

Organization Name: _____ Website: _____

Address: _____

Supervisor Name & Title: _____

Supervisor Phone Number & Email: _____

Student's Name & Email: _____

Student's Position Title: _____

Estimated number of hours the student will work per week: _____ (See Terms and Conditions for Award Limitations)

Proposed Beginning Employment date: _____ Proposed Ending Employment date: _____

PLEASE NOTE: Due to the nature of federal financial aid regulations, a separate application and approval process is required for each academic year and summer position, even if the job and the student remain the same for both the academic year and the summer.

DEADLINES TO SUBMIT REQUIRED FORMS: FALL – NOVEMBER 15TH SPRING – APRIL 15TH SUMMER – JULY 15TH

1. Please confirm your organization's eligibility status by checking below.

- ☐ Duties are performed with a 501 (c) 3 non-profit organization, or government agency
- Any employer who has not previously participated in the FCSWS program is required to submit verification of 501 (c) 3 status.

2. Community Service Checklist; please check **ALL** statements that apply to your organization and the position:

- ☐ This job requires the worker to be directly involved in face-to-face contact with community residents in solving particular concerns.
- ☐ The tasks associated with the job have a direct or indirect impact on improving the quality of life within the community or the nation.

If checked, indicate applicable area of community service:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Health care | <input type="checkbox"/> Individuals with disabilities | <input type="checkbox"/> Transportation | <input type="checkbox"/> Literacy training/ tutoring |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Community improvement | <input type="checkbox"/> Housing welfare | <input type="checkbox"/> Schooling/education |
| <input type="checkbox"/> Social services | <input type="checkbox"/> Neighborhood improvement | <input type="checkbox"/> Rural development | <input type="checkbox"/> Other, please explain |

3. Per Pennsylvania Child Protective Services Law Act 153*- please check the statement that best applies to the position:

- ☐ **A.** The student employee will be involved in the care, supervision, guidance, control and/or have regular contact with individuals under the age of 18.
- ☐ **B.** The student employee will be involved in the care, supervision, guidance, control and/or have regular contact with individuals under the age of 18, but will not do so during the 90-day provisional period of the Pennsylvania Child Protective Services Law.*
- ☐ **C.** The student-employee will **NOT** be involved in the care, supervision, guidance, control and/or have regular contact with individuals under the age of 18.

* For more information on ACT 153, and the 90 day provisional period, please see page 2 of this Hiring Form

4. Wage Share: Hourly Wage is \$15 per hour

- The federal government pays 70% of the allowed hourly wage for eligible positions until the student earns his/her full federal work study award amount. The 30% non-federal share of the student's hourly wage generally is paid by the employer. If you are unable to pay the full 30% share, please complete the FCSWS Wage Subsidy Application on Page 3 of the Hiring Form.

Can your organization pay all or part of the 30% non-federal share of the student's wages? ☐ Yes ☐ No

If Yes, please provide billing information for CMU to bill all or part of the 30% non-federal share of the student's wages.

Billing Contact Name/Phone/Email: _____

Billing address: _____

5. Attach a detailed job description: A job description must be attached. Be very clear as to how the job contributes to the community, include any knowledge, skills, or experience requirements and indicate how many positions are available.

By signing below I certify that the information provided is true and accurate to the best of my knowledge.

Signature and Title: _____ Date: _____

Hiring Form

Pennsylvania Act 153 (a/k/a House Bill 435) for FCSWS

An amendment to the Pennsylvania Child Protective Services Law, known as “Act 153”, affects the hiring process for some student employees participating in the FCSWS program by requiring criminal background checks prior to the start of employment.

There are two broad categories of employees who are covered by the background check / clearance requirements of PA Act 153:

- (1) those responsible for the welfare of a child; and
- (2) those having direct contact with children*.

** A “child” is defined as anyone under 18. The term “direct contact with children” is broadly defined as “the care, supervision, guidance or control of children, or routine interaction with children.”*

The required background checks (collectively, the “Clearances”) are:

- (1) Pennsylvania State Police Criminal Record Check;
- (2) Pennsylvania Child Abuse History Clearance; and
- (3) Federal Bureau of Investigation Criminal Background Check
(Requires a full set of fingerprints to be submitted at an authorized fingerprint site).

All FCSWS students working in Pennsylvania who will be involved in the care, supervision, guidance, control and/or have regular contact with individuals under the age of 18, are required to obtain these clearances prior to their employment start date as a condition of FCSWS employment.

FCSWS students physically working outside of Pennsylvania can apply for a waiver of the clearance requirement.

Any FCSWS students whose positions involve working with minors should immediately schedule an appointment with **Madeleine Cossell (Act153@andrew.cmu.edu)**, CMU's Background Clearance Coordinator, who will assist in applying for the Clearances and who will determine if the student is eligible for a waiver.

Starting this process as soon as possible will help ensure that the student will be able to begin their position with your organization as soon as the student receives their Clearances (or provisional Clearances, if appropriate -see below) or waivers.

Please note that if the information obtained through the required clearances reveals that the student is disqualified from employment under Act 153, any offer of employment shall be rescinded immediately.

ACT 153 Required Action Items:

A. If you have selected **Category A** from the checklist on page 1 of the Hiring Form, the student may **NOT** begin to work for your organization until the Clearances have been received and approved by **Madeleine Cossell (Act153@andrew.cmu.edu)**, Carnegie Mellon University's Background Clearance Coordinator .

B. If you have selected **Category B** from the checklist on page 1 of the Hiring Form, the student must provide the Clearances before the anticipated work start date.

However, if the Clearances are not available prior to the anticipated start date, Act 153 permits CMU to employ the student on a 90-day provisional basis. We will be able to do so provided that the following criteria are met (assumes the University has no knowledge or information that would disqualify the student from employment pursuant to Act 153):

- 1) Prior to the first day of work, the student must sign and submit a required Disclosure Statement to Madeleine Cossell, (Act153@andrew.cmu.edu), Carnegie Mellon University's Background Clearance Coordinator) -AND-
Your organization certifies in writing to CMU that the student employee will not work with minors during the
- 2) provisional period by printing and signing Page 1 of this Hiring Form and returning it to the Office of Financial Aid (hzfinaid@andrew.cmu.edu).

- Prior to the first day of work, the student provides proof that they have applied for the Clearances and submitted
- 3) copies of the completed request forms to CMU (Madeleine Cossell (Act153@andrew.cmu.edu), Carnegie Mellon University's Background Clearance Coordinator); -AND-

C. If you have selected **Category C** from the checklist on Page 1 of the Hiring Form, no further action is required and the student may begin work as soon as the position has been approved by our office.

Federal Community Service Work Study Program Wage Subsidy Request

Please complete, sign and return by fax (412) 268-7036 or by email hazfinaid@andrew.cmu.edu.

Heinz College has established the Community Service Employer Assistance Fund for the purpose of providing a temporary wage subsidy to eligible federal community service employers who cannot afford to pay the full 30% non-federal share of students' wages. This fund does not provide federal subsidies to employers who have the funds but do not want to pay the non-federal share of students' wages. Employers are advised via email as to whether their applications are approved or denied.

It is possible that the school may not be able to provide wage subsidies for more than one position per employer. All wage subsidies are contingent upon available funding. This form should be submitted for each and every period the employer is making the request (the academic year and/or the summer).

Name of Employer _____

Address of Employer _____

Phone Number of Employer _____

Amount Employer can contribute to student-employee salary \$ _____

Hiring Supervisor's Name _____

Tax Exempt No. _____

Indicate which period you are applying for the wage subsidy: Academic Year Summer term

Attach the following to be considered for the wage subsidy:

- A separate letter and supporting documentation explaining in detail your organization's inability to pay the non-federal wage share and whether the situation is temporary or not. Please include enough information to allow the selection committee to determine whether your organization can not afford to pay.
- Non-profit organizations must submit IRS form 990 or 990EZ for the most recent year.

By signing below, I acknowledge that I am an authorized signer for the above-named organization. I understand that the information on this form is to be used for the purpose of awarding federal funding and is subject to federal, IRS, state, private, and institutional audit and that any information misrepresented in this application is subject to fines, penalties, and/or criminal prosecution.

Signature of Authorized Employer _____ Date _____

Printed Name of Authorized Employer _____ Date _____