



Dear Applicant,

Enclosed are the employment forms for Saint Francis University. Please complete and submit all forms to the Human Resources Department.

**Please include supporting document(s) with the I-9 form.
A list of acceptable documents is provided.**

One from list A

Or

One from list B AND one from list C

Once all paperwork is submitted and you are established as an employee, a username, password and email account will be set up. You will be notified of this, and then you will need to complete a W-4 form, a Direct Deposit form and your Residence Tax Location, **these processes are on-line**. Instructions will be included in the notification of your username and password.

If you have any questions or concerns, please contact me by the information below.

Thank you,

Bernie Storm
HRIS Assistant

Saint Francis University
Human Resources Department
P.O. Box 600
Loretto, PA 15940

814-472-3903, fax: 814-472-3894

Email: bstorm@francis.edu

Human Resources

P.O. Box 600 ♦ Loretto, PA 15940-0600 ♦ Phone: 814.472.3264 ♦ Fax: 814.472.3894

www.francis.edu

Application for Employment

Saint Francis University
P.O. Box 600
Loretto, PA 15940



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Office of Human Resources at (814) 472-3264. **All finalists for employment at SFU must undergo a criminal background check.**

PLEASE PRINT

Position Applied For _____

Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Daytime Phone Number	Evening Phone Number	Email Address	

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No Are you employed now? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment.)

Are you available to work ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary Date Available? _____

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No If yes, please explain _____
(Conviction will not necessarily disqualify applicant from employment)

Educational Background (if job-related)			
Did you graduate from high school or receive a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all post-secondary, undergraduate and graduate work: (College, University, Business or Trade School)			
Name and Location	Course of Study	Degree or Certification	Honors Received

Skills and Qualifications - Summarize any training, skills, licenses, etc. that may qualify you as being able to perform job related functions in the position for which you are applying.

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin).

Employment Experience (attach additional sheets if necessary)

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1 – Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Phone		
Reason for Leaving			
2 – Employer	Dates Employed		Work Performed
	From	To	
Address			
	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor	Phone		
Reason for Leaving			
3 – Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor	Phone		
Reason for Leaving			

References -List the names of three personal references. Exclude relatives or close friends.			
Name	Address	Telephone	Years Known

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from any liability all representatives of the University for their acts performed in good faith in connection with evaluating me and my credentials. I understand that this application is not intended to be a contract of employment; however, it does signify my willingness to appear for interviews in regard to my application.

Signature of Applicant _____ Date _____

Consent & Disclosure Form
(Database and Investigative Consumer Report)
15 U. S. C. §1681b, 1681d and 1681k

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Applicant's First Name

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Last Name

In connection with my application for employment (including contract for services or volunteer services) or tenancy with [Saint Francis University](#), I understand that investigative consumer reports may be generated on me. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records. Public records will include records obtained from commercial databases.

In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: : J.D. Palatine, LLC, 8953 Harmony Drive, Pittsburgh, PA 15237, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtains, and my employment or tenant history with you, may be supplied by you to the agency for release to other companies which subscribe to the agency's services.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

☐ California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

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First Name

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Middle Name or Initial

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Last Name

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Date of Birth (MMDDYYYY)

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Other Names Known By

Male

Female

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Social Security Number

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Primary Telephone Number

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Current Address

Apt #

#yrs at this address

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City

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State

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Zip Code

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Previous Address

Apt #

#yrs at this address

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City

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State

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Zip Code

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Driver's License Number (no dashes)

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License State

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Email Address

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Signature

Today's Date (MMDDYYYY)

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment- or to take another adverse action against you- must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o A person has taken adverse action against you because of information in your credit report;
 - o You are the victim of identity theft and place a fraud alert in your file;
 - o Your file contains inaccurate information as a result of fraud;
 - o You are on public assistance;
 - o You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- " You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- " You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commissions 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



Office of Human Resources

1st floor Raymond Hall

Phone: 814-472-3264

Fax: 814-472-3894

EMPLOYEE DATA

FULL NAME _____

PREFERRED NAME: _____ SS# _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____

DATE OF BIRTH _____ GENDER M or F MARITAL STATUS _____

PERSONAL EMAIL _____

COUNTY _____

MUNICIPALITY IN WHICH YOU RESIDE _____

(Borough, Township, etc.)

SCHOOL DISTRICT _____

NAME OF SPOUSE _____

DEPENDENTS _____

PRIOR EMPLOYMENT AT SAINT FRANCIS UNIVERSITY:

FROM _____ TO _____ POSITION(S) _____

DEGREES ATTAINED _____

DATE(S) OF DEGREES ATTAINED _____

RACE/ETHNICITY (Used strictly for EEO reporting purposes only)

_____ Nonresident Alien	_____ American Indian or Alaska Native
_____ Race and Ethnicity unknown	_____ Asian
_____ Hispanics of any race	_____ Black or African American
_____ White	_____ Native Hawaiian or Other Pacific Islander
_____ Two or more races	_____ Prefer not to answer

SIGNATURE _____ DATE _____

03/2021



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
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		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
			12. Day-care or nursery school record
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Emergency Contact Information

ID#:	First Name:	MI:	Last Name:
Department Name:			

EMERGENCY CONTACT #1:

NAME:					
ADDRESS:					
CITY:					
STATE:				ZIP:	
COUNTRY:					
PHONE:				EMAIL:	
RELATIONSHIP:					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Friend
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Step Son	<input type="checkbox"/> Step Daughter	<input type="checkbox"/> Other	

EMERGENCY CONTACT #2:

NAME:					
ADDRESS:					
CITY:					
STATE:				ZIP:	
COUNTRY:					
PHONE:				EMAIL:	
RELATIONSHIP:					
<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Friend
<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Step Son	<input type="checkbox"/> Step Daughter	<input type="checkbox"/> Other	

**Note: This information will be kept confidential and only used in the case of an emergency.*

Code of Ethics

General Principles and Guidelines

Purpose and Intent

The University's Code of Ethics is a statement of the University's commitment to upholding the ethical, professional and legal standards used as the basis for its daily and long-term decisions and actions. Each community member is individually accountable for his/her own actions and, as such, are accountable for upholding these standards of behavior and for compliance with all applicable laws and regulations. This Code of Ethics describes the standards that guide members of the campus community in daily University activities. In many cases these standards are already found in existing University policies. A key purpose of the Code of Ethics is to commit all applicable standards to writing and to ensure that they are understood and followed by the community. It is the responsibility of all members of the community to read the Code of Ethics and to disclose potential or actual conflicts of interest (See 2.3). Chief administrative officers are responsible for promoting the understanding of and compliance with the Code of Ethics.

Introduction

As members of the Saint Francis University community, all officers, trustees, faculty, staff, and students are responsible for conducting themselves with the highest ethical standards. As a Franciscan institution and in accordance with its mission statement, the University fosters values such as humility and generosity toward learning, respect, understanding of ethical issues, and reverence for all life. The University believes these are values to be lived and strives to integrate these values into its teaching, scholarship, business practices, and daily interactions among all members of the campus community. The necessary relationships that have evolved with outside entities, including but not limited to governmental agencies, community groups and business firms, require that persons representing the University conduct themselves in the spirit of Saint Francis of Assisi and in a manner supporting its core values and guiding principles.

Applicability

This Code applies to the following members of the Saint Francis Community:

- Individuals who have an employment relationship with Saint Francis whether full-time or part-time including faculty, staff and students;
- Members of the Board of Trustees;
- Consultants, vendors and contractors which have an on-going business relationship with Saint Francis; and
- Individuals who perform services for Saint Francis as volunteers.

The Saint Francis student body is required to abide by the Student Code of Conduct (student expectations and responsibilities) which is distributed by the Office of the Vice President for Student Development.

Commitment to Integrity and Ethical Conduct

Saint Francis University is committed to maintaining a reputation for the highest ethical and professional standards of conduct. Each member of the University community is expected to commit to honesty and integrity in their work, accept personal responsibility for their actions, exercise high ethical standards in their personal and professional lives, and demonstrate compassion towards all. Each individual is expected to conduct University business transactions with the utmost honesty, accuracy and fairness. Each situation needs to be examined in accordance with this standard. No unethical practice can be tolerated.

Fiduciary Responsibility

Members of the Board of Trustees, officers, and staff of Saint Francis University serve a public interest role and thus have a clear obligation to conduct all affairs of the University in a manner consistent with this concept. All decisions of the Board of Trustees and officers of the University are to be made solely on the basis of a desire to promote the best interests of the University and the public good.

Institutional Compliance with the Higher Education Act of 2008

No Saint Francis University employee, trustee, or other constituent shall use funds provided under the Higher Education Act of 2008 (HEA) to attempt to influence a member of Congress in connection with any federal grant, contract, loan, or cooperative agreement. No student aid funding provided under HEA shall be used to hire a registered lobbyist or to pay for securing an earmark.

Approved by the President's Council - November 2011

Employee Code of Conduct

The success of the University is based on the commitment of its employees to put forth their best effort in all assigned duties. Employees are expected to conduct themselves in a manner which promotes efficient and professional operations.

Certain activities on the part of an employee shall result in disciplinary action (including a series of progressively more serious disciplinary steps) and/or discharge, depending on the severity of the action. Except for situations involving the most serious offenses, the employee will be given a verbal warning by the supervisor and, if necessary, written notification which includes a summary of the problem, expectations regarding improvement, a time frame for improvement, and the University's reaction if improvement is not achieved. In some instances, a temporary and unpaid suspension may be appropriate. If an employee disagrees with the disciplinary action or wants to appeal the decision, he/she may do so through the Formal Complaint procedure (found in this handbook). All records of disciplinary action will be maintained in the employee's personnel file.

In situations involving willful and deliberate violation(s) immediate termination may occur.

Reasons for disciplinary action include but are not limited to the following:

- Violation of the University's safety rules.
- Falsification of the University's records, including applications, time cards or time sheets.
- Destruction, deliberate misuse, or unauthorized removal or theft of property from the University's premises or from an employee or student.
- Misuse of the University's mail, e-mail, or telecommunication systems.
- The manufacture, distribution or possession of a controlled substance on University premises or while on University business.
- Attendance at work under the influence of controlled substances or job impaired due to the influence of alcohol; consumption of alcohol or use of controlled substances during work time.
- Failure to report a conviction (within five days) under the criminal drug statute for violations on or off campus while conducting University business.
- Remarks or derogatory actions which are a racial, ethnic, religious or sexual nature or refer to an individual's disability.
- Use of threatening, obscene or abusive language or profanity toward fellow employees and others.
- Engagement in threatening or disruptive behavior or fighting or scuffling.

- Inattentiveness to work responsibilities, loafing or sleeping during scheduled work hours.
- Possession of dangerous weapons or explosives in the workplace.
- Insubordination or refusal to follow management instructions on legitimate job-related matters.
- Improper work attire or personal appearance relative to one's position.
- Performance or actions which are unethical in nature.
- Failure to perform job responsibilities in an acceptable manner.
- Excessive absenteeism or failure to comply with the attendance policy.
- Excessive tardiness.

