

Program Hosting Minors
Non SRU Camp/Program EE's Packet Instructions

Complete the forms in this packet using the information provided below. Once all forms are complete and clearances have been initiated or submitted, return the packet and clearance documents to the Coach or Program Administrator overseeing your camp or program.

1.) Form #1: Employee Data Form

- a. Complete form in its entirety
- b. Sign and date form

2.) Form #2: Residency Certification Form Local Earned Income Tax Withholding

- a. Only complete if you are a PA resident (if PA Resident-complete sections 1 and 3 only)
 - i. You do not need to know the PSD code or EIT rate in section 1-leave blank

3.) Form #3: W4

- a. Complete the registration in its entirety.
 - i. Sign and date (full W4 instructions can be found on the program hosting minors webpage if needed)

4.) Form #4: Employment Eligibility Verification (I-9 Form)

- a. Complete Section 1 of form and sign/date
 - i. Do not complete section 2-this is for our office to complete
- b. Provide copies of 2 forms of ID as specified on the second page of this document under "Lists of Acceptable Documents"
- c. **Do not worry about "Supplemental A" or "Supplemental B" -pages 3 and 4 of the document, these are completed by our office if necessary**

5.) Form #5: Direct Deposit Authorization

- a. Complete this form in its entirety. Sign and Date
 - i. Make sure to choose checking or savings

6.) Form #6: Authorization to Conduct Pennsylvania State Criminal History Check

- a. Complete top portion of document and sign/date
 - i. No need to complete anything below the signature line

7.) Instructions #1: PA Child Abuse History Clearance Instructions for Camp and Programs Hosting Minors Non SRU Paid EE's

- a. **Complete instructions in entirety and email programhostingminors@sru.edu stating the camp/program you will be working for and request a PA Child Abuse payment code.**

Program Hosting Minors
Non SRU Camp/Program EE's Packet Instructions

8.) Instructions #2: Fingerprint Registration Instructions Non SRU Camp/Program EEs

- a. Complete the registration and then schedule an appointment to have your fingerprints taken (link in instructions)

9.) Return this entire packet along with copies of your PA Child Abuse Clearance, and Fingerprint Results to the *Coach or Program Administrator* you are working for

- a. Questions can be directed to programhostingminors@sru.edu

EMPLOYEE DATA

☐ New Employee

☐ Update

PLEASE PRINT ALL INFORMATION:

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms.

Name _____
FIRST MIDDLE INITIAL LAST

Social Security # _____ Date of Birth _____

Home Address _____

City/State/Zip _____

Home phone (_____) _____ County _____

Cell phone (_____) _____

Municipality _____ ☐ Twp. ☐ Boro ☐ City

Previous payment of/or claiming exemption from local services tax:

☐ Yes (If yes, must attach LST Exemption Form) ☐ No

EMERGENCY CONTACT INFORMATION:

Name _____

Address _____

Primary phone (_____) _____ Secondary phone (_____) _____

SEX _____ Female
_____ Male

ETHNICITY _____ Hispanic/Latino
(check one) _____ Not Hispanic/Latino

RACE _____ American Indian or Alaskan Nat
(check all that apply) _____ Asian
_____ Black or African American
_____ Native Hawaiian or
_____ Other Pacific Islander
_____ White

MARITAL STATUS _____ Single
_____ Married
_____ Life Partner

HIGHEST DEGREE _____ **YEAR** _____

Are you a U.S. citizen? ☐ Yes ☐ No

If not, classification of VISA _____

SIGNATURE _____

DATE _____



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: 0;"></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: 0;"></div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></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

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.

2025

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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or (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 <input type="checkbox"/>
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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)



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 <div></div>		Employee's Email Address			Employee's Telephone Number
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		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		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
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	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND 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:			
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		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.			
• 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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) 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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) 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 (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	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) (<i>mm/dd/yyyy</i>)	
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 (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	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) (<i>mm/dd/yyyy</i>)	
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 (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	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) (<i>mm/dd/yyyy</i>)	
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 (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	



Direct Deposit Authorization

Employee PRNR

Name: _____ (or last 4 digits of SSN): _____

I hereby authorize the State System of Higher Education to **(check one)** ☐ **Start** ☐ **Change** ☐ **Stop** total bi-weekly deduction to the financial institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that **(1)** is a member of the Federal Reserve System and **(2)** accepts electronic funds transfer. Payroll will notify you if the institution you choose does not qualify.

Financial Institution's Name (Bank): _____

Transit Routing Number: (must be 9 digits) _____

Account Number: (choose one) Checking or Savings _____

Update my travel reimbursements to the same account?

Account Number 2:

Financial Institution's Name (Bank): _____

Transit Routing Number: (must be 9 digits) _____

Account Number: (choose one) Checking or Savings _____

Account #2 Deposit Amount: _____

Effective with Pay Date of: _____

I have an established account at the financial institution indicated above and authorize the State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above. I have provided a copy of a void check (not required) solely for the purpose of verifying my account number and the financial institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my employment with the State System of Higher Education.

(Signature)

(Date)

FOR PAYROLL USE ONLY:

INPUT DATE: _____

PAY DATE: _____

INITIALS: _____



**Authorization to Conduct Pennsylvania State
Criminal History Check**

Please enter the information requested below (**please print**):

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Date of Birth: _____

Phone #: _____ SRU email: _____@sru.edu

Optional Demographic Data:

Sex: Male _____ Female _____ Unknown _____

Race: White _____ Asian _____ African American _____

American Indian _____ Unknown _____

Other names used (for example: aliases and/or maiden name):

First

Middle

Last

By signing below, I acknowledge that as a PA State employee/volunteer I am mandated to report any arrest and/or conviction of a reportable offense under Pennsylvania Child Protective Services Law, 23 Pa.C.S. §6344(c), **WITHIN 72 HOURS**, to the Office of Human Resources, Assistant VP Lynne Motyl, Room 205 Old Main, 724-738-2070. I also hereby authorize Slippery Rock University to conduct a Pennsylvania State Criminal History check and receive the results of this check to determine my suitability for employment/volunteering.

Signature

Today's Date

Choose one from the list below:

___ **I am a new student worker**, I'm registered for 6 credits or more and will be working in:

Name of Department

Name of Supervisor

___ **I am a student volunteer** for:

Name of Department /Program

Name of Supervisor

**PA Child Abuse History Clearance Instructions for Camp and Programs Hosting Minors
Non SRU Paid EEs**

1. Log into <https://www.compass.state.pa.us/CWIS/Public/Home>
2. Click **CREATE INDIVIDUAL ACCOUNT**; click **NEXT**
3. Create a Keystone ID, 6 to 10 characters (write it down)
4. Enter personal information (first name, last name, date of birth, email, etc.)
5. Answer four security questions
6. Once complete, click FINISH.
7. A new window will appear your temporary password has been sent to your email
8. Retrieve the temporary password from your email, copy the password.
9. Return to <https://www.compass.state.pa.us/CWIS/Public/Home> and click **INDIVIDUAL LOGIN**
10. Click **ACCESS MY CLEARANCES**
11. **Read** Disclosure of Personal Information notice and click **CONTINUE**
12. Enter your Keystone ID and paste the temporary password, click **LOGIN**.
13. **Create a permanent password** (write it down). Click **SUBMIT**
14. A confirmation message displays that a new password has been created.
15. Go to <https://www.compass.state.pa.us/CWIS/Public/Home> click **INDIVIDUAL LOGIN**, input your **Keystone ID** and **your new password** and click **LOGIN**.
16. Review: **I have read, fully understand and agree to the My Child Welfare Account Terms and Conditions** and click **NEXT**.
17. **Read** the Disclosure of Personal Information notice, click **CONTINUE**.
18. Click **CREATE CLEARANCE APPLICATION**.
19. Read the overview, click **BEGIN**
20. Part 1 – Application Purpose:
Choose: School Employment NOT Governed by Public Code

**PA Child Abuse History Clearance Instructions for Camp and Programs Hosting Minors
Non SRU Paid EEs**

21. COMPLETE ALL PERSONAL INFORMATION

- Addresses lived at since 1975, only permanent addresses (not college).
- Enter individuals you have lived with since 1975 (not college roommates). If you have a family member who has passed, enter the age they were at the time of their passing.
- Enter your first and last name only for the signature
- Reply "yes" you have a payment code
- email programhostingminors@sru.edu for a payment code

23.) A week after submission of the application, return to the website, log in with the credentials you created while using these instructions, and download a copy of your clearance. Send the downloaded copy of your clearance to your Coach or the Program Administrator so they can submit it to our office

Fingerprint Registration Instructions Non SRU Camp/Program EEs

FBI FINGERPRINT CLEARANCE (IndentoGO website):

Current state or federal issued photo ID is required to complete this process

- Go to: <https://uenroll.identogo.com/>
- Enter Service Code: 1KG756 – Click Go
- Click <Schedule or Manage Appointment>
- Complete application
- **Your Employer is:** SRU – 104 Maltby Ave. Ste 203, Slippery Rock, PA 16057
- Answer no, I do not have an authorization/payment code – We will apply a payment code when you come in for your appointment
- If you would like to get your prints taken at a location close to you, please use your zip code to schedule an appointment with another location. If you want to have us do your prints, enter **SP-SLIPPERYROCK** for location and select “walk in”, then use this [link](#) to schedule an appointment or email programhostingminors@sru.edu
- Print the Registration Screen
- **Remember to bring the same ID you used in the application to your appointment.** We suggest making appointments at least 20 business days prior to the camp/program to ensure you receive your clearances in time for them to be submitted to work the camp.