



TRINITY HIGH SCHOOL

3601 Simpson Ferry Road
Camp Hill, PA 17011-6407
(717) 761-1116

www.thsrocks.us

EMPLOYEE PAYROLL PACKET AND INSTRUCTIONS

ALL COMPLETED FORMS AND REQUIRED DOCUMENTS MUST BE RETURNED TO THE TRINITY BUSINESS OFFICE IN ONE (1) PACKAGE, INCLUDING ALL BACKGROUND CLEARANCES.

PLEASE CONTACT THE BUSINESS OFFICE TO SCHEDULE A DATE AND TIME.

**717.761.1116 EXT. 150
FINANCE@THSROCKS.US**

PAYROLL FORMS

- a. Employee Payroll Information Form (Form 01)
- b. Local Earned Income Tax Residency Certification Form
- c. Local Services Tax (LST) Exemption Certificate
- d. W-4 Employee's Withholding Allowance Certificate (Form W-4)
- e. I-9 Employment Eligibility Verification Form (Form I-9)
- f. New Hire Employee Direct Deposit Enrollment Form (Form 05)
- g. Personnel Emergency Information Form
- h. Notice to all Employees – Workers Compensation
- i. Acceptable Use Computing Policy
- j. Technology Policy for Social Media
- k. Employee Driver Application
- l. Citrix ShareFile Information Form
- m. School Personnel Health Record (H511.340)

INSTRUCTIONS

- a. Employee Payroll Information Form
 - i. Complete Section 1 only.
- b. Local Earned Income Tax Residency Certification Form
 - i. Complete Employee Information – Residence Location box.
 - ii. Sign and complete Certification box.
- c. Local Services Tax – Exemption Certificate

If you are requesting exemption AND meet the exemption requirements as listed on the form,

 - i. Complete and sign the form, You MUST bring most recent pay stub when you meet with the Business Office.
- d. W-4 Employee's Withholding Certificate
 - i. Using the worksheet provided on the form, determine your number of allowances.
 - ii. Complete and sign the lower portion of the form. (Step 5)
- e. I-9 Employment Eligibility Verification
 - i. Complete and sign Section 1 – 1st page.
 - ii. Using the provided "Lists of Acceptable Documents" you MUST bring 1 document from only List A OR 1 document from List B AND List C when you meet with the Business Office.
- f. New Hire Employee Direct Deposit Enrollment Form
 - i. Complete and sign form. You MUST bring a voided check when you meet with the Business Office
- g. Personnel Emergency Information Form
 - i. Complete and sign form.
- h. Notice to all Employees – Workers Compensation
 - i. Complete and sign form.
- i. Acceptable Use Computing Policy
 - i. After Reviewing the policy, sign and date form. Be sure to print your name under the signature line.
- j. Technology Policy for Social Media
 - i. After reviewing the policy, sign and date the Attestation page. Be sure to print your name under the signature line.
- k. Employee Driver Application
 - i. Complete and sign application
- l. Citrix ShareFile Information Form
 - i. Read and sign the information sheet. You will receive your account information via email.
- m. School Personnel Health Record – Mandatory TB test.
 - i. Complete Section I – Patient Information; Sign and date bottom of 2nd page.
 - ii. Sections II through V are to be completed and signed by your medical provider.

EMPLOYEE PAYROLL INFORMATION FORM

FORM (01)

☐ NEW EMPLOYEE (NEW TO DIOCESE)
**Inquire if individual ever worked within Diocese in previous years. If Yes, then select REHIRE.

☐ NEW EMPLOYEE TO THIS EMPLOYER (CURRENTLY EMPLOYED WITHIN DIOCESE)

☐ REHIRE

ALL FIELDS IN SECTIONS 1, 2, 3 ARE REQUIRED TO BE COMPLETED - IF FIELDS ARE NOT COMPLETED PROPERLY IT MAY RESULT IN PROCESSING DELAYS

SECTION 1 - GENERAL (TO BE COMPLETED BY EMPLOYEE OR EMPLOYER)

1. FIRST NAME
2. LAST NAME
3. MIDDLE INITIAL
4. SUFFIX
5. STREET ADDRESS
6. CITY
7. STATE
8. ZIP CODE
9. SOCIAL SECURITY NUMBER
10. BIRTHDATE
11. GENDER
12. MARITAL STATUS

