

Angela Sorg asorg@thiel.edu
Assistant Director of Human Resources/Payroll

Jennifer Clark jclark@thiel.edu
Director of Human Resources

Thank you!



THIEL
COLLEGE

**STUDENT EMPLOYEE
DEDUCTION AUTHORIZATION**

Student Name: _____

Student ID: _____ **Thiel email:** _____

Department: _____

Supervisor: _____

Employment Term:

SPRING _____ **FALL** _____ **SUMMER** _____ **YEAR 20** _____

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

_____ Entire Check

_____ Specified Amount

\$_____ (Amount)

_____ Pay Date

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

Student Signature: _____ **Date:** _____



Instructions

Start Over

Print

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.)

Form fields for employee information: 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):

Attestation options: 1. A citizen of the United States, 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes fields for document numbers and a QR code area.

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

Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Form fields for preparer/translator: 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.

Click to Finish

STOP Employer Completes Next Page STOP

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 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. 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		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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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		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. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

▶ **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.**

2022

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 widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works
 Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.
 Do **only one** of the following.
(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶
TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	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 and 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)



THIEL

COLLEGE

AUTHORIZATION FOR DIRECT DEPOSIT

Effective _____, 20_____, I authorize Thiel
Date

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

Banking Institution Name _____

Address _____

Routing Number _____

Account Number _____

_____ Checking

_____ Savings

_____ Specified Amount

Name _____
Please Print

Thiel ID # _____

Signature _____

Date _____

.....
For Payroll Use Only:

Date Received _____

Set-Up _____

Confirm: _____



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION

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

EMPLOYER INFORMATION - EMPLOYMENT LOCATION

EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
THIEL COLLEGE			25-0965576
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
75 COLLEGE AVENUE			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
GREENVILLE	PA	16125	7245892000
MUNICIPALITY (City, Borough, Township)			
GREENVILLE BOROUGH			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MUNICIPAL NON-RESIDENT EIT RATE
MERCER	4 3 0 3 0 1		1.0

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



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

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

Ohio Only!

PLEASE PRINT OR TYPE

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

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

CUT HERE

EMPLOYER COPY (EMPLOYEE COMPLETES INFORMATION BELOW AND SIGNS)

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

(EMPLOYER COMPLETES INFORMATION BELOW)

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

CUT HERE

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

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

(EMPLOYER COMPLETES INFORMATION BELOW)

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

Ohio Only!

As of 12/7/20 this new version of the IT 4 combines and replaces the following forms: IT 4 (previous version), IT 4NR, IT 4 MIL, and IT MIL SP.



Department of Taxation

IT 4 Rev. 12/20

Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. Your employer may require you to complete this form electronically.

Section I: Personal Information

Form with fields for Employee Name, Employee SSN, Address, city, state, ZIP code, School district of residence, and School district number (#####).

Section II: Claiming Withholding Exemptions

- 1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
3. Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional)

Section III: Withholding Waiver

I am not subject to Ohio or school district income tax withholding because (check all that apply):

- I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
I am a nonresident military servicemember who is stationed in Ohio due to military orders.
I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

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

Signature

Date

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year _____

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally 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: _____ Soc Sec #: _____
Address: _____ Phone #: _____
City/State: _____ 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. X _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____: Attach copies of your last pay 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: _____ Phone #: _____
City/State: _____ Zip: _____

IMPORTANT NOTE TO EMPLOYERS

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

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

1. PRIMARY EMPLOYER 2. 3.

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

4. 5. 6.

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

PLEASE NOTE:

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

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

SIGNATURE: _____ **DATE:** _____

WORKERS' COMPENSATION INFORMATION

To all employees:

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

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

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

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

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

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

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

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

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

The Pennsylvania Workers' Compensation Act requires that employees be given written notice of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. The text of this section is provided on the next page.

If you are viewing this electronically, your electronic signature will be your acknowledgement that you have been provided with your rights and duties; otherwise, you must acknowledge this with your signature and return it to your employer. You may keep a copy for your records.

Rights and Duties

As an employee of the commonwealth working at a location where a list of designated health care providers has been established and posted, you have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that the commonwealth is not liable for the medical bills incurred. Specific rights and duties are:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.
- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be **at your expense** for the applicable 90 days.
- The right to seek treatment from any health care provider after the 90-day period has ended.
- The duty to **notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent they are explained above.

Employee's Printed Name

Employee's Signature

Date

**If you have any questions, ask your human resources office or
call the Bureau of Workers' Compensation at 800.482.2383**



Thiel College Confidentiality Policy

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

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

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



Thiel College Confidentiality Agreement

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

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

Signature

Date

Print Name