

**Vacancy Information (For Office Use Only)**

**PPS Employee ID**

<b>Position ID</b>	<input type="text"/>	<b>Description</b>	<input type="text"/>	<b>Location</b>	<input type="text"/>
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**Demographic Information (Please complete the below fields)**

**First Name**  **Last Name**  **Candidate PPID**

<b>Address 1</b>	<input style="width: 95%;" type="text"/>		
<b>Address 2</b>	<input style="width: 95%;" type="text"/>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<input style="width: 50px;" type="text"/>
<b>Phone</b>	<input style="width: 95%;" type="text"/>		
<b>Email</b>	<input style="width: 95%;" type="text"/>		

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Gender:**  Female  
 Male

**Marital Status:**  Single     Widowed    **Race:**  American Indian/Alaskan Native  
 Married     Common-Law     Asian/Pacific Islander  
 Separated     Head of Household     Black  
 Divorced     Multi-Racial  
 White  
 Hispanic

**Highest Education Level:**  Less than HS Graduate     Bachelor's Degree  
 HS Graduate or Equivalent     Some Graduate School  
 Some College - < 48 Credits     Master's Level Degree  
 Some College - 48-59 Credits     Doctorate (Professional)  
 Some College - 60 or More Credits     Doctorate (Academic)  
 Technical School     Post-Doctorate  
 2-Year College Degree

**Tenured in PA:**  Yes - I am a Tenured Professional in the State of PA  
 No - I am a Pre-Tenure (Temporary Professional) in the State of PA  
 Not Applicable - I am in a position where Tenure does not apply

**Military Service:**  Veteran  
 Not a Veteran



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**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.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Pittsburgh  
Public Schools

# Reporting Arrests and Convictions

## Human Resources: Employee Relations

## Reporting Arrests and Convictions

At the time of hire, all new employees of the District must complete the PDE- 6004, Arrest/Conviction report and certification form. Additionally, pursuant to state law and employment requirements, employees may be required to complete and submit the form at times during their employment with the District.

If an employee is arrested after last completing the form, the employee must notify the Office of Human Resources using the form which is available on the district's website, within 72 hours of the arrest or conviction. The list of reportable offenses, and the instructions related to the completion of the PDE-6004, are included and are also on the District's website.

Additionally, the District requires employees who have been arrested for a driving under the influence charge, or related charges, to report all such arrests. Specific grading stipulations for DUI related offenses are set forth at the bottom of page 3 of the PDE-6004 form. However, due to the nature of such charges, school district employees are to report any related arrests.

## Frequently Asked Questions

### **Why must employees report arrests and convictions and complete the PDE- 6004 form?**

The Public School Code, 24 P.S. §1-111, was amended to create stricter background check requirements for prospective and current school employees. This means all employees must complete the Arrest/Conviction Report and Certification Form about any reportable arrests or convictions that are part of their criminal history.

### **What happens if an employee does not complete the form?**

If an employee does not complete the form within 72 hours of the arrest or conviction he/she may be subject to discipline.

### **Will information be kept confidential?**

Yes. The information provided by all employees on the Arrest/Conviction Report and Certification Form (PDE-6004 Form) will be kept confidential as required by law. The Office of Human Resources will maintain the forms.

The Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, age, creed, religion, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs, activities, career and technical education programs or employment and provides equal access to the Boy Scouts and other designated youth groups. It is the policy of the Pittsburgh School District to make all services, programs and activities available and to provide reasonable accommodations to persons with disabilities. Please make requests for accommodations at least 72 hours before the scheduled event. For more information regarding accommodations, civil rights grievance procedures, please contact Employee Relations, Office of Human Resources, 341 S. Bellefield Ave, Pittsburgh, PA 15213 or 412-529-HELP (4357).

**ARREST/CONVICTION REPORT AND CERTIFICATION FORM**  
(under Act 24 of 2011 and Act 82 of 2012)

**Section 1. Personal Information**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other names by which you have been identified: \_\_\_\_\_

**Section 2. Arrest or Conviction**

- By checking this box, I state that I have NOT been arrested for or convicted of any Reportable Offense.
- By checking this box, I report that I have been arrested for or convicted of an offense or offenses enumerated under 24 P.S. §§1-111(e) or (f.1) ("Reportable Offense(s)"). See Page 3 of this Form for a list of Reportable Offenses.

**Details of Arrests or Convictions**

For each arrest for or conviction of any Reportable Offense, specify in the space below (or on additional attachments if necessary) the offense for which you have been arrested or convicted, the date and location of arrest and/or conviction, docket number, and the applicable court.