SECTION 2 - ADMINISTRATION (TO BE COMPLETED BY EMPLOYER)

1. EMPLOYER FUND NUMBER
2. EMPLOYER FUND NAME
3. ACTUAL START DATE
4. EMPLOYEE TYPE (SELECT ONE)
5. TYPE OF PAY / CLASS CODE (SELECT ONE)
6. NONEXEMPT SALARY (must complete 2 position lines to provide salary & hourly rate)

POSITION TITLE	POSITION CODE	PERCENT (IF APPLIES)	COST CENTER	PHYSICAL LOCATION	DEPT	PROGRAM	RATE OF PAY Annual Salary / Hourly Rate	SCHEDULED WEEKLY HOURS (unless PT Variable)	ANNUAL # PAYS	10 MTH SCHOOL EMPL.
										Yes No
										Yes No
										Yes No

SECTION 3 - REQUIRED FORMS and DIOCESAN ACCOUNT REQUEST - TO BE COMPLETED / SUBMITTED BY EMPLOYER

1. BELOW FORMS REQUIRED FOR ALL NEW EMPLOYEES
2. SSN CARD COPY
3. IS EMPLOYEE TO RECEIVE A DIOCESAN ACCOUNT?
4. INDICATE APPLICABLE DISTRIBUTION GROUPS: (for FULL DIOCESAN ACCOUNT W/ MS OFFICE)
5. PAYROLL REPORTS
6. TIMESHEETS
7. MASTER ADDRESS MAINT
8. FINANCIAL STATEMENTS

SECTION 4 - AUTHORIZED SIGNATURE - TO BE COMPLETED BY PASTOR, PRINCIPAL, BUSINESS MANAGER

Signature (Pastor, Principal, Business Manager)
Printed Name
DATE

SECTION 5 - FOR DIOCESAN USE ONLY

EMPLOYEE NUMBER
USER ID
LST RATE
LST EXEMPTION: SELECT APPROPRIATE EXEMPTION
EE FULL EXEMPT MULTERS
EE LOW INCOME EXEMPT
ER EXEMPT



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at dced.pa.gov/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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	
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 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name) Trinity High School			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px; text-align: center;">2 3 1 6 2 9 1 2 6</div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) 3601 Simpson Ferry Road				
ADDRESS LINE 2				
CITY Camp Hill	STATE PA	ZIP CODE 17011	PHONE NUMBER 717-761-1116	
MUNICIPALITY (City, Borough or Township) Camp Hill				
COUNTY Cumberland	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	

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:

dced.pa.gov/Act32

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: _____
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 \$ _____: 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 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:** _____

Employee's Withholding Certificate

OMB No. 1545-0074

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



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

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)						
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code					
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number					
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> <p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):</p> <p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p> <p>If you check Item Number 4., enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
Signature of Employee					Today's Date (mm/dd/yyyy)						

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	AND	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity		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 an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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 For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		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		
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

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

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial (if any)
Address (Street Number and Name)		City or Town	State ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

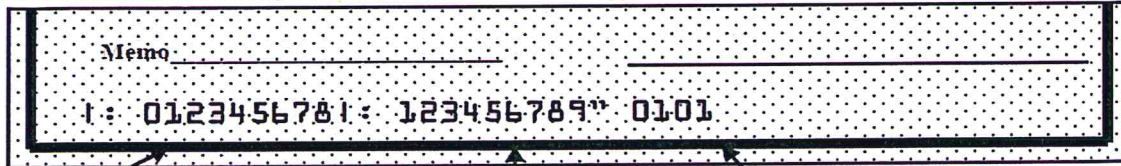
Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



New Hire Employee Direct Deposit Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and give to your employing location. Attach a **voided check** for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Routing/Transit #
(A 9-digit number always between
these two marks)

Checking Account #

Check #
(this number matches the number
in the upper right corner of the
check - not needed for sign-up)

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Harrisburg Catholic Administrative Services, Inc. (hereinafter "HCAS") to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by HCAS to my account. In the event that HCAS deposits funds erroneously into my account, I authorize HCAS to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until HCAS and Bank have received written notice from me of its termination in such time and in such manner as to afford HCAS and Bank reasonable opportunity to act on it.