Approved - 1999.

Currently under review as of November 2011

Conflict of Interest Policy

The term "conflict of interest" pertains to situations in which financial or other personal considerations compromise, or have the appearance of compromising, an individual's professional judgment and ability to perform his or her responsibilities at Saint Francis University. All individuals who are covered under this Code should consider not only situations that are unacceptable, but also those situations that might involve the appearance of a conflict. A member of the University community may not profit or gain an unfair advantage at the expense of the well-being of the University as outlined below:

- Members of the University community may not have a direct or indirect, financial or proprietary interest of any nature that is in conflict with, impairs, or might reasonably impact such member's independent, unbiased judgment in the proper discharge of his or her duties to the University.
Example: A member of the Board of Trustees transacts business with the University on behalf of an external organization in which he or she is owner/operator without full disclosure. Such conflict may be resolved by full disclosure as well as making appropriate arrangements that clearly exclude the member from participating in the decision.
- A member of the University community shall not accept or solicit any gift, favor or service that might reasonably influence the community member in the discharge of his or her duties or that the community member knows or should know is being offered with the intent to influence his or her official conduct. *Example: The Director of Purchasing accepting a two night stay in Bermuda in exchange for purchasing products for the University is a conflict of interest.*
- A member of the University community shall not accept other employment or engage in any business or professional activity that he or she might reasonably expect would require or induce him or her to disclose confidential information acquired by reason of the community member's official position. *Example: The Director of Development accepting appointment to a Board of an organization that desires confidential donor information be shared about the University to support the organization's advancement is a conflict of interest.*
- No member of the University community shall disclose confidential information gained by reason of his or her official position or otherwise use such information for his or her personal gain or benefit. *Example: A staff member provides his daughter, who is enrolled at the University with exam information that would result in her personal gain is a conflict of interest and violates the Code of Ethics.*
- No employee shall transact any business in his or her official capacity with any external business entity of which he or she is an officer, agent or member, or in which he or she has a financial interest. *Example: The physical plant director is part owner of a commercial cleaning company and in a position to influence relevant business decisions. Such conflict may be resolved by full disclosure as well as making appropriate arrangements that clearly exclude the member from participating in the decision.*
- In addition, a conflict may occur if any of the above situations exists involving a member of the immediate family or household of a member of the University community, or an organization with which he or she or a family member has a significant management, ownership, or material association.

Conflict of Interest Disclosure Guidelines

Should an employee, consultant, vendor, contractor, or volunteer believe he or she is involved in a matter or is engaged in an activity in which a conflict of interest may exist, he or she must promptly and fully disclose the conflict to the Associate VP for Risk Management and Organizational Development, refrain from further participation in the matter until it is resolved, and follow directions given by the University concerning the matter. If there is uncertainty whether an activity might violate this policy, or for answers to questions regarding this policy consult with the Associate VP for Risk Management and Organizational Development.

All trustees and officers of the University shall disclose to the Board any possible conflict of interest at the earliest practical time. No Trustee shall vote on any matter, under consideration at a Board or committee meeting, in which such Trustee has a conflict of interest. The minutes of such meeting shall reflect that a disclosure was made and that the Trustee, who is uncertain whether he or she has a conflict of interest in any matter, may request the Board or Committee to determine whether a conflict of interest exists, and the Board or Committee shall resolve the question by majority vote. When possible, the question of potential conflict should be referred to the University's legal counsel for an opinion prior to the Board's vote. Trustees or officers who have declared or been found to have conflict of interest in any matter before the Board shall refrain from participating in consideration of the proposed transaction, unless for special reasons the Board or administration requests information or interpretation from the person or persons involved. The person or persons involved should not vote on such matters and should not be present at the time of the vote.

Conflict of Interest Disclosure Statement

Members of the University community who become involved in potential conflict of interest situations must complete a **Conflict of Interest Disclosure Statement** at the time they become aware of the potential for a conflict of interest. All members of the board of trustees, officers, president's council, deans, and selected staff (Director(s) of Physical Plant, Purchasing, Risk Management, and Athletics; Controller, Chief Information Officer) are responsible for filing an annual disclosure statement to disclose all business interests, affiliations and/or relationships that could reasonably give rise to a conflict of interest involving the University. Conflict of Interest Disclosure Statements are distributed by the Associate VP for Risk Management and Organizational Development who is responsible for ensuring that statements are completed and returned each year. For trustees and officers, the disclosure statements shall be provided to the Chairman of the Board, or in the case of the Chairman's disclosure statement, shall be provided to the Secretary of the Board. In the case of staff or others with significant decision-making authority, the disclosure statements shall be provided to the President. The President's Office shall maintain copies of all disclosure statements. A Conflict of Interest Disclosure Statement is available from the Associate VP for Risk Management and Organizational Development.

Violations of Conflict of Interest Policy

If the Board of Trustees or University has reason to believe that a member of the University community has failed to disclose an actual or potential conflict of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the response of the individual and making such further investigation as may be warranted in the circumstances, it is determined that the individual has in fact failed to disclose an actual or possible conflict of interest, the Board of Trustees or University shall take appropriate disciplinary and corrective action.

Hiring Relatives

Saint Francis University strives to employ the most qualified individuals available for all positions. The University does not consider family relationship a disqualifying factor for employment, but special consideration will not be given to relatives of current employees. Employment depends exclusively on the applicant's qualifications and suitability for the position. This policy may extend to different offices and

departments dependent on the nature of the work involved and the potential for conflict of interest. The University reserves the right to make the final decision with regard to the employment of relatives.

