**Act 168: Frequently Asked Questions**

Use this document as a quick reference guide to help you complete your Sexual Misconduct Abuse Disclosure (Act 168).

**Q. I have never worked with children before, do I need to complete an Act 168?**

A. Yes, you are required to submit an Act 168 for:
   - Your current employer, (regardless of whether you work directly with children), AND
   - All former employers that are school entities, AND
   - All former employers where you were employed in a position that involved direct contact with children

**Q. Should I check the “Not applicable” box in Section One if I have not worked with children?**

A. The “Not Applicable” box should be used for:
   - Applicants who do not have any work history whatsoever and/or candidates who are not currently employed AND have not worked within school entities or settings that involve direct contact with children

**Q. What sections of the Act 168 should I complete?**

A. Please fill out Section One on the first page by listing your employer's company name
   - Provide an e-mail address and/or fax number and a point of contact (manager, human resources personnel, etc.)
   - Answer the questions in Section One and sign and date on the signature line
   - Do NOT answer any questions in Section Two; this section is for your employer to complete

**Q. Should I give my employer my Act 168 to complete?**

A. No, once you have completed your portion of the Act 168, return both pages to the Office of Talent, and one of our staff members will e-mail/fax it to your employer for completion
   - It is helpful for you to contact your employer(s) to let them know they will be receiving Act 168 form and encourage your employer to submit within the 20 days

**Q. What happens after I submit my Act 168?**

A. Your employer(s) have 20 days to complete your Act 168 forms
   - The Office of Talent will invite you in for your hiring session once we have received all of your Act 168 forms
   - If the Office of Talent does not receive your Act 168 form(s) within 20 days from the time we contacted your employer(s), we will invite you in for a hiring session on or shortly after the twenty-first (21) day
   - Please do not contact the Office of Talent to check on the status of your Act 168 form(s); instead, please stay in touch with your employer(s) and remind them to submit within 20 days

**Act 168: Tips**

- Provide an e-mail address for your employer. Fax numbers are also acceptable, but e-mail tends to be faster
- Remember to provide your dates of employment in Section 2 so we are able to determine if you are referencing a current or former employer.
- Write neatly; it is very important that your name, employer’s address, and contact info etc. is legible
COMMONWEALTH OF PENNSYLVANIA SEXUAL MISCONDUCT/ABUSE DISCLOSURE RELEASE (under Act 168 of 2014)

(Hiring school entity or independent contractor submits this form to ALL current employer(s) and to former employer(s) that were school entities and/or where the applicant had direct contact with children)

| Name of Current or Former Employer: | No applicable employment |
| Street Address: | |
| City, State, Zip: | |
| Telephone Number: | Fax Number: | Email Address: |
| Contact Person: | Title: |

The named applicant is under consideration for a position with our entity. The Pennsylvania General Assembly has determined that additional safeguards are necessary in the hiring of school employees to ensure the safety of the Commonwealth’s students. The individual whose name appears below has reported previous employment with your entity. We request you provide the information requested in SECTION 2 of this form within 20 business days as required by Act 168 of 2014.

SECTION 1: APPLICANT CERTIFICATION AND RELEASE (TO BE COMPLETED BY THE APPLICANT EVEN IF THE APPLICANT HAS NO CURRENT OR PRIOR EMPLOYMENT TO DISCLOSE)

| Applicant’s Name (First, Middle, Last): | |
| Position Applying For With The School District of Philadelphia: | |
| Any FORMER names by which the Applicant has been identified: | |
| Date of Birth: | |
| Last 4 digits of Applicant’s Social Security Number: | PPID (if applicable): |
| Approximate dates of employment with the entity listed above: | |
| Position(s) held with the entity: | |

Pursuant to Act 168, an employer, school entity, administrator, and/or independent contractor that provides information or records about a current or former employee or applicant shall be immune from criminal liability under the CPSL, the Educator Discipline Act, and from civil liability for the disclosure of the information, unless the information or records provided were knowingly false. Such immunity shall be in addition to and not in limitation of any other immunity provided by law or any absolute or conditional privileges applicable to such disclosure by the virtue of the circumstances of the applicant’s consent thereto. Under Act 168, the willful failure to respond to or provide the information and records as requested may result in civil penalties and/or professional discipline, where applicable.
Have you (Applicant) ever:

Yes____ No____ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes____ No____ Been disciplined discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes____ No____ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

By signing this form, I certify under penalty of law that the statements made in this form are true, correct and complete. I understand that false statements herein, including, without limitation, any willful failure to disclose the information required, shall subject me to criminal prosecution under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and to discipline up to, and including, termination or denial of employment, and may subject me to civil penalties and disciplinary action under the Educator Discipline Act. I also hereby authorize the above-named employer to release to the entity listed on page 3, the information requested in SECTION 2 of this form and any related records. I hereby release, waive, and discharge the above-named employer from any and all liability of any kind that may arise from such disclosure or release of records.

______________________________  ______________________________
Signature of Applicant                  Date

SECTION 2: CURRENT/FORMER EMPLOYER VERIFICATION (TO BE COMPLETED BY THE APPLICANT’S CURRENT EMPLOYER(S) AND ALL FORMER EMPLOYERS THAT WERE SCHOOL ENTITIES AND/OR WHERE THE APPLICANT HAD DIRECT CONTACT WITH CHILDREN)

Dates of employment of Applicant: ___________________ Contact Telephone Number: ___________________

To the best of your knowledge, has Applicant ever:

Yes____ No____ Been the subject of an abuse or sexual misconduct investigation by any employer, state licensing agency, law enforcement agency or child protective services agency (unless the investigation resulted in a finding that the allegations were false)?

Yes____ No____ Been disciplined discharged, non-renewed, asked to resign from employment, resigned from or otherwise separated from employment while allegations of abuse or sexual misconduct were pending or under investigation or due to adjudication or findings of abuse or sexual misconduct?

Yes____ No____ Had a license, professional license or certificate suspended, surrendered or revoked while allegations of abuse or sexual misconduct were pending or under investigation or due to an adjudication or findings of abuse or sexual misconduct?

______________________________  ______________________________
Former Employer Representative Signature and Title                  Date

Return all completed information to:

<table>
<thead>
<tr>
<th>Contact:</th>
<th>Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Talent</td>
<td>Specialist, Central Office, The School District of Philadelphia</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Email Address: Email Address:</td>
</tr>
<tr>
<td>215-400-4600</td>
<td>Fax Number: (215) 400-4611</td>
</tr>
</tbody>
</table>