Welcome to the Children’s Museum of Pittsburgh!

Prior to logging into the Welcome Online Orientation, please print this packet. To complete the enclosed paper forms, follow the instructions provided during your online orientation session.

If you experience any difficulties accessing the online orientation, please call us or email Cathy Cicco, Manager of Human Resources, for assistance. (ccicco@pittsburghkids.org; 412.322.5058 x290)

Welcome Orientation Process (approximately one hour):

1. Receive your welcome email from the Children’s Museum of Pittsburgh which includes:
   a. Job Description
   b. Access information for the online webinar
   c. Link to the downloadable orientation packet, supplemental materials, and policy manual

2. Print the forms in the Orientation Packet

3. Log into and complete the Welcome Orientation webinar using the information from your email
   a. To complete the webinar, you MUST have the following
      i. Most up-to-date version of Adobe Reader (this is free and you will be prompted to update your computer’s software automatically if necessary)
      ii. Internet access
      iii. Sound and audio capability

4. Complete all required forms included in the webinar

5. Bring the following with you to your first day of work: signed job description, packet of downloaded forms, proper identification (as notes on the I-9), money order(s), and voided check or direct deposit statement (full check-list found on page 4 of this Welcome Packet)

Enclosures: Part-time Employee Orientation Check-list, Form I-9, Form W-4, City of Pittsburgh LST Exemption, Local Earned Income Tax Certificate, PA Criminal Record Check, PA Child Abuse History Clearance, Consent/Release of Information Authorization, Direct Deposit, Worker’s Compensation
Children’s Museum of Pittsburgh

New Employee Orientation Checklist

As you complete the orientation, please check off your progress below. You will turn in this checklist to the Museum’s Human Resource’s Department on your first day of work.

- Welcome and Introduction to Museum
  - Completed “New Hire Information” form
- Policy Overview
  - Completed Code Adam quiz
- Compensation & Benefits Overview
  - Completed “Transportation Benefit Plan Enrollment”
- Completion of Paper Hiring Forms (see box to right)
- I have completed the Welcome Orientation Online

HR Manual Acceptance

- I have received a copy of the HR Manual outlining the responsibilities of an employee and/or volunteer and the responsibilities of the organization. I have read the information contained in the Children’s Museum of Pittsburgh’s HR Manual. If I have any questions, I should contact the Business Office, HR representative or my supervisor.
- I understand that the information contained in the Children’s Museum’s HR Manual represents guidelines only and that the Children’s Museum reserves the right to modify this Manual or amend or terminate any policies, procedures, or employee benefit programs at any time. I understand that the Children’s Museum will apply such policies and practices to particular situations as it deems to be in its best interest.
- I understand that this Manual is not a contract of employment between me and the Children’s Museum and that I should not view it as such.
- I understand that I am an “at-will” employee of the Children’s Museum and accordingly I have the right to terminate my employment at any time for any reason and the Children’s Museum retains a similar right to terminate my employment.

Employee signature: ___________________________ Date: ________________

FOR OFFICE USE

Witness: ___________________________

All relevant paperwork has been completed: ______ Yes ______ No
REMINDERS

**Materials to bring on your first day:**

- Signed Orientation Check-list and HR Manual Acceptance (page 3 of this packet)
- Signed copy of your job description (emailed to you by Cathy Cicco, ccicco@pittsburghkids.org; 412.322.5058 x290)
- Appropriate form(s) of identification (see the enclosed “I-9 Employment Verification, List of Acceptable Documents”)
  - Originals only, do not bring photo copies.
- One $10 money orders (used to process your child abuse verification)
- Signed and made out to: Department of Public Welfare
  - A second $10 money order is needed IF you chose to do the paper Criminal Background Check (instead of online). This should be signed and made out to: Commonwealth of Pennsylvania
- Voided check or direct deposit statement from your financial institution (to process your direct deposit)
- All completed paper forms:
  - Form I-9, Employment Eligibility Verification
  - Form W-4
  - City of Pittsburgh, Local Service Tax – Exemption Certificate (if applicable)
    - Also include all required documentation as listed on the LST form
  - Local Earned Income Tax Certificate
  - Pennsylvania State Police, Request for Criminal Record Check (online submission preferred)
  - Pennsylvania Child Abuse History Clearance
  - Consent/Release of Information Authorization Form
  - Employee Direct Deposit Enrollment Form
  - Worker’s Compensation, Employee Acknowledgement of Rights & Responsibilities