\_\_\_\_\_

\_\_\_\_\_

**Section 3. Child Abuse**

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

**Section 4. Certification**

*By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSTRUCTIONS

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

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

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

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

**PROVIDE ALL INFORMATION REQUIRED BY THIS FORM LEGIBLY IN INK.**

## LIST OF REPORTABLE OFFENSES

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

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

<ul style="list-style-type: none"> <li>▪ Chapter 25 (relating to criminal homicide)</li> <li>▪ Section 2702 (relating to aggravated assault)</li> <li>▪ Section 2709.1 (relating to stalking)</li> <li>▪ Section 2901 (relating to kidnapping)</li> <li>▪ Section 2902 (relating to unlawful restraint)</li> <li>▪ Section 2910 (relating to luring a child into a motor vehicle or structure)</li> <li>▪ Section 3121 (relating to rape)</li> <li>▪ Section 3122.1 (relating to statutory sexual assault)</li> <li>▪ Section 3123 (relating to involuntary deviate sexual intercourse)</li> <li>▪ Section 3124.1 (relating to sexual assault)</li> <li>▪ Section 3124.2 (relating to institutional sexual assault)</li> <li>▪ Section 3125 (relating to aggravated indecent assault)</li> <li>▪ Section 3126 (relating to indecent assault)</li> <li>▪ Section 3127 (relating to indecent exposure)</li> <li>▪ Section 3129 (relating to sexual intercourse with animal)</li> <li>▪ Section 4302 (relating to incest)</li> <li>▪ Section 4303 (relating to concealing death of child)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Section 4304 (relating to endangering welfare of children)</li> <li>▪ Section 4305 (relating to dealing in infant children)</li> <li>▪ A felony offense under section 5902(b) (relating to prostitution and related offenses)</li> <li>▪ Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)</li> <li>▪ Section 6301(a)(1) (relating to corruption of minors)</li> <li>▪ Section 6312 (relating to sexual abuse of children)</li> <li>▪ Section 6318 (relating to unlawful contact with minor)</li> <li>▪ Section 6319 (relating to solicitation of minors to traffic drugs)</li> <li>▪ Section 6320 (relating to sexual exploitation of children)</li> </ul>
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- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as “The Controlled Substance, Drug, Device and Cosmetic Act.”
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States; or
  - one of its territories or possessions; or
  - another state; or
  - the District of Columbia; or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

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

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





Pittsburgh  
Public Schools

## Employee's Acknowledgment Under Section 306(F.1(1)(i))

### Employee's Acknowledgment Under Section 306(F.1(1)(i))

I \_\_\_\_\_, recognize and agree that my employer has posted a list of at least six (6) health care providers, at least three (3) of which are physicians and no more than four (4) of which are coordinated care organizations (CCO). I further agree that my employer has provided the name, address, telephone number and area of medical specialty of each designated provider on the list. I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306(F.1(1)(i)) of the Pennsylvania Workers' Compensation Act. My rights and duties include the following:

1. I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers for ninety (90) days from the date of first visit to a designated provider;
2. As long as treatment is obtained from a designated provider during the ninety (90) day period, all reasonable medical supplies and treatment related to the injury will be paid by my employer;
3. I have the right to switch from one designated health care provider on the list to another during the ninety (90) day period and my employer must pay for this treatment;
4. If I am referred by a designated provider to a non-designated provider, my employer shall provide for the treatment rendered by the referral provider;
5. I have the right to seek emergency medical treatment from any provider, but I understand that subsequent non-emergency treatment must be rendered by a designated provider for the remainder of the ninety (90) day period;
6. I have the right during the ninety (90) day period to seek medical treatment from a non-designated provider, but I understand my employer is not responsible to pay for these services;
7. After the expiration of the ninety (90) day period, I have the right to seek treatment from any health care provider, and my employer must pay for such treatment if it is reasonable and necessary;
8. If I treat with a non-designated health care provider after the expiration of the ninety (90) day period, I understand that I must provide my employer notice within five (5) days of my first treatment with the non-designated provider. If I fail to do so, my employer may not be responsible to pay for treatment rendered by the non-designated provider prior to notification;
9. If the designated provider recommends invasive surgery, I am entitled to receive an additional opinion from any health care provider of my choice. If the additional opinion differs from that of the designated provider, I am entitled to select which course of treatment to follow. However, if I