Research Grants and Contracts

The University receives grants and contracts from federal and non-federal sources. Faculty and staff who are involved in federally sponsored research must strictly follow rules and regulations related to that work outlined in the Research Misconduct Policy found on my.francis.edu; employee information.

Questions regarding the Research Misconduct policy should be directed to the Provost's Office. Failure to observe government rules and regulations can result in the loss of funds from grants and contracts, and in some instances, civil fines and criminal penalties. The University's capacity to receive future grant awards may also be negatively impacted. With respect to grants and contracts from non-federal sources, faculty and staff must comply with applicable regulations and requirements. In all cases, award recipients must adhere to all University policies pertaining to grants and contracts.

Ownership of Intellectual Property

Saint Francis University supports the development, production, and dissemination of intellectual property by its faculty members. Intellectual property created, made, or originated by a faculty member shall be the sole and exclusive property of the faculty, author, or inventor, except as he or she may voluntarily choose to transfer such property, in full, or in part. Faculty and staff who are involved in intellectual property creation should consult the *Policy of Intellectual Property*, found on the faculty senate page of the local web or in the *Faculty Handbook*.

Outside Employment, Commitments, and/or Business Interests

Saint Francis University respects the rights of an employee to engage in activities of his or her choice, both within and outside the University, as long as those activities do not adversely affect the University.

It is the policy that full-time employees will not accept outside employment or enter into other time demanding commitments that will be detrimental to the fulfillment of their responsibilities to the University. Should the immediate supervisor of an employee conclude that he/she has accepted or is contemplating acceptance of employment or another commitment contrary to the above- stated policy, the supervisor should so notify the employee in writing. The employee may then continue such employment or commitment or accept such employment or commitment only with the written approval of the Provost or chief administrative officer of the division.

Nondiscrimination Policy Statement

Saint Francis University, inspired by its Franciscan and Catholic identity, values equality of opportunity, human dignity, racial, cultural, and ethnic diversity, both as an educational institution and as an employer. Accordingly, the University prohibits and does not engage in discrimination or harassment on the basis of gender, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, veteran status, or any protected classification. The University is committed to this policy based upon its values and in compliance with federal and state laws. This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University sponsored programs.

Questions regarding this policy may be addressed to the Institutional Compliance Officer/Affirmative Action/Title IX/Section 504 Coordinator, Saint Francis University, Raymond Hall, Loretto, PA 15940 (814) 472-3213.

Discrimination Complaint Procedure

The following procedure is to be followed by any student, employee, or applicant who desires to file an official complaint about the compliance of Saint Francis University and the provisions of Title IX of the Education Amendments of 1972, and the regulations of the United States Department of Health, Education and Welfare, or the provisions of Section 504 of the Rehabilitation Act of 1973 related to gender, age, race, color, ethnicity, religion, sexual orientation, marital status, disability, veteran status, or any protected classification:

Step 1:

The complaint shall be documented on an incident allegation form and submitted to the administrative official responsible for the program area related to the complaint.

- Complaints about admission practices, policies, scholarship, and/or loan programs shall be directed to the Vice-President for Enrollment Management, 232A Padua Hall, (814) 472-3001.
- Complaints about employment practices or policies shall be directed to the Human Resources Manager, 101 Raymond Hall, (814) 472-3264 or (814) 472-3931.
- Complaints about accommodation or any alleged violations of Section 504 of Rehabilitation Act of 1973 or the Americans with Disabilities Act should be directed to the Associate Vice-President for Risk Management and Organizational Development and ADA Coordinator, Raymond Hall, (814) 472-3213.
- Complaints about student activities, clubs or organizations should be directed to the Vice-President for Student Development, 231 Padua Hall, (814) 472-3002.
- Complaints about athletic policies or programs should be directed to the Senior Woman Administrator (SWA), 153 Stokes Athletics Center, (814) 472-3294.
- Complaints about educational policies or programs should be directed to the Associate Provost, 313 Scotus Hall, (814) 472-3004

The official receiving the report shall consult with the institutional compliance officer (and any other administrative official with responsibility for the program or policy as appropriate), and within 10 working days thereafter, make a written response to the complainant with a copy to the institutional compliance officer.

Step 2:

If the complainant is not satisfied with the decision rendered at Step 1, the complainant shall have the right, within 10 working days of the date of transmittal of the decision at Step 1, to appeal to the institutional compliance officer. This appeal shall be in writing setting forth the details of the complaint as stated on the report and corrective action sought.

Upon receipt of the complaint, the institutional compliance officer will supervise a fact-finding investigation, which will include, at a minimum, a review of written evidence (including the complaint and response), and interviews with appropriate employees and students. The institutional compliance officer shall receive written findings and the results of the investigation, including summaries of all interviews and all documents received as part of the investigation.

In no case shall this occur later than ninety (90) calendar days following receipt of the complaint. Within ten (10) working days following receipt of the results of the investigation, the institutional compliance officer will communicate with the respective vice-president of the program area in which the complaint was made and the respondent to the complaint regarding the written findings of the investigation and the institutional compliance officer's recommendations as to the disposition of the complaint. The institutional compliance officer and the division vice president will then agree on remedial action. The institutional compliance officer will then provide a written notification of his or her action to the complainant within (15) days of receiving the written findings from the investigation.

