**APPLICATION FOR REIMBURSEMENT**

**FOR A COUNTY RECYCLING COORDINATOR**

**THE PENNSYLVANIA MUNICIPAL WASTE PLANNING, RECYCLING AND WASTE REDUCTION ACT,**

**ACT 101 OF 1988 (P.L. 556), Section 903**

Please read all instructions before completing. The Department must receive this application by the announced deadline for all duties performed from January 1 through December 31 for the previous calendar year.

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| **SECTION A** |

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| **1. COUNTY:** |  |

|  |  |
| --- | --- |
| **2. OFFICIAL BUSINESS ADDRESS:** |  |
|  | Number - Box |

|  |  |
| --- | --- |
|  |  |
|  | Street |

|  |  |
| --- | --- |
|  |  |
|  | Municipality |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **P** | **A** |  |  |  |  |  |  | **—** |  |
|  |  | State | |  |  |  |  |  | Zip Code | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. FEDERAL I.D. #** |  |  | **4. FOR CALENDAR YEAR: 20** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEPARTMENT USE ONLY** | | | | | | | | | | |
| **Supplier Invoice #:**  **VENDOR ID #:** **Invoice Date:** | | | | | | | | | | |
|  | **SAP FUND** | | **GEN. LEDGER** | | **COST CENTER** | | | **INT. ORDER** | |  |
|  | **20089****000** | | **6600400** | | **3522509000** | | | **35250000** | |  |
|  |  | | |  | | |  | |  |  |
|  | | **TOTAL AMOUNT APPROVED FOR PAYMENT:** | | | | **$** | | |  |  |
| Signature **Date**  All supporting documentation for the application is on file in the County Office. | | | | | | | | | | |

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| **SECTION B – County Recycling Coordinator Job Description**  *(Explain duties and responsibilities. Include any activities and achievements.)* |
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| **SECTION C – County Recycling Coordinator Information** | | | | |
| Name: | | | Title: | |
| Address: | | | City:       Zip | |
| Telephone: | | | | E-mail Address: |
| Fax #: | | | | Web Address: |
| Certification:  Certified Recycling Professional  Sr. Certified Recycling Professional  None | | Specialty:  Composting  Processing  Enforcement  Collection  Management  Processing Operator  Education  Composting Operator | | |
| **SECTION D – County Recycling Coordinator Position Information** | | | | |
| **1.** Employment Status:  County Employee  Solid Waste Authority Employee  Other | | | | |
| **2.** Dates Employed: from      /     /      to      /     / | | | | |
| **3.** Total Weeks Paid/Year:       Total Hours Paid/Week:       Total Hours Paid/Year: | | | | |
| **4.** Regular Days Worked in Week:  Mon  Tue  Wed  Thu  Fri  Sat  Sun | | | | |
| **5.** Regular Hours Worked/Day:        am /  pm to        am /  pm | | | | |
| **6.** Recycling Hours Paid in Current Year:       Recycling Hours Paid/Week (average): | | | | |
| **7.** Pay Rate is (select one): | | | | |
| Hourly Paid per Hour? | | | | |
| Salaried Annual Salary? | | | | |
| Other: Other Amount? | | | | |
| **8.** Overtime Hours Paid/Year: | | | | |
| **9.** Do your hours include a paid lunch period?  Yes  No Paid lunch period = | | | | |
| **SECTION E – County/SWA/Other Contact (County Recycling Coordinator’s Supervisor)** | | | | |
| Contact Person  Name:       Title: | | | | |
| Telephone: | Email Address: | | | |
| **SECTION F – AFFIDAVIT** | | | | |
| **COMMONWEALTH OF PENNSYLVANIA**  **COUNTY OF**  I,       ,       , state that I am an Official of the  Name Title  Applicant and that the information included in the Application and Documents submitted as a part of the Application are true and correct to the best of my knowledge and belief. I understand that the submission of an Application, which I know to be forged, altered or otherwise lacking in authenticity, with the intent to mislead a public servant in performance of his official function, is an action punishable by law.  APPLICATION SUBMITTED THIS       DAY OF       , 20      . | | | | |

I hereby accept the terms described above.