I understand my initial payment upon employment will be by check due to the banking prenote process.

Employee Name: _____

Employee Signature: _____ Date: _____

ACCOUNT INFORMATION

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net amount.

ACCOUNT 1: (Primary or Residual account)

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: ☐ Entire Net Amount / ☐ Remainder of Net (only if Accounts 2 and 3 are selected)

ACCOUNT 2: (additional account - select to designate partial deposit)

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____

ACCOUNT 3: (additional account - select to designate partial deposit)

Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

☐ Checking ☐ Savings I wish to deposit: \$ _____

**Trinity High School
Faculty & Staff Emergency Information
2023-2024**

Name: _____ **DOB:** _____

Address: _____

Phone: _____ **Alternate Phone:** _____

Please provide the name and telephone number of person to be contacted in case of emergency:

Emergency Contact Name: _____ **Relationship:** _____

Emergency Contact Phone: _____

EMERGENCY MEDICAL AUTHORIZATION (PLEASE PRINT)

In case of accident or serious illness, I request the school to contact my designate named above. If this cannot be done, I authorize the school to call the physician listed on this form and to follow his/her instructions. If the physician cannot be reached, the school may seek medical services that seem necessary. I realize the school does not assume responsibility for the payment of medical expenses.

In the event emergency treatment is needed, I give the Hospital, its authorized personnel and/or Doctor permission to treat me as necessary.

Signed (giving consent): _____ **Date:** _____

Allergies: _____

Medical Problems: _____

Taking Medication: Yes _____ No _____

If yes, type of medication(s): _____

Reason: _____

Physician/Clinic: _____ **Phone:** _____

Hospital Preference: _____ **Phone:** _____

OR

I do **NOT** give my consent for emergency medical treatment. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to: _____

Signature (refusing consent): _____ **Date:** _____

NOTICE TO ALL EMPLOYEES

IN ACCORDANCE WITH THE PENNSYLVANIA WORKERS' COMPENSATION ACT, YOU MUST CHOOSE A PHYSICIAN FROM THE LIST PROVIDED ON THE NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES.

IN CASE OF WORK-RELATED INJURY OR DISEASE

1. If you suffer a work-related injury, it is your responsibility to immediately report the injury to your supervisor. Your employer will pay for reasonable surgical and medical services, medicines, supplies, orthopedic appliances and prostheses, including training in their use subject to the terms below.
2. In order to ensure that your medical treatment will be paid for by your employer, you must select from one of the physicians on the **Notice To Employees In Case of Work-Related Injuries**.
3. For up to 90 days from the date of your first visit, you must continue to visit one of the health care providers listed on the **Notice To Employees In Case of Work-Related Injuries**. If you still need treatment after this ninety (90) day period, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
4. If an approved health care provider refers you to another licensed specialist, your employer will pay the bill for these services.
5. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety (90) days.
6. If you are faced with a medical emergency, i.e. where your life is endangered, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider on the list.

I hereby acknowledge that I have read a copy of the *Notice To Employees In Case of Work-Related Injuries*. Upon request I may also receive a copy. If I do not understand the policy, I will ask my supervisor to explain it.

Name (Please Print)

Employee Signature

Date

<i>DIOCESE OF HARRISBURG</i> <i>HUMAN RESOURCES</i> <i>POLICY & PROCEDURE MANUAL</i>	Procedure Number	Issue Date	Effective Date
	002-2012	9/18/12	10/1/10
	Replace No.	Issued Date	Page
	Computer End-User Policy	March 2009	
<i>SUBJECT</i>		Issued By	Authorized By
Acceptable Use Computing Policy		JEJ	Bishop McFadden

DIOCESE OF HARRISBURG ACCEPTABLE USE COMPUTING POLICY

GENERAL

This Policy is applicable to all individuals who access computer equipment, systems, networks, and all other emerging technologies owned or operated by the Diocese of Harrisburg. Access to Diocesan systems and equipment is a privilege granted to promote professional excellence, innovation, and communication. This access carries with it certain legal, ethical and moral responsibilities and obligations.