*Please keep the following supplemental materials for your records:*

- Worker’s Compensation Physician Panel: Physicians who are approved to provide care if you are injured on the job
- The current year pay schedule
- Parking information
- A copy of your job description
- Summary of benefits
- Access information for the HR Manual
Employment Eligibility Verification

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

START HERE: Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>E-mail Address</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

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):

☐ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) __________________________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________________

2. Form I-94 Admission Number: ____________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: ____________________________

Country of Issuance: ____________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ____________________________ Date (mm/dd/yyyy): ____________________________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion 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) ____________________________

Address (Street Number and Name) ____________________________ City or Town ____________________________ State ____________________________ Zip Code ____________________________
Section 2: Employer or Authorized Representative Review and Verification

Employees 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 examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>List A</td>
</tr>
<tr>
<td>Identity and Employment Authorization</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial |

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |

Form I-9 01/08/13 N Page 8 of 9
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport and (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is in conflict with any restrictions or limitations identified on the form.</td>
<td>5. U.S. Military card or draft record</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>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</td>
<td>6. Military dependent’s ID card</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for more information.

Tax credits. You can take project tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be included in your Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES. Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent .

B Enter "1" if:
   • You are single and have only one job; or
   • You are married, have only one job, and your spouse does not work; or
   • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return .

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F Enter "1" if you have at least $1,800 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
   • If your total income will be less than $65,000 ($95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
   • If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.
   • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
   • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $40,000 ($10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
   • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee's Withholding Allowance Certificate

Form W-4

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2013

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial
   Last name
   2 Your social security number

   Home address (number and street or rural route)
   City or town, state, and ZIP code

   Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

   Additional amount, if any, you want withheld from each paycheck

   I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.
   • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and,
   • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
   
   If you meet both conditions, write "Exempt" here .

   Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

   Employee's signature
   (This form is not valid unless you sign it)
   Date

   Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS)
   Office code (optional)
   Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over $300,000 and you are married filing jointly or if you are a qualifying widow(er); $275,000 if you are head of household; $250,000 if you are single and not head of household or a qualifying widow(er); or $150,000 if you are married filing separately. See Pub. 505 for details.

Enter: $12,200 if married filing jointly or qualifying widow(er) $8,950 if head of household $6,100 if single or married filing separately

2 Subtract line 2 from line 1. If zero or less, enter “-0-.”

3 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505).

4 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2013 Form W-4 worksheet in Pub. 505.)

5 Enter an estimate of your 2013 nonwage income (such as dividends or interest). See Pub. 505.

6 Subtract line 5 from line 4. If zero or less, enter “-0-.”

7 Divide the amount on line 7 by $3,000 and enter the result here. Drop any fraction.

8 Enter the number from the Personal Allowances Worksheet, line H, page 1.

9 Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2 Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than “3.”

3 If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet.

5 Enter the number from line 1 of this worksheet.

6 Subtract line 5 from line 4.

7 Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9 Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST</td>
<td>Enter on</td>
</tr>
<tr>
<td>paying job are—</td>
<td>line 2 above</td>
</tr>
<tr>
<td>$0 – $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 – 10,000</td>
<td>1</td>
</tr>
<tr>
<td>10,001 – 20,000</td>
<td>2</td>
</tr>
<tr>
<td>20,001 – 30,000</td>
<td>3</td>
</tr>
<tr>
<td>30,001 – 40,000</td>
<td>4</td>
</tr>
<tr>
<td>40,001 – 50,000</td>
<td>5</td>
</tr>
<tr>
<td>50,001 – 60,000</td>
<td>6</td>
</tr>
<tr>
<td>60,001 – 70,000</td>
<td>7</td>
</tr>
<tr>
<td>70,001 – 90,000</td>
<td>8</td>
</tr>
<tr>
<td>80,001 – 100,000</td>
<td>9</td>
</tr>
<tr>
<td>90,001 – 110,000</td>
<td>10</td>
</tr>
<tr>
<td>110,001 – 135,000</td>
<td>11</td>
</tr>
<tr>
<td>135,001 and over</td>
<td>12</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST</td>
<td>Enter on</td>
</tr>
<tr>
<td>paying job are—</td>
<td>line 7 above</td>
</tr>
<tr>
<td>$0 – $37,000</td>
<td>0</td>
</tr>
<tr>
<td>37,001 – 60,000</td>
<td>1</td>
</tr>
<tr>
<td>60,001 – 80,000</td>
<td>2</td>
</tr>
<tr>
<td>75,001 – 120,000</td>
<td>3</td>
</tr>
<tr>
<td>120,001 and over</td>
<td>4</td>
</tr>
<tr>
<td>135,001 and over</td>
<td>5</td>
</tr>
</tbody>
</table>

