



## 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.

### SECTION A

**1. COUNTY:** \_\_\_\_\_

**2. OFFICIAL BUSINESS ADDRESS:** \_\_\_\_\_

Number - Box

Street

Municipality

P	A
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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.

**SECTION B – County Recycling Coordinator Job Description**  
*(Explain duties and responsibilities. Include any activities and achievements.)*

**SECTION C – County Recycling Coordinator Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Web Address: \_\_\_\_\_  
 Certification:  Certified Recycling Professional      Specialty:  Composting     Processing       Enforcement  
                    Sr. Certified Recycling Professional       Collection       Management       Processing Operator  
                    None       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.