

Dr. John E. Pallone, J.D.
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New Kensington-Arnold School District

707 Stevenson Boulevard
New Kensington, PA 15068
Telephone: (724) 335-4401
Fax: (724) 994-1213
http://www.nkasd.com

Jon W. Banko
Assistant Superintendent
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Audrey Sleigh
Board Secretary- extension 1064
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Jeffrey S. McVey
Director of Administrative Services
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Under current Pennsylvania State Education Regulations, you are required to submit the following EMPLOYMENT FORMS prior to substitute or permanent employment:

- Application (either Professional or classified)
- Personal Information Sheet
- Employment Eligibility Verification (I-9) Two forms of identification (See list)
- School Personnel Health Record from a Physician
- Chest x ray or Tuberculin Test results
- Clearances (Act 34, 114 and 151) dated within one (1) year.
- Arrest/Conviction and Certification Act – Act 24 (Form PDE-6004)
- Sexual Misconduct/Abuse Disclosure Release – Act 168 of 2014
- Excaliber Insurance Management (Sign notice and return, keep physician list)
- Harassment Policy and Acceptable Use of Computers, Internet, Electronic Communications and Information Policy – Read policies, sign acknowledgement and return
- PSERS Information for new Employees (Keep)
- School Calendar (Keep)

Return Completed Packet to Superintendent Secretary in person.

PAYROLL INFORMATION TO COMPLETE

- Payroll Information Sheet
- Form W-4
- Mandatory Direct Deposit Authorization (with a voided check attached)
- Local Earned Income Tax Residency Form
- LST Exemption form (if appropriate)

Return all forms in person to payroll department and review with payroll Secretary

Failure to complete all forms will prohibit you from working until all forms are submitted and approved by district.

I have met with the Superintendent Secretary and submitted all forms and required attachments as requested

Name	Date

I have met with the Payroll Secretary and submitted all forms and required attachments as requested

Name	Date

NEW HIRES: I have received appropriate benefits paperwork, applications and appropriate Union contract:

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Name

Date

RETURN SIGNED SHEET TO SUPERINTENDENT SECRETARY