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(1)(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 who claims no withholding allowances; 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 possessions 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 its 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 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.
# LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

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

## EMPLOYEE INFORMATION - RESIDENCE LOCATION

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle Initial)</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST LINE OF ADDRESS (if PO Box, please include actual street address)</td>
<td></td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough, Township)</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>PSD CODE</td>
</tr>
</tbody>
</table>

## EMPLOYER INFORMATION - EMPLOYMENT LOCATION

<table>
<thead>
<tr>
<th>EMPLOYER NAME (Use Federal ID Name)</th>
<th>EMPLOYER FEIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Museum of Pittsburgh</td>
<td>251379704</td>
</tr>
<tr>
<td>FIRST LINE OF ADDRESS (if PO Box, please include actual street address)</td>
<td>10 Children's Way</td>
</tr>
<tr>
<td>SECOND LINE OF ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>Pittsburgh</td>
<td>PA</td>
</tr>
<tr>
<td>MUNICIPALITY (City, Borough, Township)</td>
<td></td>
</tr>
<tr>
<td>Pittsburgh</td>
<td></td>
</tr>
<tr>
<td>COUNTY</td>
<td>PSD CODE</td>
</tr>
<tr>
<td>Allegheny</td>
<td>700102</td>
</tr>
</tbody>
</table>

## CERTIFICATION

<table>
<thead>
<tr>
<th>SIGNATURE OF EMPLOYEE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
Select Get Local Gov Support, >Municipal Statistics
PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take four weeks or longer. Warning: A person commits a misdemeanor of the third degree if he/she makes a written false statement which he/she does not believe to be true.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
https://epatch.state.pa.us

NAME/REQUESTER
Children's Museum of Pittsburgh

ADDRESS
10 Children's Way

CITY/STATE/ZIP CODE
Pittsburgh, PA 15212

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)
412-322-5058

NAME/SUBJECT OF RECORD CHECK (FIRST) (MIDDLE) (LAST)

MAIDEN NAME AND/OR ALIASES

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

SEX

RACE

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only.

REASON FOR REQUEST: All requests $10.00

***MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA***

INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.

☐ ADOPTION (DOMESTIC)
☐ ATTORNEY
☐ BANKING
☐ BAR ASSOCIATION
☐ CHURCH
☐ CHILD CARE
☐ EDUCATION
☐ ELDER CARE
☐ EMERGENCY MANAGEMENT
☐ EMPLOYMENT/Screening
☐ Foster Care
☐ Healthcare
☐ Housing
☐ Insurance License
☐ Mental Health
☐ Nurse Aid Training
☐ OTHER

☐ ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)

AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.

Homeland Security is Everyone's Responsibility - Pennsylvania Terrorism Tip Line 1-888-292-1919
SECTION I

APPLICANT IDENTIFICATION

IN THIS SPACE PRINT APPLICANT'S FULL NAME AND ADDRESS (DO NOT USE INITIALS)

NAME

STREET

CITY, STATE

ZIP CODE

SOCIAL SECURITY NUMBER

AGE

DATE OF BIRTH

DAYTIME PHONE NO.

