**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**      |

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| **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 PersonName:       Title:        |
| Telephone:        | Email Address:        |
| **SECTION F – AFFIDAVIT** |
| **COMMONWEALTH OF PENNSYLVANIA****COUNTY OF**  I,       ,       , state that I am an Official of the Name TitleApplicant 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.