All use of Diocesan systems or equipment must be in accordance with local, state, and federal laws, as well as Canon Law and Policies of the Diocese of Harrisburg. Ethical use requires respect for intellectual property, ownership of data, system security mechanisms, and other individuals' rights to privacy and freedom from intimidation or harassment. Moral use entails acting in accordance with the moral or doctrinal teachings of the Catholic Church.

INFORMATION SECURITY

Anyone accessing or utilizing Diocesan-owned information systems or equipment is termed an "end user". To access Diocesan information systems, end users will receive credentials in the form of a username and password. These credentials are used to ensure the security of Diocesan information systems. Passwords must be treated as confidential information.

RESPONSIBILITIES

End users are responsible for the security of information used or stored in Diocesan information systems accessed with their credentials. End users may have access to sensitive data within their normal job duties. Protection of sensitive data, which lists personal information of an individual, must be adequately protected to comply with laws, regulations, and policies. Disclosure of sensitive information is considered a serious offense.

MINIMUM ACCESS REQUIREMENTS

End users whose computers are connecting to the Diocesan network must have updated operating systems and software. All computers or devices must have effective anti-malware protection installed.

USAGES EXPLICITLY PROHIBITED

System users may not engage in any malicious activity while using Diocesan information systems and equipment. Examples of illegal or malicious activities are but not limited to:

- Any form of harassment through the content of messages;
- Accessing or utilizing any Information Systems while forging your identity or credentials;
- Purposely flooding systems or networks as to render them inoperable;
- Any attempt to purposely harm or destroy data and damage hardware;
- Unauthorized use of another end users credentials, computer, accounts, and data;
- Violating copyright laws or misuse of intellectual property;
- Installing unauthorized software on Diocesan owned computers;
- Any attempt to circumvent Diocesan network security;
- The posting or distribution of any communications, video, music, or pictures which are contrary to the morals and teachings of the Roman Catholic Church or considered defamatory, offensive, harassing, disruptive, or bullying.

LIMITS OF PRIVACY

End users accessing or utilizing Diocesan information systems and equipment fully acknowledge that they have no right to privacy regarding their files, data, or communications. Any files, data, or communications generated while using Diocesan information systems are considered Diocesan property. Such property is subject to inspection at any time.

End users agree to utilize Diocesan information systems and equipment in a manner which supports the Diocese and its mission. All use is subject to discovery, inspection, and limitation. Use that is considered to be disruptive to the mission of the Diocese is in violation of this policy.

ACQUISITION

The Information Technology (IT) department sets technology and minimum standards for connectivity to the Diocesan network. End users should request IT review of all hardware and software needed before purchase (or donation) to ensure interoperability and support. All copyrights and licensing requirements must comply with applicable law.

ENFORCEMENT AND PENALTIES FOR VIOLATIONS

Violation of this Policy may result in disciplinary action, suspension or termination of employment. Individuals violating this policy may be held responsible for restitution or damages. Employees who are witness to or are victimized by a violation of policy must report incidents to their direct supervisor, principal, or HR Director.

TERMINATION

Any end user who no longer has a valid reason to access Diocesan information systems or equipment is required to return Diocesan-owned property and is prohibited from accessing Diocesan information systems.

I have read the Diocese of Harrisburg's Acceptable Use Computing Policy. I understand the terms of this policy and agree to abide by them. I acknowledge that any violation of these policies could lead to disciplinary action up to and including termination of employment and/or criminal prosecution.

End User Signature: _____ Date: _____

Printed name: _____



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4800 Union Deposit Road • Harrisburg • Pennsylvania 17111-3710

(717) 657-4804 • communications@hbgdiocese.org • www.hbgdiocese.org

SOCIAL MEDIA POLICY

The Diocese of Harrisburg has adopted this Social Media Policy to ensure that all Church Personnel understand and appropriately use this form of communication. These forms of communication include, but are not limited to, social media (YouTube®, Facebook®, Twitter®, Wikipedia®, LinkedIn®, Instagram®), blogs, podcasts, vlogs and comments on any online media stories or articles. While websites typically are not considered social media, many of the principles contained in this Document should also guide the creation and use of parish, school and ministry websites. For the purpose of this policy, “Church Personnel” for the Diocese of Harrisburg are defined as bishops, priests, deacons, religious, seminarians, pastoral ministers, administrators, lay employees, officers, directors, trustees, members and volunteers (collectively, “Church Personnel”) in our parishes, agencies, schools and organizations sponsored by the Diocese or for which the Diocese or the Roman Catholic Bishop of Harrisburg has the direct or indirect right (whether alone or in conjunction with others) to elect or appoint officers, directors, trustees, governors and/or members.