SEX   COUNTY YOU LIVE IN

O  M  F

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide central register), 6344 (relating to information relating to prospective child care personnel), 6344.1 (relating to information relating to family day-care home residents), and 6344.2 (relating to information relating to other persons having contact with children). The department will use your Social Security number to search the statewide central register to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

PURPOSE OF CLEARANCE (Check ONE block ONLY)

☐ Child Care Services Employee

☐ Foster Care   ☐ Adoption

☐ Employment with a significant likelihood of regular contact with children

☐ Volunteering - A copy of your PROCESSED "Request for Criminal Record" (Form SPA-164) must be attached. Out-of-state residents must also attach a copy of their PROCESSED FBI clearance (Form FD-258).

☐ DPW Employment & Training Program Participant

(Signature required below)

PREVIOUS NAMES USED SINCE 1975

(Including Maiden Name, Nicknames, Aliases)

1. (LAST, FIRST, MIDDLE)

2. (LAST, FIRST, MIDDLE)

3. (LAST, FIRST, MIDDLE)

4. (LAST, FIRST, MIDDLE)

5. (LAST, FIRST, MIDDLE)

6. (LAST, FIRST, MIDDLE)

PREVIOUS ADDRESSES SINCE 1975 (Attach additional pages if necessary)

1.

2.

3.

4.

HOUSEHOLD MEMBERS (List everyone who lived with you at any time since 1975 to the present)

NAME (Last, First, Middle)  Do not use initials.

RELATIONSHIP

PRESENT AGE

SEX

1.

2.

3.

4.

5.

6.

I certify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

APPlicant's Signature

DATE

APPLICANT'S SIGNATURE

CY 113 (UF) 6/11
DO NOT WRITE IN THIS SECTION - CHILDLINE USE ONLY

SECTION II

RESULTS OF HISTORY CHECK

☐ APPLICANT IS NOT LISTED IN A REPORT OF CHILD ABUSE OR A REPORT FOR SCHOOL EMPLOYEE.

<table>
<thead>
<tr>
<th>STATUS OF REPORT</th>
<th>DATE OF INCIDENT</th>
<th>STATUS OF REPORT</th>
<th>DATE OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>-</td>
<td>3.</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>-</td>
<td>4.</td>
<td>-</td>
</tr>
</tbody>
</table>

VERIFIER ____________________ DATE ____________ VERIFIER’S SUPERVISOR ____________________ DATE ____________

SECTION III

VOLUNTARY CERTIFICATION FOR CHILD CARE SERVICES

__________________________ has requested a certification which includes a clearance of his/her name against the child abuse, school employee, and criminal history reports.

The results of the child abuse and school employee report clearances are listed in Section II on the reverse side. The results of the criminal history reports are listed below. Out-of-state residents must have criminal history clearance from both the Pennsylvania State Police and the FBI. The voluntary certification may be obtained every two years.

It is the responsibility of parents and guardians to review this information to determine the suitability of the applicant as a substitute caregiver.

PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

☐ Applicant is named as the perpetrator of a **founded** child abuse or school employee report which occurred in the last five years.

☐ Applicant is named as the perpetrator of a **founded** child abuse or school employee report which occurred over five years ago.

☐ Applicant is named as the perpetrator of an **indicated** child abuse or school employee report.

☐ Applicant is not named as the perpetrator of any child abuse or school employee report contained in the Statewide Central Register.

PENNSYLVANIA STATE POLICE CLEARANCE

☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.

☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.

☐ Record exists, but no convictions are shown. This does not prohibit hire in a child care position. Report attached.

☐ No record exists. Report attached.

FBI CLEARANCE

☐ Record exists and contains convictions which prohibit hire in a child care position. Report attached.

☐ Record exists, but convictions do not prohibit hire in a child care position. Report attached.

☐ Record exists, but no convictions are shown. This may not prohibit hire in a child care position. Report attached.

☐ No record exists. Report attached.

☐ No FBI clearance required.