Integrity and Accuracy of University Documents and Records

Every member of the University community is responsible, within the scope of his/her work, for the integrity and accuracy of the University's documents and records. No one may falsify or improperly alter any institutional record or document. University documents and records are retained in accordance with the law and the University's record retention requirements. It is unlawful for any officer or employee to take an action to fraudulently influence, coerce, manipulate, or mislead an auditor engaged in the performance of an audit for the purpose of rendering the financial statements materially misleading.

Confidentiality of University Documents and Records

Members of the University community are entrusted with confidential records and documents and are expected to safeguard this information from access or view of unauthorized persons.

In 1974, the United States Congress passed the Family Educational Rights and Privacy Act (FERPA), also known as the Buckley Amendment. According to the law, the purpose of the act is "to set out requirements for the protection of privacy of parents and students" regarding grades and other educational information as stipulated. FERPA addresses the issue of accessibility by third parties to educational records. These records can take on many forms, but the Buckley Amendment is concerned only with the information which is shared with or accessible to others; private notes kept by a professor or administrator, campus law enforcement documents, medical or psychiatric records, and parents' financial records are examples of information which are not covered by the law. The law itself is simple: information is divided into "directory" (public) information and "confidential" (private) information. Release of directory information without the individual student's express permission is allowed unless the student limits the release of such information in writing at the Office of the Registrar.

Confidential Disclosure and Proprietary Information

Members of the University community may have access to confidential and proprietary information. Confidential and Disclosure Agreements will be signed by members of the University community upon hire or appointment. These forms are available from Human Resources. Any unauthorized release of confidential information will be cause for disciplinary action.

Workplace and Environmental Health and Safety

The University must comply with government laws and regulations that protect the environment and promote workplace health and safety and operate its facilities with all of the necessary permits and approvals especially with respect to handling and disposal of hazardous and bio hazardous materials. Anyone working with or around these materials must be familiar with the regulations and policies that apply to them. Concerns or questions about workplace health and safety should be directed to the University's Director of Risk Management and Public Safety.

Drug / Alcohol Free Workplace

In accordance with the Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited on any site owned, leased or utilized by the University. See the Drug and Alcohol Policy and Testing Program within this handbook.

Obligation to Report Suspected Code Violations

Each member of the Saint Francis community is responsible to report actual or perceived violations of the Code of Ethics that come to his or her attention. Supervisors have a special duty to adhere to the standards set forth in this Code, to recognize violations and to enforce the standards

Confidential Report Procedure For Suspected Code of Ethics Violations

A report of suspected Code violation should be made promptly in writing and signed by the individual making the report. Reports of code violations will be confidentially reviewed and investigated by the University's external auditor. The University will protect from retaliation anyone who makes a good faith effort to appropriately disclose actual or perceived violations. Reports can be submitted to the University's President, Provost, Vice-President for Finance, or Associate VP for Risk Management and Organizational Development, or a supervisor. A supervisor whom a report of a violation is made is obligated to report the violation to one of the senior executives listed.

Saint Francis University will protect from retaliation anyone who makes a good faith effort to appropriately disclose any real or perceived wrong doing. However, the University reserves the right to deal with malicious or frivolous allegations through appropriate disciplinary procedures.

Consequences of Violation

Violations of the Code will be considered under the University's established disciplinary practices and procedures as outlined in this personnel handbook or other documents to which the violator's employment is subject. Violations may carry disciplinary consequences, including dismissal from employment, based on the circumstances and severity of the violations. Such violations may also subject individuals to civil / criminal action in state or federal courts.

Confidential Report Procedure For Suspected Improprieties in Accounting, Auditing or Internal Control Practices

A confidential procedure for reporting improprieties in these practices has been implemented as part of the University's compliance with provisions of the Sarbanes-Oxley Act recommended for adoption by colleges and universities by the National Association of College and University Business Officers (NACUBO).

Any member of the Saint Francis University Community who has concerns about possible improprieties in accounting, auditing or internal control practices or processes should report such concerns in writing to any of the individuals listed below. The written report should be signed by the reporting individual. The University will protect from any retaliation anyone who makes a good faith effort to appropriately disclose an alleged impropriety. Reports can be submitted to the Chairman, Saint Francis University Board of Trustees, or to the Chairman of the Financial Affairs Committee of the Board of Trustees, P.O. Box 157, Loretto, PA 15940. Reports may also be submitted to The University's External Auditor, Parente Randolph, 46 Public Square, Suite 400, Wilkes-Barre, PA 18701-2681, the University's President, or the University's Vice-President for Finance.

Reports may also be submitted anonymously by contacting **Ethics Point** toll free at 1-888-297-9325 or www.ethicspoint.com

*The Code of Ethics was approved by the Board of Trustees – June 2009.
Revised and reaffirmed by President's Council - November 2011*

Acknowledgement of Receipt of Code of Ethics

I have received a Copy of the University's Code of Ethics, and certify that as a condition of employment I will abide by the terms of the Code of Ethics.

Please sign return this page only with employment paperwork.

Name (please print)

Date

Signature

The most current version of the Code of Ethics Policy can be found under the "Employee Information" tab at <http://mv.frands.edu> or by contacting the Human Resources Department at Raymond 103.