The use of social media should support one or more of the following purposes: education, evangelization, and/or ministry. At all times it should be our goal to make every effort to ensure the safety of producers and consumers of social media, while at the same time ensuring the integrity of our message. It is essential that we approach the use of the social media in a responsible, focused and intentional way.

This policy was developed after research into similar policies from other diocese and to be consistent with the social media guidelines from the United States Conference of Catholic Bishops’.

Social Media Guidelines

- All users are to treat others with Christian charity and civility; this includes dignity, respect, courtesy, integrity and patience.
- Harassment or online bullying (“cyber-bullying”) that includes humiliation, intimidation, ridicule, threats, and/or degradation toward another person will not be tolerated and may be reportable to civil authorities.
- All social media sites created on behalf of the Diocese of Harrisburg, any of its parishes or schools, any ministries and/or departments of any parish or schools, or any other Diocesan associated affiliate may only be developed and maintained by Church Personnel or a third party designated by the organization to do so.
- A minimum of two (2) adults are to be appointed to administer/manage the social media site(s) used in conjunction with a Church ministry and institution connected to the Diocese of Harrisburg.
- To the extent possible, any social media accounts created for the Diocese of Harrisburg, any of its parishes or schools, or any affiliate ministries or departments, should be registered with an official Diocesan email. This includes an email address provided by the Diocese, and official



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emails provided by one of our schools and parishes. Personal email addresses should not be used to establish social media accounts. Please contact the Diocesan Communications Office for questions and/or assistance.

- The Diocesan Communications Office should be notified when any parish, school and affiliate ministry/department activates or deactivates a social media account, in order to make updates to the Diocesan website.
- A member of the Diocesan Communications Office must be included as an administrator on all Diocesan social media pages. This person will serve as a back-up for posting content to the site and to assist in responding to any negative feedback. The Communication Office will not post content to these sites without permission of the respective departments.
- Passwords and site usernames should be safeguarded and registered in a central location, and more than one authorized adult should have access to this information.
- No personal contact information should appear in the profile section of official social media sites. Only official email addresses, office phone numbers and office addresses should be used.
- Personal social media accounts should not be used for official purposes. It is acceptable to share information from the official site on personal accounts, but only after it has been posted to the official accounts.
- All posts are to be Church, parish or school oriented.
- All posts and comments should be marked by charity and truth, represent the teachings of the Catholic Church, be on topic and presume the good will of other posters. Discussion should take place primarily from a faith perspective. Posts that do not reflect these criteria should be blocked by the site administrator (please contact the Communications Office for assistance).
- Negative comments on posts should be hidden, not deleted. Deleting a comment could lead to trolling by the poster, which becomes a more serious issue.
- Account settings should be set to maximize privacy.
- Ministry related social media sites should not include advertisements for non-ministry, parish, school or Church products, services and/or events.
- What you write and post is your responsibility. Maintaining a social media account for the Diocese or one of its parishes, schools or affiliated ministries is a privilege, not a right. Always remember that you are representing the Church with everything you post.
- Sites used in conjunction with ministry are to be named and branded in a way that reflects the professional/ministerial relationship and purpose; official parish and school sites and accounts



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should be identified as the official site of the parish or school. Please see the Social Media Branding Guide for more details.

Complying with Law and Diocesan Policies

In the development and operation of social media accounts, Church Personnel may not engage in any actions that may violate federal or state law, the policies of the Diocese of Harrisburg, any of its parishes or schools, any ministry departments, or Canon Law.