VERIFIER ____________________ DATE ____________ VERIFIER’S SUPERVISOR ____________________ DATE ____________
DIRECTIONS TO COMPLETE THE
PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE APPLICATION:

1. Applicants are to complete Section I only.
2. Type or print clearly and neatly in ink only.
3. The space for the applicant’s name must be the applicant’s full legal name. An initial is not acceptable for a first name. The address listed must be applicant’s current home address. This is also where the results of the clearance will be mailed.
4. The applicant’s Social Security number is voluntary. If filling in the Social Security number please fill in the entire Social Security number.
5. Age – Fill in the applicant’s current age.
6. Date of Birth – Fill in the applicant’s date of birth (Example: 01/22/1990).
7. Daytime Phone Number – Fill in the number for where the applicant can be reached in the event that there are questions about the information on the application.
8. Sex – Check the appropriate box for male or female.
9. County You Live In – Fill in the name of the county where you reside (this should be the county for the address that the applicant filled in the space on the left of this section).
10. Purpose of Clearance – Do not check more than one block:
   a. Check the Child Care box if planning to work in a day care or child care setting.
   b. Check the Foster Care box if applying as a prospective foster parent.
   c. Check the School Employee box if seeking to have involvement within a school (public, private, vocational, or technical) for employment or volunteer purposes OR check this box if a child abuse clearance is needed due to enrollment in an educational program such as a nursing school or technical program.
   d. Check the Adoption Block if in the process or planning to adopt a child.
   e. Check Employment With A Significant Likelihood of Regular Contact With Children if NONE of the other options relate to why a child abuse clearance is needed.
   f. Check the Volunteers box if performing a service (paid or unpaid) for organizations such as Big Brothers/Big Sisters, Boy Scouts, Little League, or churches. As noted on the form, if the Volunteer box is checked, the applicant must also attach A COPY of the RESULTS from their PA State Police Criminal History Record Check. Do not send original criminal record results because the original cannot be returned. If the applicant is not a current Pennsylvania resident, the applicant must also attach a copy of their FBI Criminal History results obtained within the past year.
   g. Check the DPW Employment & Training Program Participant box if the applicant is participating in a Department of Public Welfare employment and training program through a county assistance office, or CAO, or the Office of Income Maintenance, OIM. The signature AND phone number of the CAO or OIM representative is required.
11. Previous Names Used Since 1975 - The applicant must list any and all full legal names that they have ever had since 1975. This includes maiden names, aliases and also known as (aka) names.
12. Previous Addresses Since 1975 - List all addresses where the applicant has resided since 1975. The applicant can attach an additional sheet of paper with all of the addresses listed if necessary. If the applicant cannot remember the exact mailing addresses since 1975, filling in as much information as possible about the location will be acceptable.
13. Household Members - Include anyone that the applicant lived with since 1975 (parents, guardians, siblings, children, spouse (ex), paramour, friends, etc.). If the applicant was under the age of 18 in 1975 this section must include other household members who lived with the applicant or with whom the applicant lived. Please note the household member's relationship to the applicant, their age (to the best of your knowledge) and their sex. Applications where this section is left blank will be rejected and returned to the applicant.
14. Applications must be signed and dated. Applications that are not signed and dated will be rejected and returned to the applicant.
15. Enclose a $10.00 money order for each application. No cash or personal checks will be accepted. Agency or business checks are acceptable.
16. Do not send any postage paid return envelopes for us to return your results. Results are issued through an automated system generated mailing process.

Note: Clearance results will be mailed to you within 14 days from the date that the clearance is received in our office. Failure to comply with the above instructions will cause considerable delay in processing the results of an applicant’s child abuse clearance.
CONSENT/RELEASE OF INFORMATION AUTHORIZATION FORM
FOR THE PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

I, ____________________________ (Applicant’s Name), hereby authorize the Department of Public Welfare, ChildLine to release my Pennsylvania Child Abuse History Clearance information directly to CHILDREN’S MUSEUM OF PITTSBURGH.

I understand that this information is confidential in nature pursuant to §6340 (relating to information in confidential reports) of the Child Protective Services Law (CPSL) (23 Pa.C.S Chapter 63) and will not otherwise be released by the CHILDREN’S MUSEUM without my express authorization or pursuant to authorization by Title 55 of the Pennsylvania Code. I understand that the aforementioned information will not be released directly to me ____________________________ (Applicant’s Name) as stated in the Pennsylvania Child Abuse History Clearance application.

I understand that I will not receive a copy of my Pennsylvania Child Abuse History Clearance directly from ChildLine; however, I will receive a copy of my Pennsylvania Child Abuse History Clearance from CHILDREN’S MUSEUM OF PITTSBURGH.

