

Organization Name: _____ Website: _____

Address: _____

Supervisor Name & Title: _____

Supervisor Email: _____

Student's Name & Andrew ID: _____

Student's Position Title: _____ Position Is: _____

Estimated number of hours the student will work per week: _____ (See Supervisor Overview 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:

___ Health care ___ Individuals with disabilities ___ Transportation ___ Literacy training/ tutoring

___ Child care ___ Community improvement ___ Housing welfare ___ Schooling/education

___ Social services ___ Neighborhood improvement ___ Rural development ___ 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 \$17 per hour

- The federal government (Dept. of Ed.) pays 70% of the allowed hourly wage for eligible positions until the student earns their full federal work study award amount. The 30% non-federal share of the student's hourly wage generally is paid by the employer.

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 the 30% non-federal share of the student's wages.
- If you are unable to pay the **full** 30% share, please complete the FCSWS Wage Subsidy Application on Page 3 of the Hiring Form.

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: _____

Child Protection Clearances

The Pennsylvania Child Protective Services Law, Act 153, requires students whose FCSWS position will involve interacting with minors, whether in person or remotely/online, to obtain three different clearances:

- **Pennsylvania Access to Criminal History (PATCH)** through the Pennsylvania State Police
- **Pennsylvania Child Abuse History (PACA)** through the Pennsylvania Department of Human Services
- **FBI Criminal History Check** - this check requires the individual to submit their fingerprints to the FBI

Any student whose FCSWS position requires Child Protection Clearances must contact Carnegie Mellon University (CMU) Human Resources (HR):

- **Students without existing Child Protection Clearances**, must contact CMU HR at Act153@andrew.cmu.edu. An HR staff member will walk them through the process of submitting applications for the clearances, submitting fingerprints for the FBI check, and completing a Disclosure Statement and any other forms necessary for provisional employment.
- **Students with existing Child Protection Clearances** must contact CMU HR at Act153@andrew.cmu.edu to ensure that the clearances are still valid and can be transferred to their FCSWS position.

These services are at no cost to the student and will help ensure that applications for clearances are submitted correctly.

FCSWS EMPLOYER ACTION ITEMS:

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 the Heinz College Office of Financial Aid has been notified that the clearances have been received and approved by CMU's HR department.

If you have selected Category B from the checklist on page 1 of the Hiring Form:

- The student should 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 that CMU has no knowledge or information that would disqualify the student from employment pursuant to Act 153):
 - i. Prior to the first day of work, the student must sign and submit a required Disclosure Statement to CMU's HR department at Act153@andrew.cmu.edu **-AND-**
 - ii. Your organization certifies in writing to CMU that the student employee will not work with minors during the provisional period by signing Page 1 of this Hiring Form and returning it to the Heinz College Office of Financial Aid (h2finaid@andrew.cmu.edu) **-AND-**
 - iii. Prior to the first day of work, the student provides proof that they have applied for the clearances and have submitted copies of the completed request forms to CMU's HR department (Act153@andrew.cmu.edu).

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 working as soon as the position has been approved by the Heinz College Office of Financial Aid (h2finaid@andrew.cmu.edu).

Wage Subsidy Request

Please complete, sign and return by email to hzfinaid@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 Number: _____

What period are you applying for the wage subsidy?

Academic Year (Fall/Spring) Summer

Please 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 _____