

SOUTHERN LEHIGH SCHOOL DISTRICT

NEW EMPLOYEE INTAKE FORM

NEW EMPLOYEE: This form collects certain employment information to not only ensure compliance with federal and state employment requirements but also facilitate your start at the Southern Lehigh School District. Please complete both sections of this form.

PART I: GENERAL EMPLOYMENT & PIMS DATA COLLECTION

Name of Hire: _____

Home Address: _____

Personal Email: _____ Personal Phone: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female ☐ Decline to Identify

Ethnicity (Select One): ☐ Hispanic ☐ Non-Hispanic

Race (Select One): ☐ White/ Caucasian ☐ Black/ African-American ☐ Asian/ Asian-American
☐ Indigenous/ Native-American ☐ Hawaiian/ Pacific-Islander ☐ Other/ Multi-racial

NOTE: Self-identification of gender, ethnicity, and race data is voluntary. This data is collected for state and federal reporting; as an Equal Opportunity Employer, the District does not use this data for employment-related decisions.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White/ Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black/ African-American: A person having origins in any of the black racial groups of Africa.
Asian/ Asian-American: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Indigenous/ Native-American: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Hawaiian/ Pacific-Islander: A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Other/ Multi-racial: All persons who identify with more than one of the above five races; for the purposes of this group, identifying as Hispanic or Latino and only one of the listed 5 race groups does NOT qualify.

Board Approval Date: _____ Start Date: _____

Worksite: _____ Position Title: _____

Full Time Status: ☐ Full Time (≥ 30 hrs./wk.) ☐ Part Time (< 30 hrs./wk.) ☐ Seasonal/ Stipend

Position Type (Select One): ☐ Administrator (Contract, ACT 93) ☐ Independent (Coord, Specialist) ☐ Professional (SLEA)
☐ Student Support (Behavioral Specialists, Instructional Assistants, Health Services, Food Services)
☐ Building Support (Secretaries, Technology Supports, Maintenance Workers, Custodians)
☐ Subcontract (Coaches, Daily/ Extended Substitutes, Seasonal Workers)

Do you possess a PA Educator License? ☐ YES ☐ NO If YES, provide PPID: _____

If YES, select License Type(s): ☐ Instructional I/II ☐ Educational Specialist I/II ☐ Administrative I/II
☐ Letter of Eligibility/ Commission Qualification Letter

Licensure Area(s) (Maximum of Six): 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Years PreK-12 Work Experience (PreK-12 only; include Charter, Public, Independent, Parochial, etc.): _____

Highest Degree Earned: ☐ HS/ GED (Diploma or Eqv.) ☐ ASSOCIATE (A.A./ A.S./ Eqv.) ☐ BACH (B.A./ B.Ed./ Eqv.)
☐ MAST (M.A./ M.Ed./ Eqv.) ☐ DOCT (Ph.D./ Ed.D./ Eqv.) ☐ SPEC (Ed.S./ Eqv.)
☐ OTHER (Specify) _____

Additional Credits Earned Beyond Highest Degree Earned: _____

NOTE: All new employees are required to provide an official transcript for all degree(s) listed on their employment application; unofficial transcripts are not permissible.

PART II: EMPLOYEE TRANSFER INFORMATION

ALL EMPLOYEES:

Have you worked in a public school entity in Pennsylvania?

- ☐ YES, I have worked for a public school entity in Pennsylvania prior to June 30, 1994.
- ☐ YES, I have worked for a public school entity in Pennsylvania but after June 30, 1994.
- ☐ NO, I have never worked for a public school entity in Pennsylvania.

If YES, please select your **Membership Class**:

- | | |
|--|--|
| <input type="checkbox"/> Class T-C (qualified prior to 07.01.2001) | <input type="checkbox"/> Class T-G (qualified after 07.01.2019) |
| <input type="checkbox"/> Class T-D (qualified between 07.01.2001 and 06.30.2011) | <input type="checkbox"/> Class T-H (qualified after 07.01.2019) |
| <input type="checkbox"/> Class T-E (qualified between 07.01.2011 and 06.30.2019) | <input type="checkbox"/> Class DC (qualified after 07.01.2019) |
| <input type="checkbox"/> Class T-F (qualified between 07.01.2011 and 06.30.2019) | <input type="checkbox"/> I have NOT had any PSERS monies deducted to date. |

NOTE: If you are not currently a member of PSERS, then the Southern Lehigh SD will automatically enroll you in Class T-G/T-H/DC, if eligible.

ADMIN & PROF ONLY: Have you received **tenure** in the Commonwealth of Pennsylvania? ☐ YES ☐ NO

If you received **tenure** (i.e., obtained professional employee status), please request that Human Resources at the K-12 institution where you received tenure send a letter on the institution's letterhead to <hr@slds.org> with the following information:

- (1) Your full (*legal*) name,
- (2) Starting and ending dates (*mm/yy*) of employment at the institution,
- (3) Board date (*mm/yy*) approving your tenure status,
- (4) Duration and completion of an induction program, *and*
- (5) Signature of the certifying official.

To learn more about educator tenure, please visit the Southern Lehigh School District Office of Human Resources website.

ADMIN & PROF ONLY: All certificated employees must maintain active certification during their employment with Southern Lehigh SD; active certification requires completion of 180hrs. professional development hours during a five-year period. To ensure proper compliance, please visit the Professional Education Record Management System (**PERMS**) and provide the following information:

If you are a *certificated administrator*, please provide the following:

PERMS ID: _____ **ACT 45 Hours (completed):** _____ **ACT 45 Period:** _____

If you are a *certificated temporary/ professional employee*, please provide the following:

PERMS ID: _____ **ACT 48 Hours (completed):** _____ **ACT 48 Period:** _____

To learn more about ACT 45/48 continuing education requirements, please visit the Southern Lehigh School District Office of Human Resources website.

ADMIN & PROF ONLY: Do you intend to transfer accumulated **sick days**? ☐ YES ☐ NO If YES, how many? _____

NOTE: Per the Public School Code, only sick days accumulated in a Pennsylvania public school (e.g., school district, charter) are eligible for transfer. Administrative employees can transfer a maximum of sixty (60) days whereas temporary/ professional employees can transfer a maximum of twenty-five (25) days.

If you would like to transfer **sick days**, please request that Human Resources at your most recent K-12 employing institution send a letter on the institution's letterhead to <hr@slds.org> with the following information:

- (1) Your full (*legal*) name,
- (2) Starting and ending dates (*mm/yy*) of employment at the institution,
- (3) Total number of sick days (*only*) accrued, *and*
- (4) Signature of the certifying official.

Signature: _____ Date: _____

FOR CENTRAL OFFICE USE ONLY

☐ **USCIS Form I-9 (Employment Eligibility Verification)**

Completion Date: _____

☐ **Vector Solutions/ Safe Schools**

Entry Date: _____

☐ **Frontline Absence Management**

Entry Date: _____

☐ **Frontline Time & Attendance**

Entry Date: _____

☐ **Frontline Professional Growth**

Entry Date: _____