I have read this Consent/Release of Information Authorization form and fully understand and agree to its content. I further understand and agree to all information and ramifications of the Pennsylvania Child Abuse History Clearance application as it otherwise relates to this consent.

_________________________________  ________________________________
Date                                               Applicant’s Signature

Children’s Museum of Pittsburgh
Attention: HR
10 Children’s Way
Pittsburgh, PA 15212
# Direct Deposit Agreement Form

Employee Name: ________________________________  Effective Date: ___________________

I wish to □ Set up Direct Deposit □ Change my Direct Deposit □ Cancel my Direct Deposit

<table>
<thead>
<tr>
<th>Account Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish to deposit to □ Checking □ Savings □ Money Card or □ Other: __________</td>
</tr>
<tr>
<td>Name of Financial Institution:</td>
</tr>
<tr>
<td>Routing Number:</td>
</tr>
</tbody>
</table>

Please only select one of the following:
I wish to deposit: □ Set Amount: $________ or □ Percentage _____% or □ Total Pay (Net Amount)

You may select multiple institutions/methods of deposit. If more than two are selected, please attach additional forms.

<table>
<thead>
<tr>
<th>Account Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish to deposit to □ Checking □ Savings □ Money Card or □ Other: __________</td>
</tr>
<tr>
<td>Name of Financial Institution:</td>
</tr>
<tr>
<td>Routing Number:</td>
</tr>
</tbody>
</table>

I wish to deposit: □ Set Amount: $________ or □ Percentage _____% or □ Total Pay (Net Amount)

A VOIDED CHECK (not a starter check) OR DIRECT DEPOSIT STATEMENT FROM YOUR BANK MUST BE ATTACHED TO THIS FORM TO PROCESS YOUR REQUEST.

**You must notify payroll immediately in writing if you change or close your bank account**

<table>
<thead>
<tr>
<th>Authorization Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby authorize Children’s Museum of Pittsburgh to initiate automatic deposits to my account at the financial institution named above. I also authorize Children’s Museum to make withdrawals from this account in the event that a credit entry is made in error.</td>
</tr>
</tbody>
</table>

Further, I agree not to hold Children’s Museum responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Children’s Museum receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Employee Signature: ____________________________  Date: ____________________________
In Pennsylvania, the workers' compensation law provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

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

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

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

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

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

Bureau of Workers' Compensation
1171 South Cameron Street, Room 103
Harrisburg, Pennsylvania 17104-2501
Telephone number within Pennsylvania (800) 482-2383
Telephone number outside of this Commonwealth (717) 772-4447
TTY (800) 362-4228 (for hearing and speech impaired only)
www.state.pa.us - PA Keyword: workers comp.

I also acknowledge that I have been presented with this written notice setting forth my rights and duties under Section 306(f.1)(l)(I) of the Pennsylvania Workers’ Compensation Act. My rights and duties include the following:

1. 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.

2. I have the duty to obtain treatment for work-related illnesses from one or more of the designated health care providers listed below for ninety (90) days from the date of first visit to a designated provider.
3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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; and,

10. 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 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).

I, ___________________________________________________________, employee of Children’s Museum of Pittsburgh, hereby certify that I was provided with the above statement and attached Provider Panel.

_________________________________________  ______________________
Employee Signature  Date

_________________________________________  ______________________
Witness Signature  Date
ARREST/CONVICTION REPORT AND CERTIFICATION FORM
(under Act 24 of 2011)

Section 1. Personal Information

Full Legal Name: ___________________________ Date of Birth: ___/___/_______
Any former names by which you have been identified: ______________________

Section 2. Report of Arrest or Conviction

☐ 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) ("Reportable Offense(s)"). See Instructions on Page 2 of this Form for a list of Reportable Offenses. If you have none to report, proceed to Section 3 of this form.

Details of Arrests or Convictions

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Section 3. No Arrest or Conviction

☐ By checking this box, I state that I have never been arrested for or convicted of any Reportable Offense.

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 __________________

PDE-6004 (9/1/2011)
INSTRUCTIONS

This standardized form has been developed by the Pennsylvania Department of Education, pursuant to 24 P.S. §1-111(j), to be used by current and prospective employees of public and private schools, intermediate units and area vocational-technical schools for the written reporting by current and prospective employees of any arrest or conviction for an offense enumerated under 24 P.S. §1-111(e).