Saint Francis University
Human Resources Department
P.O. Box 600
Loretto, PA 15940
814-472-3264, Fax: 814-472-3894

SAINT FRANCIS UNIVERSITY
CONFIDENTIAL DISCLOSURE AND NON-USE AGREEMENT

As an employee of Saint Francis University or member of its Board of Trustees, I understand that part of my position responsibilities may include access to proprietary, confidential information to another party or parties in conjunction with Saint Francis University, and as a result I hereby agree to the following:

1. "Confidential information is defined as any information intended by a party to be confidential, proprietary, a trade secret, patent information, or otherwise subject to protection which is disclosed to a receiving party and so indicated by the disclosing party to be "Confidential" or "Proprietary" and marked in accordance with the procedures set forth below. However, confidential information shall not include any information which is already known to the receiving party, is generally available to the public, is received from a third-party who had a legal right to disclose such information without restriction, or is developed independently of." Confidential information may include:
 - Personal information about trustees, students, employees, alumni, clients, and others associated with the University.
 - Information regarding employees such as wages, benefits, disciplinary actions, and other personnel information.
 - Information regarding University legal matters, contracts, legal claims, and litigations.
 - Proprietary information without authorization. Including research or development work, plans, bids, specifications, marketing plans, vendor and/or subcontractor quotes, financial data, or information related to the business and services of Saint Francis University.
 - Documents, files, records, electronic files.
2. I will not use the confidential information for my benefit.
3. I will maintain any information concerning technology obtained from any party in strict confidence and will not disclose the information to anyone not connected with Saint Francis University, or in accordance with the terms of any agreement made between the University and another party.
4. I agree to comply with all requirements outlined in any confidential disclosure and non-use agreement signed by another party and the University.

Employees will be subject to appropriate disciplinary action, up to and including dismissal, for knowingly or unknowingly revealing information of a confidential nature.

I have read, understand, and agree to abide by the requirements set forth.

Signature of Employee or Board Member

Date

NOTICE: MEDICAL TREATMENT FOR YOUR WORK INJURY OR OCCUPATIONAL ILLNESS

Your employer has selected a list of 6 or more physicians and other health care providers who are available to treat your work related injuries and illnesses during the first 90 days of treatment. This list is posted at Saint Francis University and a copy is attached to this form. If you are injured at work or suffer an occupational illness, you have certain legal RIGHTS and DUTIES under Section 306 (f.1)(1)(i) of the Workers' Compensation Act regarding your medical treatment. These rights and duties are summarized below:

MEDICAL TREATMENT: DURING THE FIRST 90 DAYS

- You have the RIGHT to receive reasonable and necessary medical treatment for your work injury or occupational illness. Your employer must pay for the treatment, as long as the treatment is by one of the listed providers
- You have the RIGHT to choose which of the listed providers will treat you for your work injury or illness.
- You have the RIGHT to switch among any of the listed providers when you receive treatment; and if a listed provider refers you to a provider not on your employer's list, you have the RIGHT to receive treatment from the referral provider
- You have the RIGHT to receive emergency medical treatment from any provider. However, non-emergency treatment must be given by a listed provider.
- If a listed provider prescribes surgery for you, you have the RIGHT to receive a second opinion from any provider of your choice. If that opinion is different from the opinion of the listed provider, you have the RIGHT to choose which course of treatment to follow. If you choose the treatment prescribed in the second opinion, you must receive the treatment from a listed provider for a period of 90 days after the date of your visit to the provider of the second opinion.
- You have the DUTY to visit one or more of the listed providers for the first 90 days of treatment for your work injury or illness if you expect your employer to pay for the medical treatment you receive.
- If you seek treatment for your work injury or illness from a provider who is not on the list, your employer may not have to pay for this medical treatment during the 90-day period. Therefore, you should talk to your employer before seeking treatment from a provider who is not on the list.

Important: The requirements your employer must meet to have a valid list of at least 6 providers are shown on page 2 of this document. If the list does not meet the requirements, it is not a valid list and you have the right to seek medical treatment for your work injury or occupational illness from any health care provider of your choice.

MEDICAL TREATMENT AFTER THE FIRST 90 DAYS

- You have the RIGHT to receive treatment from any physician or other health care provider of your choice, whether or not they are listed by your employer. Your employer must pay for this treatment, as long as it is reasonable and necessary for your work injury or occupational illness and has been properly documented by the physician or other health care provider.
- You have the DUTY to notify your employer if you receive treatment from a physician or other health care provider who is not listed by your employer. You must notify your employer within five days of the first visit to any provider who is not on your employer's list. The employer may not be required to pay for treatment received until you have given this notice.

Your signature on this form indicates that you have been informed of and you understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before you sign.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one)

☐ Time of hire ☐ When I was injured ☐ Other: _____

Employee Signature

Date

Employer Representative

Date

REQUIREMENTS FOR EMPLOYER'S LIST OF HEALTH CARE PROVIDERS

1. There must be at least 6 health care providers on the list, but there may be more than 6 listed.
2. At least 3 of the health care providers on the list must be physicians.
3. No more than 4 of the health care providers on the list may be coordinated care organizations (CCOs)
4. The names, addresses, phone numbers and areas of medical specialties of all health care providers must be included on the list.
5. The health care providers on the list must be geographically accessible and must have specialties that are appropriate based on the anticipated work-related medical problems of the employees.
6. Your employer must specify on the list if any of the health care providers on the list are employed, owned or controlled by your employer or its workers' compensation insurance company.

NOTE: Your employer's list of health care providers must meet all of the above requirements. **IF** the list does not meet all of these requirements, you do not have to choose a provider from the list. Instead, you have the right to seek medical treatment with any health care provider of your choice.

