

# REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY



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## CONTRACTED SERVICES VERIFICATION FORM

### **CONTRACTED SERVICES PROVIDER INFORMATION:**

Contracted Services Provider \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

### **WORK ASSIGNMENT INFORMATION:**

Work/Service to be Provided: \_\_\_\_\_  
Work/Service Time Period: \_\_\_\_\_ Building: \_\_\_\_\_

### **EMPLOYEE INFORMATION:**

#### EMPLOYEE NAMES

#### HOME ADDRESSES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### **CONTRACTED SERVICES PROVIDER INFORMATION:**

I, the undersigned contracted services provider representative, hereby attest that the above employees have on file all proper personnel records required as listed. Reynolds School District has the right to inspect any documents collected and maintained as required herein to verify compliance with the obligations referenced herein.

- > ACT 34 – PENNSYLVANIA CRIMINAL RECORD CHECK\*
- > ACT 151 – PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE\*
- > ACT 114 – FBI FEDERAL CRIMINAL HISTORY CLEARANCE\*
- > \*CLEARANCES ON FILE MUST BE DATED WITHIN FIVE (5) YEARS AND COMPLY WITH ACT 153.

Print Name \_\_\_\_\_ Position Title \_\_\_\_\_

Signature: \_\_\_\_\_