Copyright, trademark, trade secret, and other intellectual property laws prohibit the improper use of others' intellectual property. ***Do not post copyrighted materials, logos, trademarks, trade secrets, or similar materials without first obtaining the proper permission and without providing citation.*** If you have a question whether material may be protected by intellectual property laws, please contact the Diocesan Communications Office ***before*** posting the questionable content.

Posting a link to a story or information from another party is allowed, so long as the source of this information is cited. Please see the Social Media Style Guide for citation suggestions.

Church Personnel are prohibited from disclosing information that is understood to be held in confidence or proprietary by the Diocese of Harrisburg, any of its parishes or schools, any ministries or departments, or any other affiliated organization. This may include information related to employees (including salaries and disciplinary records), information regarding ongoing crises and conflicts, litigation, student educational records, and financial information.

Guidelines:

- In order to protect Church Personnel and users, all social media sites and postings must adhere to all the policies of the Diocese of Harrisburg, its parishes and schools, and any affiliated organizations, included but not limited to the Code of Conduct for Youth Protection, School Policies and Regulations, and this Social Media policy.
- No one is to copy unauthorized, copyrighted material including, but not limited to, digitization and distribution of photographs from magazines, books or other copyrighted sources, copyrighted music, and the installation of any copyrighted software for which the Diocese of Harrisburg or the end user's employer does not have an active license.
- Logos, trademarks and other copyrighted materials may not be used on any official or personal social media accounts without the written permission of the material's owner.
- The Diocesan shield/logo may not be used without the written permission of the Diocesan Communications Office.
- Site(s) are to be monitored by organizational personnel in cases of emergency.
- Clergy, employees, and volunteers are to avoid using texting or instant messaging for any confidential matter.



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Communication with Children/Minors

When using social media, it is important to remember that the boundary issues are the same as in person-to-person communication. Anyone using social media should be aware that children/minors are highly likely to view and respond to materials posted online. Therefore, any Church Personnel posting online on behalf of the Diocese, its parishes and schools or any affiliated organizations must be particularly careful in choosing what material to post and how to interact with children/minors online. Parents should constantly be made aware of any contact you may have with their children via social media.

Guidelines:

- Parents/guardians should always be made aware of how social media is used by the Diocese, its parishes and schools, ministries and departments, and affiliated organizations.
- Parents/guardians should be asked if they would like to receive a copy, through email, of any materials available to their children via social media.
- Parents/guardians should always be informed, in writing, of any direct contact you may have with his/her child through social media. This direct contact includes instant messaging, conversations on a post, etc.
- Parents or the legal guardian of a minor/youth must consent, in writing, to the use of any photographs or videos posted to any public site prior to posting this content. A sample release form is available on the Diocesan Intranet site, by contacting the Diocesan Communications Office and is included with this policy. The release must be maintained on file in the parish, ministry department or school for at least two (2) years after the photo has been removed from the site or posting.
- When posting photographs of minors/youth, only identify the individual by his or her first name.
- Children/minors should never be asked for phone numbers, email addresses or mailing addresses.
- Any use of live streaming or chat rooms that support or encourage exclusive relationships between adults and minors is forbidden.
- In the event that a child/minor needs to be contacted directly by Church Personnel via email, the parent/guardian must be copied on all messages.
- When trying to build your social media following, children/minors should not be specifically sought out as “friends.”
- Church Personnel should save copies of all online conversations with children/minors whenever possible. If you receive an inappropriate message from a child/minor, save the message and speak with your supervisor immediately.



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- When communicating with a child/minor, write or speak as if you are also communicating with their parents/guardians.
- Adults in ministry for the parish should educate youth on social media safety. The purpose is to prevent youth from posting content which could:
 - Identify the minor/youth's physical location
 - Provide information that could be used to manipulate the minor/youth
 - Provide information that could do psychological harm or ruin reputations and future prospects of others (both adult and peer)

Personal Websites

If any Church Personnel have a personal website, it is important to remember that anything published on this website is no different than making this information available in any other public forum. Personal sites should still reflect Catholic values.

Church Personnel that choose to identify themselves as such on a personal website will be seen as a representative of the Diocese of Harrisburg and it will be assumed that the information published on their personal website has been approved by the Diocese. In order to avoid confusion, it is appropriate to include a brief disclaimer explaining that your website is personal and does not reflect the views of the Diocese, its parishes and schools or any affiliated organizations. One example may include:

“The views expressed on this website are mine alone and do not necessarily reflect the views of the Diocese of Harrisburg or [Name of Parish, School, Related Organization].”

Even with this disclaimer, information that could be detrimental to the Diocese, its parish or schools, or affiliated organizations should be avoided.

Guidelines:

- Personal websites and social media sites should be kept separate from official sites.
- Personal sites should not be used for official business.
- Logos and trademarks for the Diocese of Harrisburg, its parishes and schools, and affiliate organizations may only be used on personal sites with prior written permission.

Blogs/Vlogs/Videos

- If minors/youth are to blog or vlog as part of an officially sanctioned activity, at least two adults must monitor the blog/vlog. It is preferred that posts be approved by at least one of these adults prior to posting.
- When posting to a blog/vlog, minors/youth are to identify their comments through the use of their first name or nickname only. No minors/youth are to be identified by full name or other personal information, such as email addresses or phone numbers. Blog administrators are to edit names to ensure full identities of youth are not revealed.



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- Professional, ministry-based blogs/vlogs are only to be used to promote events or programs and for the purposes of administrative coordination, evangelization, teaching, or sharing of information directly related to parish or school activities.
- Only administrators of the site(s) or account(s) may address a member's behavior "offline." These offline conversations can be conducted in person, over the telephone, or through organizational email. Site administrators are to contact appropriate church personnel indicating that such conversation has taken/will take place.
- If possible, site administrators are to configure an alert in order to be notified when a posting has taken place.
- When posting videos online, extreme care is to be taken to protect the privacy of minors/youth.
- Videos are only to be used to promote ministerial activities.
- Participants in recorded events must be notified in advance.
- Participants and/or their parent(s) or legal guardian must sign a photo/video release form before any images/videos may be posted.
- Streaming video is to be used for education, communication, and promotional purposes only.

Resources

Diocesan

- Diocese of Harrisburg Computer End User Policy
- Diocese of Harrisburg Code of Conduct for Clergy and Those in Formation for Priesthood or Diaconate
- Diocese of Harrisburg Code of Conduct for Adult Employees and Volunteers Code of Conduct for Minors in Youth Activities

Other

- A Parents' Guide to Facebook by Anne Collier and Larry Migid found at: <http://www.connectsafely.org/Safety-Advice-Articles/facebook-for-parents.html>
- Social Media Guidelines - United States Conference of Catholic Bishops found at: <http://www.usccb.org/comm/social-media-guidelines.shtml>
- Digital Youth Research ... Kids Informal Learning with Digital Media found at: <http://digitalyouth.ischool.berkeley.edu/report>



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ATTESTATION:

I have read the Diocese of Harrisburg's Social Media Policy. I understand the terms of this Policy and agree to abide by them. I acknowledge that any violation of these policies could lead to disciplinary action up to and including termination of employment and/or criminal prosecution.

Signature:

|

Printed Name:

Date

EMPLOYEE DRIVER APPLICATION

Parish/School/Agency Name: Trinity High School City: Camp Hill

Applicant Name: _____
(First) (Middle) (Last)

Phone: _____
(Home Phone) (Cell Phone)

Current Address: _____

How long at this address?: _____

Driver Licenses

License #	State	Type	Expiration date

Have you had a conviction for an infraction involving drug or alcohol (such as driving under the influence or driving while intoxicated) in the last three years?

Yes ☐ No ☐

Have you had two or more convictions for an infraction involving drug or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years?

Yes ☐ No ☐

Have you had three or more moving violations or accidents in the last three years?

Yes ☐ No ☐

Have you ever failed or refused a Department of Transportation (DOT) mandated pre-employment test in the past two years?

Yes ☐ No ☐

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes ☐ No ☐

Has any license, permit, or privilege ever been suspended, revoked or forfeited?

Yes ☐ No ☐

Vehicle - If more than one vehicle is to be used, requested information must be provided for each vehicle.