QUESTIONS OR CONCERNS CALL THE FOLLOWING:

SISCO

1-888-377-7263 (long-distance calls inside PA)

BUREAU OF WORKERS' COMPENSATION HELPLINE INFORMATION CENTER:

1-800-482-2383 (long-distance calls inside PA)

(717) 772-4447 (local and calls outside PA)

**Workers Compensation Panel for Saint Francis University
117 Evergreen Drive PO Box 600
Loretto, PA 15940
Policy # WC 2009-43343**

Occupational Medicine

Health Force- 1516 9th Avenue, Station Medical Center, Altoona, PA 16602
Phone: (814) 889-4244

Corporate Care Services- 861 Hills Plaza Drive, Ebensburg, PA 15931
Phone: (814) 471-0256 **After hours:** Phone: (814) 472-7336 Monday-Friday 9a.m. to 7 p.m.
Saturday-Sunday 9 a.m. to 5p.m.

MedExpress- Altoona Location, 300 East Plank Road, Altoona, PA 16602
Phone: (814) 946-3801 9 a.m. to 9 p.m. 7 days a week

Johnstown Location, 1221 Scalp Avenue, Johnstown, PA 15904
Phone: (814) 266-1138 9a.m. to 9 p.m. 7 days a week

Physical Therapy

DiSepio Institute for Rural Health and Wellness Saint Francis University, PO Box 600, Loretto, PA 15940-0600
Phone: (814) 472-3923

Chiropractic Care

Advanced Chiropractic 332 West Plank Road, Altoona, PA 16602
Phone: (814) 941-5353 Fax: (814) 941-5039

Patrick C. Barnes, DC 1005 Penn Street, Hollidaysburg, PA 16648
Phone: (814) 695-4456 Fax (814) 695-1694

Spinosa Family Chiropractic 100 North Center Street, Ebensburg, PA 15931
Phone: (814) 419-8445 Fax: (814) 419-8439

Orthopedics

University Orthopedics 3000 Fairway Drive, Altoona PA 16602
Phone: (814) 942-1166 Fax: (814) 942-6222

Altoona Hand and Wrist Surgery, LLC- Andrew W. Gurman, M.D.
1701 – 12th Avenue, Suite C2, Altoona, PA 16601 Phone: (814) 942-7324 Fax: (814) 942-7327

Ophthalmology

Altoona Ophthalmology Associates 600 E. Pleasant Valley Blvd, Altoona, PA 16602
Phone: (814) 946-0821 Fax: (814) 941-252

In the event of an emergency, please go to the nearest hospital for treatment. You must contact your employer immediately!

Submit all claim information and questions to:

**SISCO
P.O. Box 42737
Baltimore, MD 21284
Phone: 1-888-377-7263 ext. 2803 or 1-484-581-2803
Fax: 410-583-5455**

Appendix A - Protection of Minors Policy- Saint Francis University

Requirements of those working with minors under 16

Effective May 1, 2013, no one will be permitted to work with minors under 16 in University sponsored programs without fulfilling the following requirements:

Prospective Employees, Volunteers, Students:

There should be at least a **two week window** between the time candidates are offered positions working with minors under 16 and the time they are scheduled to begin work. Prospective employees, volunteers, and students must do the following to comply with the policy:

- Must complete a consent and disclosure statement (so to authorize the University to conduct a criminal background check) and return it to Human Resources (Effective January 1, 2014, PA department of education clearances will be required).
- Must complete the on-line training module through United Educators. Instructions for taking the course will be emailed by Human Resources to employees, volunteers and students.
- Must have signed and returned packet letter to HR confirming they have read and understood responsibilities.
- Must have completed and returned new hire paperwork to Human Resources.

Returning Seasonal Employees and Volunteers (separation of 6 + months):

A returning seasonal employee or volunteer who has a separation of six months or more from the University must do the following to comply with the policy:

- Must complete a consent and disclosure statement (so to authorize the University to conduct a criminal background check) and return it to Human Resources. (Effective January 1, 2014, PA department of education clearances will be required).
- Must complete the on-line training module through United Educators. Instructions for taking the course will be emailed by Human Resources to employees, volunteers and students.
- Must have signed and returned packet letter to HR confirming they have read and understood responsibilities.
- Must have completed and returned new hire paperwork to Human Resources.

Supervisors of minors under 16:

A supervisor must do the following to comply with the policy:

- Must complete a consent and disclosure statement (to authorize a criminal background check) and return it to Human Resources. This is completed once every four years.
- Must complete the online training module through United Educators. Instructions for taking the course will be emailed by Human Resources to employees, volunteers and students.
- Must have annually signed and returned packet letter to HR confirming they have read and understood responsibilities.
- Must give names of all new employees, students or volunteers to HR so they can receive the packet of information.
- Must give the consent and disclosure forms to new employees, students or staff to fill out and return to HR.
- Must return all supervisees signed letters to HR.

Employees, students or volunteers who work with minors under 16:

Employees/Students/volunteers must do the following to comply with policy:

- Must complete a disclosure statement (so to authorize a criminal background check) and return it to Human Resources. This is completed once every four years.
- Must take the online training module through United Educators. Instructions for taking the course will be emailed by Human Resources to employees, volunteers and students.
- Must have annually signed and returned packet letter to Supervisors confirming they have read and understood responsibilities.

Training Requirements for Those Involved with Minors

All individuals working with minors in University sponsored programs or activities are required to review the guidelines for working with minors and sign the Certification contained in this article.

In addition, all individuals who are required to obtain a background check pursuant to this Policy, including program or activity directors, supervisors and individuals who work one on one, stay overnight, or are regularly alone with minors, must complete online training course regarding the protection of minors. The online training course is through United Educators and includes awareness, boundaries, codes of conduct, and reporting.

The training course is designed to assist, faculty, staff, students and volunteers who work with minors in establishing a comprehensive program for protecting children from sexual misconduct by addressing prevention strategies and reporting.

