

REYNOLDS SCHOOL DISTRICT

531 REYNOLDS ROAD, GREENVILLE PA 16125, MERCER COUNTY



Phone: 724-646-5500, Ext. 5521

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Email: rlyons@reynoldssd.org

WRAPAROUND, TSS or OTHER OUTSIDE WORKER

VERIFICATION FORM

PLEASE CIRCLE: **WRAPAROUND** **TSS** **OTHER WORKER**

Employee Name _____ Date of Birth _____

Home Street Address _____

City/State/Zip _____ Social Security No. _____ - _____ - _____

Cell No. _____ Home Telephone No. _____

ASSIGNMENT INFORMATION:

Student: _____ Building: _____

Student: _____ Building: _____

AGENCY INFORMATION:

I, the undersigned agency representative, hereby attest that your above employee has on file all proper personnel records required as listed and said records have been duly verified qualifying the said employee to work with and among school children of all ages. The Reynolds School District has the right to inspect any documents your agency has 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*
- > NEGATIVE TUBERCULOSIS TEST RESULTS
- > NEGATIVE DRUG TESTING

***ALL CLEARANCES MUST BE DATED WITHIN FIVE (5) YEARS AT ANY GIVEN TIME.**

AGENCY _____

Print Representative Name/Title _____

Signature: _____ DATE _____