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## Employee's Acknowledgment Under Section 306(F.1(1)(i))

choose to follow the recommendation of my health care provider (the additional opinion), the procedure shall be performed by one or more of the designated health care providers for a period of ninety (90) days from the date of the visit to my health care provider (date of examination of the additional opinion); and

10. I have reviewed and am aware of the list of health care providers, referenced above. A copy of this list is attached to this form and marked as "Attachment A." My employer has informed me of my rights and duties, and my signature acknowledges that I have been so informed and understand my rights and duties. This notice was presented to me at (check one):

Time of Hire

When I was Injured

Other

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Signature of Employee

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Date

---

Signature of Witness

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Date

## Acknowledgement of Pittsburgh Public Schools Policies and Information

### Nondiscrimination in School and Classroom Practices (102)

- 102-AR-1-Complaint Procedures
- 102-AR-2-Complaint Form
- 102-AR-3-Definitions Applicable to Nondiscrimination Practices

### Non-Discrimination – Qualified Students with Disabilities (102.1)

- 102.1-AR-Complaint Procedure

### Non-Discrimination in Employment and Contract Practices (103)

- 103-AR
- 103-AR-1-Complaint Procedure
- 103-AR-2- Definitions Applicable to Nondiscrimination Practices

### Bloodborne Diseases (203.1)

- 203.1-AR-1-Incident Form
- 203.1-AR-2- Exposure Control
- 203.1-AR-3-Bloodborne Pathogen Guidelines

### Student Records (210)

- 210-AR-1-Student Records Guidelines
- 210-AR-2-Student Records Plan and Retention Schedule
- 210-AR-3-FERPA Form

### Prohibition Against Bullying/Harassment (215)

- 215-AR-1-Bullying and Harassment-V.3
- 215-AR-2-Bullying and Harassment-V.2
- 215-AR-3-Bullying and Harassment-V.1

### Use of Medications (229)

- 229-AR-1-Guidelines
- 229-AR-2-Procedures
- 229-AR-3-Medication Form

### Petty Cash (718)

- 718-AR-1-Petty Cash Guidelines

### Student Activity Funds (719)

### Use of Facilities by Staff (810)

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# Acknowledgement of Pittsburgh Public Schools Policies and Information

## Computers and Mobile Computing Devices (813.1)

- 813-AR-1-Cell Phone Mobile Computing Device Guidelines

## Network Usage and Safety (913)

- 913-AR-1-Internet Site Development Safety Guidelines
- 913-AR-2-School District E-mail Accounts
- 913-AR-3-Student Code of Ethics
- 913-AR-4-Network Usage and Safety Policy Student Consent Form

## Network Information Security (913.1)

## Passwords (913.2)

## Mobile Computing Devices (913.3)

## Code of Ethics/Conflict of Interest (917)

## Clearances/Background Checks and Reporting Requirements (920)

- 920-AR-1-Section 111 Offenses
- 920-AR-2-PDE 6004
- 920-AR-3-School Volunteer Clearance Procedures

## Suspected Child Abuse (905)

- 90R-AR-1-Child Abuse Form

## Copyright Material (912)

- 912-AR-1-Copyright Material Guidelines

## Parent and Family Engagement (1012)

I, \_\_\_\_\_, acknowledge that the before-mentioned Pittsburgh Public Schools policies are available on the Pittsburgh Public Schools Policies website, <http://www.pghschools.org/policies>. I also acknowledge that it is my responsibility to familiarize myself with these policies. I understand that the before-mentioned list is not an all-inclusive list of Pittsburgh Public Schools policies.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

The Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, age, creed, religion, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs, activities, career and technical education programs or employment and provides equal access to the Boy Scouts and other designated youth groups. It is the policy of the Pittsburgh School District to make all services, programs and activities available and to provide reasonable accommodations to persons with disabilities. Please make requests for accommodations at least 72 hours before the scheduled event. For more information regarding accommodations, civil rights grievance procedures, please contact Employee Relations, Office of Human Resources, 341 S. Bellefield Ave, Pittsburgh, PA 15213 or 412-529-HELP (4357).



# Acknowledgement and Statements

## Human Resources

### Arrest/Conviction Report and Certification Form Statement (Act 24 of 2011 and Act 2 of 2012)

I confirm that I have read, completed and signed page (1) of form PDE 6004. I understand that I am expected to report any Arrest or Conviction within 72 hours to my supervisor, by completing and submitting a PDE 6004 form for any offense that is listed on the reportable offense list, and any DUI arrests.