As required by subsection (j)(2) of 24 P.S. §1-111, this form shall be completed and submitted by all current employees of a public or private school, intermediate unit or area vocational-technical school by December 27, 2011. In addition, as required by subsection (j)(4) of 24 P.S. §1-111, this form shall be utilized by employees to provide written notice within seventy-two (72) hours after an arrest or conviction for an offense enumerated under 24 P.S. §1-111(e) and occurring after September 28, 2011. 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. If you have questions regarding to whom the form should be sent, please contact your supervisor or the school entity administration office.

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

### LIST OF REPORTABLE OFFENSES

An offense enumerated under 24 P.S. §1-111(e) (a “Reportable Offense”) 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:
   - Chapter 25 (relating to criminal homicide)
   - Section 2702 (relating to aggravated assault)
   - Section 2709.1 (relating to stalking)
   - Section 2901 (relating to kidnapping)
   - Section 2902 (relating to unlawful restraint)
   - Section 2910 (relating to luring a child into a motor vehicle or structure)
   - Section 3121 (relating to rape)
   - Section 3122.1 (relating to statutory sexual assault)
   - Section 3123 (relating to involuntary deviate sexual intercourse)
   - Section 3124.1 (relating to sexual assault)
   - Section 3124.2 (relating to institutional sexual assault)
   - Section 3125 (relating to aggravated indecent assault)
   - Section 3126 (relating to indecent assault)
   - Section 3127 (relating to indecent exposure)
   - Section 3129 (relating to sexual intercourse with animal)
   - Section 4302 (relating to incest)
   - Section 4303 (relating to concealing death of child)
   - Section 4304 (relating to endangering welfare of children)
   - Section 4305 (relating to dealing in infant children)
   - A felony offense under section 5902(b) (relating to prostitution and related offenses)
   - Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
   - Section 6301(a)(1) (relating to corruption of minors)
   - Section 6312 (relating to sexual abuse of children)
   - Section 6318 (relating to unlawful contact with minor)
   - Section 6319 (relating to solicitation of minors to traffic drugs)
   - Section 6320 (relating to sexual exploitation of children)

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.

PDE-6004 (9/1/2011)
CITY OF PITTSBURGH
2013 LOCAL SERVICE TAX – EXEMPTION CERTIFICATE

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 for the municipality or school district in which you are primarily employed. This application for exemption from the Local Services Tax must be signed, dated, and given to each employer. No exemption will be approved until proper documentation has been received.

PRINT NAME: ______________________________ SOCIAL SECURITY #: ____________________
ADDRESS: ________________________________ PHONE #: ____________________________
CITY – STATE – ZIP: ________________________________________________________________

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. You must notify your other employers of a change in principal place of employment within two weeks of the change.

2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN THE CITY OF PITTSBURGH WILL BE LESS THAN $12,000: Attach copies of your last pay statements from all employers or copies of your W-2’s from all employers for the prior year. Also submit copies to your employer(s).

   If you are SELF-EMPLOYED, attach a copy of your PA Schedule C, F, or RK-1 for the prior year.

3. _____ ACTIVE DUTY MILITARY EXEMPTION: Attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise your employer and tax office when you are discharged from active duty status.

4. _____ MILITARY DISABILITY EXEMPTION: Attach a 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 taxpayer or tax collector to withhold the tax. Employer must retain Exemption Certificate.

Tax Office: LST Exemption Certificate, City of Pittsburgh, Department of Finance,
Address: 414 Grant Street Room 212
City, State & Zip: Pittsburgh PA 15219

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.

SIGNATURE: ___________________________________________ DATE: ____________________________

For additional information go to www.city.pittsburgh.pa.us/finance or call 412-255-2504.
**EMPLOYMENT INFORMATION**: List all places of employment for the applicable tax year. Please list your **PRIMARY EMPLOYER under #1** and your secondary employers under the other columns. If self-employed, write “SELF” under employer name column.

<table>
<thead>
<tr>
<th>1. PRIMARY EMPLOYER</th>
<th>2.</th>
<th>3.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State &amp; Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Municipality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Phone</td>
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