Name, address and phone number of owner if different from the information above:

Year, Make & Model of Vehicle: _____

License plate: _____

Registration expiration date: _____

Inspection expiration date: _____

Insurance – please provide the following if driving your personal vehicle on behalf of the Diocese.

Insurance Company's Name: _____

Policy number: _____ Expiration date: _____

Liability Limits: _____

(Minimum Limits of \$100,000/\$300,000 Required)

To Be Read and Signed by
Applicant

It is agreed and understood that the employer may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of records or not, and applicant releases all employers and persons named herein from all liability for any damages on account of furnishing such information. This certifies that this application was completed by me, and that all entries are complete to the best of my knowledge.

Applicant's Signature: _____

Date: _____



Payroll Citrix ShareFile Information Form

Harrisburg Catholic Administrative Services, Inc provides employee pay statements via an online Citrix ShareFile site

As an employee of an entity within the Diocese of Harrisburg, you are required to provide your personal email account and phone number, so that a Citrix ShareFile account can be opened. This is the only way you will be able to access your payroll information. Notification of availability of payroll information will be sent to the email address you provide. You are responsible for the security of your email and Citrix ShareFile account.

Employee Name: _____

Select the appropriate account request:

- ☐ New Employee account (complete both the email address and phone number below)
☐ Current Employee change (complete the email address/phone number below according to the change)

Employee Personal Email Address: _____
(print clearly - ensure that the email address you enter is accurate)

Employee Phone Number: (____) _____ - _____ mobile
(____) _____ - _____ home

Please checkmark this box to indicate you understand a verification email will be sent to the email address provided above which will require action on your part to activate the account.

☐

Employee Signature: _____ Date: _____

Payroll Office use only for new employees

Employee Number: _____ (will be assigned by the Payroll office and provided to the employing location)

IMPORTANT! Please read this information

If your employment relationship terminates you will have access to your payroll information for 18 months from the date of separation. Please download your documents prior to the end of the 18 month term.

If you are a benefit eligible employee, and choose to enroll in a diocesan medical plan, the information provided on this form will be shared with our benefit providers for use with the Wellness Program.

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
-----------	-------	----	-----	---------------

Home Phone	Cell Phone	Work Phone
------------	------------	------------

Mailing Address: Street	City	State	Zip
-------------------------	------	-------	-----

Emergency Contact

Name:	Relationship:
-------	---------------

Address:

Telephone number: (Home)	(Work)	(Cell)
-----------------------------	--------	--------

II. IMMUNIZATION HISTORY (Recommended, but not mandated by law)

VACCINE Check appropriate box	Enter Month, Day, and Year Each Immunization DOSE Was Given				
Diphtheria, Tetanus with Pertussis <input type="checkbox"/> Td <input type="checkbox"/> TdaP	1	2	3	4	5
Hepatitis B	1	2	3		
Measles-Mumps-Rubella (MMR)	1	2	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	1	2			
Influenza	1	2	3		

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



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Email hcas@hbgdiocese.org

Congratulations on your appointment.

The Diocese of Harrisburg, through the services of Harrisburg Catholic Administrative Services (HCAS), manages a program of comprehensive, affordable benefits for employees who work for the many entities within the diocese. Learning about your benefits is only a phone call away.

When you call the toll-free Enrollment Center at **(855) 669-0620**, a Benefit Specialist will personally explain what benefits are available, and enroll you in the benefits of your choice. The enrollment center is available to serve you **Monday – Friday from 9:00am – 8:00pm.**

You have 30 days from the date of hire, or commencement of full time employment, if you were previously part time, to enroll. Your employer will notify you of the timeframe in which you can call to complete the enrollment process. PLEASE NOTE that you cannot call to enroll before your hire date or benefit eligibility date if transferring into a full time position. If you do not call during this 30 day period you will not be able to enroll and will have to wait until the next open enrollment period, unless you experience a Qualifying Life Status Change.

Eligibility for most benefits commences on the first day of the month after employment commences.

Please take time to review the Benefit Enrollment Guide in preparation for your call. The phone enrollment session takes about 20 minutes and when you are ready, turn to page 3 and follow steps 1 – 4.

If you choose to enroll family members then support documentation such as birth and marriage certificates will need to be submitted to your employer.

Janet Jackson
Director Human Resources