### Acknowledgement of Workers' Compensation Documentation

I certify that I have been provided with, read, and understood the information set forth in the Worker's Compensation Information document which is consistent with the requirements of the Pennsylvania Workers' Compensation Act. I also, acknowledge receipt of the following documents:

1. Employee's Notification of Rights Under Section 306(f.1)(1)(i)
2. Workers' Compensation Information
3. School District of Pittsburgh's Workers' Compensation Health Care Provider Panel

### Salary Statement

I understand that it is my responsibility as an employee of the Pittsburgh Public Schools to determine that I am receiving the proper salary, increments, and raises that I am entitled to, and I understand the limitation on the retroactive pay for the salary underpayments.

### Acknowledgement of Pittsburgh Public Schools Job Description and Growth & Evaluation Information

I acknowledge that I will receive during New Employee Orientation:

- A demonstration of how to access my job description on the Pittsburgh Public Schools applicant tracking system, Applicant Tracking Enterprise.
- An overview of the growth and evaluation systems used throughout the District, and directions on how to access the growth and evaluation business rules for the position in which I will be serving.

I acknowledge that it is my responsibility to familiarize myself with my job description and its corresponding growth and evaluation business rules. I recognize that these documents are subject to change and are intended to assist me in understanding my essential responsibilities, as well as how I will be evaluated while employed. For additional information, and to better understand the expectations of me, I will consult with my supervisor.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Residency Oath for Residents

## Human Resources

### Residency Oath for Residents

I, \_\_\_\_\_, presently reside at  
Name

\_\_\_\_\_  
Number, Street, Zipcode

\_\_\_\_\_  
Telephone Number

WITHIN THE TERRITORIAL BOUNDARIES  
OF PITTSBURGH / MT. OLIVER (check one)

\_\_\_\_\_ City of Pittsburgh

\_\_\_\_\_ Borough of Mt. Oliver

I hereby swear (or affirm) that I shall not knowingly remove my permanent residence from within the School District of Pittsburgh at any time during the period that I remain an employee of the School District of Pittsburgh. I understand that I may be subject to an investigation to verify residence and that failure to comply with the residency requirement can result in dismissal from employment.

I understand that it is my responsibility to notify the payroll clerk at my work location of any address change which may occur while I am employed by the School District of Pittsburgh.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

The Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, age, creed, religion, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs, activities, career and technical education programs or employment and provides equal access to the Boy Scouts and other designated youth groups. It is the policy of the Pittsburgh School District to make all services, programs and activities available and to provide reasonable accommodations to persons with disabilities. Please make requests for accommodations at least 72 hours before the scheduled event. For more information regarding accommodations, civil rights grievance procedures, please contact Employee Relations, Office of Human Resources, 341 S. Bellefield Ave, Pittsburgh, PA 15213 or 412-529-HELP (4357).



# Residency Oath for Non-Residents

## Human Resources

### Residency Oath for Non-Residents

I, \_\_\_\_\_, presently reside at

Name

\_\_\_\_\_  
Number, Street, Zipcode

\_\_\_\_\_  
Telephone Number

And I hereby swear (or affirm) that I will establish residence within the territorial boundaries of the School District of Pittsburgh within three calendar months on my employment with the School District of Pittsburgh. I understand the date compliance will be:

\_\_\_\_\_.

I do further swear (or affirm) that I shall not knowingly remove my permanent residence from within the School District of Pittsburgh at any time during the period that I remain an employee of the School District of Pittsburgh. I understand that I may be subject to an investigation to verify my residence and that failure to comply with the residency requirement can result in dismissal from employment.

I understand that it is my responsibility to notify the payroll clerk at my work location of any address change which may occur while I am employed by the School District of Pittsburgh.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

The Pittsburgh Public Schools (PPS) does not discriminate on the basis of race, color, age, creed, religion, gender (including gender identity or expression), sexual orientation, ancestry, national origin, marital status, pregnancy or disability in its programs, activities, career and technical education programs or employment and provides equal access to the Boy Scouts and other designated youth groups. It is the policy of the Pittsburgh School District to make all services, programs and activities available and to provide reasonable accommodations to persons with disabilities. Please make requests for accommodations at least 72 hours before the scheduled event. For more information regarding accommodations, civil rights grievance procedures, please contact Employee Relations, Office of Human Resources, 341 S. Bellefield Ave, Pittsburgh, PA 15213 or 412-529-HELP (4357).