Working with Minors: Information for Those Participating in University sponsored programs or activities Involving Minors

The protection of minors, especially from physical or sexual abuse is a core value of Saint Francis University. To further this goal, this packet contains important information that individuals must review if they are participating in programs or activities involving minors.

You are receiving this information because you have been identified as participating in a covered program or activity. You must review the information in this packet and return the attached attestation indicating that you have read the packet and agree to comply with the requirements it describes. You must also determine whether you may be a mandated reporter and agree to comply with either obligation imposed by law and by the University on mandated reporters.

This information packet contains the following:

1. **Guidelines for working with minors that will help you maintain safe and positive interactions and reduce the risk of mistaken allegations;**
2. **Steps to take if you suspect that a minor has been abused or neglected or is otherwise unsafe, including information about how to report your suspicions or ask questions;**
3. **Advice on the signs of child abuse and neglect from the Pennsylvania Department of Public Welfare.**
4. **An acknowledgment form that you must sign to attest that you have read and understood and will comply with your obligations if you are a mandated reporter.**

Guidelines for Working with Minors

Those associated with programs or activities involving minors should observe the following “dos” and “don’ts” in order to maintain a safe and positive experience for program participants, encourage parental confidence, and avoid mistaken allegations.

DO:

- Maintain the highest standards of personal behavior at all times when interacting with minors
- Whenever possible, try to have another adult present when you are working with minors in an unsupervised setting. Conduct necessary one-on-one interactions with minors in a public environment where you can be observed.
- Listen to and interact with minors and provide appropriate praise and positive reinforcement.
- Treat all minors in a group consistently and fairly, and with respect and dignity.
- Be friendly with minors within the context of the formal program or activity while maintaining appropriate boundaries.
- Maintain discipline and discourage inappropriate behavior by minors, consulting with your supervisors if you need help with misbehaving youth.
- Be aware of how your actions and intentions might be perceived and could be misinterpreted.
- Consult with other adult supervisors or colleagues when you feel uncertain about a situation.

DON'T:

- Don't spend significant time alone with one minor away from the group or conduct private interactions with minors in enclosed spaces or behind closed doors.
- Don't engage in inappropriate touching or have any physical contact with a minor in private locations,
- Don't use inappropriate language, tell risqué jokes, or make sexually suggestive comments around minors, even if minors themselves are doing so.
- Don't give personal gifts to, or do special favors for, a minor or do things that may be seen as favoring one minor over others.
- Don't share information with minors about your private life or have informal or purely social contact with minor program participants outside of program activities.
- Don't strike or hit a minor, or use corporal punishment or other punishment involving physical pain or discomfort.
- Don't relate to minors as if they were peers, conduct private correspondence or take on the role of “confidant” (outside of a professional counseling relationship).
- Don't date or become romantically or sexually involved with a minor. Don't show pornography to minors or involve minors in pornographic activities.
- Don't provide alcohol or drugs to minors or use them in the presence of minors.

Reporting: What to do if you suspect that a minor has been abused or neglected or is otherwise unsafe.

If you know, suspect, or receive information indicating that a minor has been abused or neglected, or if you have other concerns about a situation involving the safety of minors, follow the procedures described below:

Emergencies:

In case of an emergency, immediately dial 911. If using a cell phone, please clarify that you are on Saint Francis University Campus in Cambria County.

All Other Reports of Known or Suspected Abuse or Neglect of Minors:

Anyone participating in a University sponsored program or activity involving minors who knows, suspects or receives information indicating that a minor has been abused or neglected, or who has other concerns about the safety of the minors **MUST** inform **University Police at (814) 472-3360**.

University Police shall be responsible for, and have the obligation to immediately make, a Report of the suspected child abuse to the Commonwealth of Pennsylvania's ChildLine (800-932-0313).

University Police, with support from other appropriate offices as necessary, will help determine appropriate next steps.

In addition to complying with the expectations of this policy, nothing prohibits College faculty, staff, students and volunteers or any other individual from making a report directly to ChildLine (800-932-0310).

Questions:

If you have questions about your obligations or what you should do in a situation that makes you uncomfortable, contact **University Police**.

Reporting: Additional Obligations for Mandated Reporters

In addition to the Mandated Reporter obligations for all SFU faculty and staff for the purposes of Title IX, Clery and Title VII, individuals who work with minors in a professional or official capacity are designated as "mandated" reporters who have additional obligations under Pennsylvania law.

If you are a "Mandated" Reporter:

Pennsylvania law designates individuals in certain occupations and professions as mandated reporters. Mandated reporters include, but are not limited to, physicians, medical examiners, dentists, optometrists, nurses, hospital personnel, members of the clergy, school administrators and teachers, social service workers, day-care workers, child care or foster care workers, mental health professionals, and law enforcement officials. University faculty, staff, students and volunteers who are working with minors in their professional or official capacity and who have questions about whether they may be considered mandated reporters under Pennsylvania law should contact University Police.

Even those who are not mandated reporters must report known or reasonably suspected child abuse to University Police, ChildLine, or both.

Attestation

I hereby attest that I have read and understand the foregoing Information for Those Participating in University sponsored programs Involving Minors. I have had an opportunity to raise any questions I have about this information and have done so if necessary.

I agree to take any necessary further steps to determine whether I may be a mandated reporter. If I am a mandated reporter, I will complete required training and comply with all reporting and other obligations for mandated reporters under Pennsylvania law.

Signature

Date

Printed Name

Program/Activity in which you are participating:
