

## WALK-ON COACH & VOLUNTEER COACH NEW HIRE EMPLOYMENT PACKET CHECKLIST

NAME: \_\_\_\_\_

SUBMISSION CHECK OFF	REQUIRED FORMS	HR USE ONLY
	Fingerprint Clearance from DOJ and FBI	
	Negative TB test results	
	Employment Application	
	Concussion Completion Certificate	
	Sudden Cardiac Arrest Completion Certificate	
	Mandated Reporter Completion Certificate	
	Emergency Notification	
	Employment Eligibility Verification (I-9 form)	
	Oath of Allegiance	
	W-4 Form	
	Beneficiary Designation Form	
	Notice of Exclusion from CalPERS Membership/ CalPERS Disclosure Form	
	Voluntary Information Form (optional)	
	Workers Compensations Benefits	
	Pre-designation of Personal Physician (optional)	
	San Marcos Unified School District Policy Acknowledgement Form	
	Extra Duty Assignment Procedure	
	<b>BRING</b> Driver's License and Social Security Card	



255 Pico Avenue, Suite 250  
San Marcos, CA 92069

T 760.752.1299  
F 760.752.1138

www.smusd.org

### GENERAL CLASSIFIED APPLICATION

POSITION APPLIED FOR \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### RECORD OF EDUCATIONAL AND PROFESSIONAL PREPARATION

Name of High School \_\_\_\_\_

Highest Grade Completed \_\_\_\_\_ Graduated \_\_\_\_\_ GED \_\_\_\_\_

1. Name of College/University/School \_\_\_\_\_

Major/Field of Study \_\_\_\_\_

Semester Units \_\_\_\_\_ Quarter Units \_\_\_\_\_

Attended From \_\_\_\_\_ To \_\_\_\_\_

Degree Awarded \_\_\_\_\_

2. Name of College/University/School \_\_\_\_\_

Major/Field of Study \_\_\_\_\_

Semester Units \_\_\_\_\_ Quarter Units \_\_\_\_\_

Attended From \_\_\_\_\_ To \_\_\_\_\_

Degree Awarded \_\_\_\_\_

3. Name of College/University/School \_\_\_\_\_

Major/Field of Study \_\_\_\_\_

Semester Units \_\_\_\_\_ Quarter Units \_\_\_\_\_

Attended From \_\_\_\_\_ To \_\_\_\_\_

Degree Awarded \_\_\_\_\_

List languages, other than English, that you are familiar with: \_\_\_\_\_

### RECORD OF WORK EXPERIENCE

List Most Current Employment First

1. Employer \_\_\_\_\_

Date From \_\_\_\_\_ To \_\_\_\_\_

Current Employer \_\_\_\_\_ Please don't contact \_\_\_\_\_

Address \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor Job Title \_\_\_\_\_ Your Job Title \_\_\_\_\_

Hours/Week \_\_\_\_\_

Job Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_  
 Date From \_\_\_\_\_ To \_\_\_\_\_  
 Current Employer \_\_\_\_\_ Please don't contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Immediate Supervisor \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Supervisor Job Title \_\_\_\_\_ Your Job Title \_\_\_\_\_  
 Hours/Week \_\_\_\_\_  
 Job Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 -----

3. Employer \_\_\_\_\_  
 Date From \_\_\_\_\_ To \_\_\_\_\_  
 Current Employer \_\_\_\_\_ Please don't contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 Name of Immediate Supervisor \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Supervisor Job Title \_\_\_\_\_ Your Job Title \_\_\_\_\_  
 Hours/Week \_\_\_\_\_  
 Job Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
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#### PROFESSIONAL REFERENCES

1. Name \_\_\_\_\_  
 Organization/Company \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Title \_\_\_\_\_  
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2. Name \_\_\_\_\_  
 Organization/Company \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Title \_\_\_\_\_  
 -----

3. Name \_\_\_\_\_  
 Organization/Company \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Title \_\_\_\_\_  
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Can you perform all essential functions of the position for which you are applying? \_\_\_\_\_

Have you ever been employed by the District? \_\_\_\_\_

If employed by SMUSD, what years? \_\_\_\_\_

Indicate any relatives employed by this district. \_\_\_\_\_

Do you have a valid California Drivers' License? \_\_\_\_\_

Driver's License No. \_\_\_\_\_

If you do not have a valid California Drivers' License, can you acquire one if required for employment? \_\_\_\_\_

**LEGAL INFORMATION**

The following information is **REQUIRED** for your application to be considered. Your answers will not necessarily disqualify you from consideration, except for affirmative responses to certain enumerated sex and/or drug convictions and/or convictions for committing serious and/or violent felonies.

EXPLAIN ALL "YES" ANSWERS IN THE BOX BELOW THE QUESTION.

1. Have you ever been convicted of a felony or misdemeanor, or do you currently have a felony or misdemeanor charge pending? Convictions include a plea of guilty, nolo contendere (no contest) and/or a finding of guilty by a judge or a jury. (Note: *Exclude convictions for marijuana-related offenses for more than two years old.*)

☐ YES

☐ NO

If "Yes", list all convictions including, but not limited to convictions for "driving under the influence", and convictions for sex and/or drug offenses listed in California Education Code Sections 44010 and 44011, except for convictions related to marijuana if it is more than two years after the date of the conviction. Include any serious or violent felony conviction in any state or jurisdiction an enumerated in California Penal Code sections 667.6(c) and 1192.7(c).

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2. Have you ever been dismissed or asked to resign from any position?

☐ YES

☐ NO

If you answered "YES", please explain: \_\_\_\_\_

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3. This School District/County Office does not discriminate on the basis of race, color, national origin, age, religion, political affiliation, gender, mental or physical disability, sex orientation, or any other basis protected by federal, state or local law, ordinance or regulation, in its educational program(s) or employment. No person shall be denied employment solely because of any impairment which is unrelated to the ability to engage in activities involved in the position(s) or program for which application been made.

Will you need any reasonable accommodation to participate in the hiring process?

☐ YES

☐ NO

If you answered "Yes", please explain: \_\_\_\_\_

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4. My submission of this application authorizes the school to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the school district/County Office and reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: The local law enforcement agencies, information from the Central Criminal Records Exchange or either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the California or other State Department of Social Services Child Protective Services Unit and any locality to which they may refer for release of information to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission or falsely answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the School District/County Office.

Signature \_\_\_\_\_



## 2023 FORM W-4

- This form must be completed in order for your New Hire Packet to be complete.
- Unfortunately, we are unable to assist you with completing this form since it is tax related.
- If you have any questions regarding how to complete this form, please contact your tax advisor.

Before completing the 2023 Form W-4, please read the instructions that are included with the form. You must complete Steps 1 and 5. Steps 2, 3, and 4 are optional, but completing them will help ensure that your federal income tax withholding will more accurately match your tax liability.

- Step 1 is for your personal information
- Step 2 is for households with multiple jobs
- Step 3 is used to claim tax credits for dependents
- Step 4 is for other adjustments (additional income such as interest and dividends, itemized deductions that exceed the standard deduction, and extra tax you want withheld)
- Step 5 is where you sign the form. If you are filing exempt, you must write in the word "Exempt" in the blank space below Step 4(c).

The IRS suggests that, if you are worried about reporting income from multiple jobs in Step 2 or other income in Step 4(a), you check the box in Step 2(c) or enter an additional withholding amount in Step 4(c). To determine the additional withholding amount, you can use the withholding estimator. ([www.irs.gov/W4App](http://www.irs.gov/W4App)). To effectively use the estimator, it is helpful to have a copy of your most recent pay stub and tax return.

The IRS has also published Frequently Asked Questions that you may find helpful as you complete the form (<https://www.irs.gov/newsroom/faqs-on-the-draft-2020-form-w-4>).

**Employee's Withholding Certificate**

OMB No. 1545-0074

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.****Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2023****Step 1:  
Enter  
Personal  
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . .	<b>4(c)</b>	\$ _____

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Employee's signature** (This form is not valid unless you sign it.)

**Date**

**Employers  
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse
	• \$20,800 if you're head of household
	• \$13,850 if you're single or married filing separately

 . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

## Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A)
- 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
- 1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)  
OR

### Exemption from Withholding

- 3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here)  
OR
- 4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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**Purpose:** This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California PIT withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- 1. You did not owe any federal/state income tax last year, and
- 2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf\_pub\_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll\_Taxes/Forms\_and\_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

**If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).**

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**Notification:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml).

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**Two-Earners/Multiple Incomes:** When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box “SINGLE or MARRIED (with two or more incomes).” Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the “Head of Household” marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual’s personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

### Worksheet A

### Regular Withholding Allowances

- |  |     |
|--|-----|
| (A) Allowance for yourself — enter 1   | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1             | (B) |
| (C) Allowance for blindness — yourself — enter 1   | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse                     | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4                   | (F) |

## Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year’s FTB Form 540 as a model to calculate this year’s withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### Worksheet B

### Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- |  |      |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540   | 1.   |
| 2. Enter \$10,404 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,202 if single or married filing separately, dual income married, or married with multiple employers | – 2. |
| 3. Subtract line 2 from line 1, enter difference   | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)  | + 4. |
| 5. Add line 4 to line 3, enter sum   | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)   | – 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);<br>Subtract line 6 from line 5, enter difference  | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number<br>enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise <b>stop here</b> .   | 8.   |
| 9. If line 6 is greater than line 5;<br>Enter amount from line 6 (nonwage income)  | 9.   |
| 10. Enter amount from line 5 (deductions)  | 10.  |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.  | 11.  |

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

## Worksheet C

## Additional Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2023. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2023 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$154.00). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2023. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2023. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2023. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*These Tables Are for Calculating Worksheet C and for 2023 Only*

**Single Persons, Dual Income  
Married or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,099	1.100%	\$0	\$0.00
\$10,099	\$23,942	2.200%	\$10,099	\$111.09
\$23,942	\$37,788	4.400%	\$23,942	\$415.64
\$37,788	\$52,455	6.600%	\$37,788	\$1,024.86
\$52,455	\$66,295	8.800%	\$52,455	\$1,992.88
\$66,295	\$338,639	10.230%	\$66,295	\$3,210.80
\$338,639	\$406,364	11.330%	\$338,639	\$31,071.59
\$406,364	\$677,275	12.430%	\$406,364	\$38,744.83
\$677,275	\$1,000,000	13.530%	\$677,275	\$72,419.07
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

**Married Persons**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$677,278	10.230%	\$132,590	\$6,421.60
\$677,278	\$812,728	11.330%	\$677,278	\$62,143.18
\$812,728	\$1,000,000	12.430%	\$812,728	\$77,489.67
\$1,000,000	\$1,354,550	13.530%	\$1,000,000	\$100,767.58
\$1,354,550	and over	14.630%	\$1,354,550	\$148,738.20

**Unmarried Head of Household**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,212	1.100%	\$0	\$0.00
\$20,212	\$47,887	2.200%	\$20,212	\$222.33
\$47,887	\$61,730	4.400%	\$47,887	\$831.18
\$61,730	\$76,397	6.600%	\$61,730	\$1,440.27
\$76,397	\$90,240	8.800%	\$76,397	\$2,408.29
\$90,240	\$460,547	10.230%	\$90,240	\$3,626.47
\$460,547	\$552,658	11.330%	\$460,547	\$41,508.88
\$552,658	\$921,095	12.430%	\$552,658	\$51,945.06
\$921,095	\$1,000,000	13.530%	\$921,095	\$97,741.78
\$1,000,000	and over	14.630%	\$1,000,000	\$108,417.63

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB](https://ftb.ca.gov) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

# DIRECT DEPOSIT AUTHORIZATION

## PRINT or TYPE

NAME \_\_\_\_\_

EMPLOYEE ID NO. \_\_\_\_\_

DISTRICT \_\_\_\_\_ WORK SITE \_\_\_\_\_

Do you currently have an active Direct Deposit on file with another District or Charter School within San Diego County? Yes No  
If yes, what District(s) and/or Charter School(s)? \_\_\_\_\_

I hereby authorize the above named School District(s), Charter School(s), and the San Diego County Office of Education (SDCOE) and/or their agents to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, to debit corrections to previous deposits, to the account(s) specified below.

- Direct deposit status is not activated until my regular payroll cycle following a \$0 test transaction (approx. 30 days).
- I must submit a new authorization form if I close/change my account (name, branch, etc.). Failure to do so may result in a deposit delay.
- All new accounts must go through a Prenote verification (approx. 30 days), during which time a live warrant will be issued.
- Direct deposit status will be temporarily suspended if wages are garnished and/or the Credentials Unit at SDCOE places a hold on the warrant.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s), including the date(s) and amount(s) of any such deposit(s).
- **SDCOE is not responsible for any errors in the above information. If you have any questions, please contact the SDCOE at (619) 491-1234.**

I agree to hold harmless and indemnify the School District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District, School, or SDCOE and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previous agreements made by me and will remain in effect until changed or canceled by submission of a new Direct Deposit Authorization to the District, School, or SDCOE office in which I am currently employed. **All District, School, and SDCOE assignments, both current and future, will automatically be linked to the most recent Direct Deposit Authorization received by my current employer(s).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPOSIT INSTRUCTIONS:



New ACH Set Up  
(Prenote Needed)



ACH Amount Change  
(No Prenote needed)



ACH Cancellation

Name of Financial institution \_\_\_\_\_

address of Financial institution \_\_\_\_\_

Financial institution transit routing No.

### Checking

☐ Net Check, or

☐ \$ \_\_\_\_\_

Checking Account Number

### Savings

☐ Net Check, or

☐ \$ \_\_\_\_\_

Savings account Number

**ATTACH VOIDED, BLANK  
CHECK HERE, IF  
DEPOSITING TO A  
CHECKING OR SHARE  
DRAFT ACCOUNT**

Jane A. Doe  
1000 Main St.  
Anywhere, U.S.A. 10001

Pay to the \_\_\_\_\_ 20\_\_\_\_  
or Der of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Doll Ar S

Me Mo \_\_\_\_\_

1222333441 999111222 1234

transit routing No.

Account No.

Check No.

*In order to update our personnel records, we request the following information:*

<b>MY CURRENT INFORMATION:</b>		Date:
Employee Name:		Employee Birthdate:
Address:		
City:		Zip:
Home Phone Number:		Cell Phone Number:
E-mail Address:		

## EMERGENCY NOTIFICATION

<b>IN CASE OF EMERGENCY NOTIFY:</b>	
Name:	Relationship:
Address:	
City:	Zip:
Home Phone Number:	
Cell Phone Number:	

**Please update my SMUSD records with this current information**

<b>SIGNATURE</b>	<b>DATE</b>
------------------	-------------

*In the future, if there are any changes to the above information, please contact the school or department office where you work. They will forward the information to the District Office. Thank you for your cooperation.*



**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States ( <i>See instructions</i> )
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )  <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page







**Employment Eligibility Verification**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative Human Resources Data Technician	
Last Name of Employer or Authorized Representative Gagnon		First Name of Employer or Authorized Representative Ashley		Employer's Business or Organization Name San Marcos Unified School District	
Employer's Business or Organization Address (Street Number and Name) 255 Pico Ave., Suite 250			City or Town San Marcos		State CA
					ZIP Code 92069

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



**OATH OF ALLEGIANCE AND CITIZENSHIP  
FOR PERSONS EMPLOYED BY A SCHOOL DISTRICT  
OF THE STATE OF CALIFORNIA**

(Required by Section 3107 Title 1 Government Code)

(State of California, County of San Diego) <sup>ss</sup>

I, \_\_\_\_\_ do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of American and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion and that I will well and faithfully discharge the duties upon which I am about to enter.

\_\_\_\_\_  
Signature of Employee

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Official

Ashley Gagnon

\_\_\_\_\_  
Human Resources Data Technician  
San Marcos Unified School District  
San Marcos, CA 92069





California Public Employees' Retirement System  
P.O. Box 942709 Sacramento, CA 94229-2709  
888 CalPERS (or 888-225-7377)  
TTY: (877) 249-7442 | Fax: (916) 795-4166  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

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Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the ***Reciprocal Self-Certification Form (PERS-EAMD-801)*** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the ***Reciprocal Self-Certification Form***, please visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Please note: The completion of the ***Reciprocal Self-Certification Form*** does not establish [reciprocity](#), nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, ***Reciprocal Self-Certification Form***, and Directions for Completing Reciprocal Self-Certification Form

## List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association <sup>^</sup>	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association <sup>^</sup>	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association <sup>^</sup>	
Imperial County Employees' Retirement Association <sup>^</sup>	
Judges Retirement System II	
Kern County Employees' Retirement System <sup>^</sup>	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association <sup>^</sup>	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association <sup>^</sup>	
Mendocino County Employees' Retirement Association <sup>^</sup>	
Merced County Employees' Retirement Association <sup>^</sup>	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System <sup>^</sup>	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System <sup>^</sup>	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association <sup>^</sup>	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association <sup>^</sup>	
San Joaquin County Employees' Retirement Association <sup>^</sup>	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association <sup>^</sup>	
Santa Barbara County Employees' Retirement System <sup>^</sup>	
Sonoma County Employees' Retirement Association <sup>^</sup>	
Stanislaus County Employees' Retirement Association <sup>^</sup>	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association <sup>^</sup>	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association <sup>^</sup>	
*=Also CalPERS-covered agency	<sup>^</sup> =1937 Act Counties



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[www.calpers.ca.gov](http://www.calpers.ca.gov)

## Reciprocal Self-Certification Form

Complete the following information and return this form to your personnel office **within 10 business days**. To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.

Section 1. Member Information	
Member Name:	(Last) (First) (Middle)
Date of Birth:	CalPERS ID:
Membership Status in Qualifying Public Retirement Systems: <input type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3) <input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)	

Section 2. Qualifying Reciprocal Membership Information			
Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /

*\*Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify
I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. <b>I also understand that completing this form is not a request to establish reciprocity.</b>
I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.
Member Signature: _____ Date: _____

Section 4. To Be Completed by Employer Only	
Name of CalPERS Agency:	
CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:
Designee of Employer: (print name)	Designees' Title:
Designee Signature: _____	Date: _____
<b>The employer must retain this form in the member's file for auditing purposes.</b>	
<i>For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.</i>	

## Instructions for Completing the Reciprocal Self-Certification Form

<b>Section 1. Member Information</b>	<ul style="list-style-type: none"> <li>• Complete the required fields with your name, date of birth, and CalPERS ID.</li> <li>• Check <b>one</b> of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. <ul style="list-style-type: none"> <li>– If you <b>have not</b> been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3.</li> <li>– If you <b>have</b> membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2.</li> <li>– This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; <b>do not include CalPERS membership on this form.</b></li> </ul> </li> </ul>
<b>Section 2. Qualifying Reciprocal Membership Information</b>	<ul style="list-style-type: none"> <li>• In the first column, titled “Name of Public Retirement System,” list the name of any qualifying public retirement systems you are a member of a defined benefit plan. <ul style="list-style-type: none"> <li>– If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order.</li> <li>– <b>Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form.</b></li> </ul> </li> <li>• In the second column, titled “Membership Date,” list your membership date in the qualifying public retirement system. <ul style="list-style-type: none"> <li>– You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed.</li> <li>– If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form.</li> </ul> </li> <li>• In the third column, titled “Separation Date,” list your separation date from the qualifying public retirement system. <ul style="list-style-type: none"> <li>– This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank.</li> <li>– If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year.</li> <li>– If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form.</li> </ul> </li> <li>• In the fourth column, titled “Retired or Refunded,” indicate if you have retired or refunded from the qualifying public retirement system. <ul style="list-style-type: none"> <li>– This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank.</li> <li>– If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year.</li> <li>– Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance.</li> <li>– Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.</li> </ul> </li> </ul>
<b>Section 3. Sign and Certify</b>	<ul style="list-style-type: none"> <li>• Please read the statement. Then, sign your name and date the document before returning it to your personnel office.</li> </ul>



# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).



**California Public Employees' Retirement System**  
P.O. Box 942715 Sacramento, CA 94229-2715  
**888 CalPERS** (or 888-225-7377) | Fax: (800) 959-6545  
TTY: (877) 249-7442 | [www.calpers.ca.gov](http://www.calpers.ca.gov)

## NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP FOR STATE AGENCIES

Your employer is legislatively mandated to provide an employee benefit package which includes service retirement, death, and disability benefits through the California Public Employees' Retirement System (CalPERS).

### Section 1. Employee Information

Name: Last	First	Middle	DOB	CID
------------	-------	--------	-----	-----

### Section 2. Employer Information

Name of Department	Position Title
--------------------	----------------

Term of Appointment	If Temporary, enter nearest number of whole months the appointment is expected to last.	Appointment Date
---------------------	---	------------------

☐ Permanent ☐ Temporary ☐ Months

Time Base

☐ Full Time ☐ Intermittent ☐ Indeterminate ☐ Part Time, if part time enter the fraction of full time:

**In your current position with this agency, you are excluded from CalPERS membership because:**

- ☐ Your full time seasonal or limited term appointment is limited to six months or less.
- ☐ Your part time appointment is limited to less than an average of 20 hours per week for less than one year.
- ☐ Your appointment is an on call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) in a fiscal year (July 1-June 30).
- ☐ Your position is excluded by law. Explain the exclusion that applies below:
- ☐ You are an independent contractor.
- ☐ You are a CalPERS retiree and have not reinstated from retirement.

**NOTE:** If you are a CalPERS member from previous employment and have not terminated membership (taken a refund of your contributions and service credit) exclusions 1, 2, and 3 do not apply to you. You should qualify for membership immediately in your current position. Please notify your employer to complete your enrollment and report your employment to CalPERS.

**If you believe your employment does qualify you for CalPERS membership, ask your employer to provide you with an explanation. You can also contact CalPERS directly by sending a letter that provides the reasons why you feel you should be a member to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 94229-2709.**

Signature of Certifying Officer	Title	Date
Signature of Employee		Date

**Note:** Benefits provided by CalPERS are described in the "State Miscellaneous and Industrial Member Benefits (PUB 6)" booklet, available on our website [www.calpers.ca.gov](http://www.calpers.ca.gov).

***The employer must retain this form in the employee's file for auditing purposes.***

# Privacy Notice

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## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).

**VERIFICATION OF MEMBERSHIP STATUS IN A CALIFORNIA PUBLIC RETIREMENT SYSTEM**

To be completed by newly-hired school district personnel who have been employed in ANY CAPACITY by a school district or public agency in California prior to present employment.

\_\_\_\_\_  
 Last name First Middle  
 Birthdate: \_\_\_\_\_ (mm/dd/yyyy) Gender: ☐ Male ☐ Female

1. In what *California* county did you most recently serve? \_\_\_\_\_

Agency or school district served? \_\_\_\_\_

Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Under what name? \_\_\_\_\_

Position Title: \_\_\_\_\_

Did you work full-time or part-time? \_\_\_\_\_ If part-time, what percent were you employed? \_\_\_\_\_

Which retirement system did you contribute to during the above employment?

☐ California State Teachers' Retirement System (CalSTRS)

☐ California Public Employees' Retirement System (CalPERS)

☐ Other (please list the name): \_\_\_\_\_

Are you currently a member of the system you checked above? Yes No

If you checked "No":

When did you withdraw your funds? \_\_\_\_\_  
 (Date)

OR

When did you retire (meaning you are receiving a monthly benefit payment)? \_\_\_\_\_

**If you have been employed in ANY CAPACITY by any other school district(s) or public agency (or agencies) in California prior to present employment, please also complete the back of this document.** (Date) \_\_\_\_\_

By signing below, you are confirming that the information you have provided on this form as to your public agency retirement membership status is true and correct. The San Diego County Office of Education will use this information to determine and verify your retirement status with the retirement system(s). If you are a current member of CalSTRS or CalPERS and have not indicated so on this form, you are immediately liable for retirement contributions not deducted from your earnings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. In what other *California* county did you serve? \_\_\_\_\_

Agency or school district served? \_\_\_\_\_

Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Under what name? \_\_\_\_\_

Position Title: \_\_\_\_\_

Did you work full-time or part-time? \_\_\_\_\_ If part-time, what percent were you employed? \_\_\_\_\_

Which retirement system did you contribute to during the above employment?

☐ California State Teachers' Retirement System (CalSTRS)

☐ California Public Employees' Retirement System (CalPERS)

☐ Other (please list the name): \_\_\_\_\_

Are you currently a member of the system you checked above? ☐ Yes ☐ No

If you checked "No":

When did you withdraw your funds? \_\_\_\_\_  
(Date)

OR

When did you retire (meaning you are receiving a monthly benefit payment)? \_\_\_\_\_  
(Date)

3. In what other *California* county did you serve? \_\_\_\_\_

Agency or school district served? \_\_\_\_\_

Beginning on: \_\_\_\_\_ Ending on: \_\_\_\_\_

Under what name? \_\_\_\_\_

Position Title: \_\_\_\_\_

Did you work full-time or part-time? \_\_\_\_\_ If part-time, what percent were you employed? \_\_\_\_\_

Which retirement system did you contribute to during the above employment?

☐ California State Teachers' Retirement System (CalSTRS)

☐ California Public Employees' Retirement System (CalPERS)

☐ Other (please list the name): \_\_\_\_\_

Are you currently a member of the system you checked above? ☐ Yes ☐ No

If you checked "No":

When did you withdraw your funds? \_\_\_\_\_  
(Date)

OR

When did you retire (meaning you are receiving a monthly benefit payment)? \_\_\_\_\_  
(Date)

## Retirement System and Social Security System Disclosures

*Please complete, sign and date*

**YES**    **NO**

☐☐

Are you currently, or have you been, a member of CALPERS  
(California Public Employee Retirement System)?

☐☐

Are you receiving a CALPERS pension payment?

☐☐

Are you currently, or have you been, a member of CALSTRS  
(California State Teachers Retirement System)?

☐☐

Are you receiving a CALSTRS pension payment?

☐☐

Are you receiving Social Security Retirement benefits?

---

Print Employee Name

---

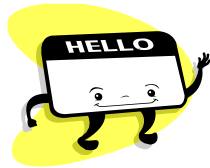
Employee Signature

---

Date

## HUMAN RESOURCES

### VOLUNTARY INFORMATION FORM



Section 1233 of the California Government Code permits public employers to solicit from employees and applicants a voluntary declaration of sex and racial/ethnic group membership. Information provided will assist the San Marcos Unified School District (SMUSD) in accurately compiling required statistical reports for federal and state agencies. None of the information will be used to discriminate against or give preference to any individual in any personnel transaction. Other information requested is for the SMUSD use only and is also voluntary.

**PLEASE PRINT**

Full legal name: \_\_\_\_\_

Position: Walk-On Coach

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

School site/Work location: \_\_\_\_\_

**The following questions are required to be in compliance with new Federal/State laws. Please mark the appropriate area:**

**Ethnicity:** Please mark one box to indicate your ethnicity:

<input type="checkbox"/> African American	<input type="checkbox"/> Filipino	<input type="checkbox"/> Indian	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other

**Ethnic Background:** Are you Hispanic or Latino? ☐ YES ☐ NO

**Race:** Please mark one or more boxes to indicate your race:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Laotian	<input type="checkbox"/> Tahitian	

# SAN MARCOS UNIFIED SCHOOL DISTRICT

## www.SMUSD.org



### SAN MARCOS

UNIFIED SCHOOL DISTRICT  
ENGAGING STUDENTS...INSPIRING FUTURES

ABOUT US

GOVERNING BOARD

#### HUMAN RESOURCES AND DEVELOPMENT

Welcome

Absences/Substitute Management

Employee Handbook

Benefits

Certificated Personnel

Classified Job Descriptions

Classified Personnel

Employment Opportunities

HR Documents

HR Staff List

Non-Classified, Short Term Personnel

Substitute Classified Personnel

San Marcos Unified / Departments List

#### HR DOCUMENTS

##### Salary Schedules

[2020-2021 Certificated Salary Schedule](#)  
[2020-2021 Classified Salary Schedule \(E\)](#)  
[2020-2021 Administrative Salary Schedule](#)  
[2020-2021 Assistant Superintendent Salary Schedule](#)

##### Employment Agreements

[Agreement for Employment - Assistant Superintendent](#)  
[Agreement for Employment - Assistant Superintendent](#)  
[Agreement for Employment - Assistant Superintendent](#)  
[Agreement for Employment - Interim Superintendent](#)  
[Agreement for Employment - Interim Superintendent](#)

##### Master Contracts

[SMUSD/CSEA Master Contract 2018-2021](#)  
[SMUSD/SMEA Master Contract July 1, 2021](#)

##### Staff Documents

[Address/Phone/Name Change Form](#)  
[Certificated Grievance Form](#)  
[Request for Leave of Absence Form](#)  
[Families First Coronavirus Response Act Leave.pdf](#)  
[Supplemental Paid Sick Leave.pdf](#)

[Employee Handbook 2020-21.pdf](#)  
[Notice of Separation from Employment \(Resignation/Retirement\)](#)  
[Employee Use of Technology](#)  
[Safety Manual](#)  
[Substitute Teacher Handbook](#)  
[Substitute Teacher Handbook](#)

Access the SMUSD website at:  
**www.SMUSD.org**

1. Go to "DEPARTMENTS"
2. Click on "Human Resources"
3. Click on "HR Documents" on the left side of the page
4. Click on:
  - **Employee Handbook**
  - **Mandated Reporter Training**
  - **Safety Manual**

## SMUSD POLICY ACKNOWLEDGEMENT

*I understand that I am legally obligated to review the following:*

- ★ Employee Handbook
- ★ Mandated Reporter Training
- ★ Safety Manual

on the San Marcos Unified School District website:  
**www.SMUSD.org**

*I understand how to access and have reviewed the district policies / documents listed above*

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Extra Duty Assignment Sheet Procedure

- After the completion of your coaching assignment you will need to sign the Extra Duty Assignment Sheet (see example below) at the school site.
- You will then be paid approximately one month after the end of the season (Ex: If season ends in May you will be paid the last working day of June).
- Payday is on the last working day of the month.
- Your paycheck will be available in the San Marcos Unified School District Payroll Department for pick up.

*I understand and acknowledge the District policy regarding my pay*

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**San Marcos Unified School District  
Extra Duty Assignment Completion  
(Coaching, Drama, Yearbook, etc.)**

School Year: _____		Site: _____	
Employee Name (Print): _____		Requisition # (if applicable) _____	
Assignment: _____		Placement (A2, C1, etc.) _____	
District Funded _____		Foundation / Other Funded _____	

I hereby certify that the above extra duty assignment was completed on:		<b>For Office Use Only</b>	
_____		Percentage: _____	
Date		Amount: _____	
_____		Approved to Pay: _____	
Employee Signature	Date	Employee I.D. # (required)	Director of Human Resources
Supervisor Signature	Date		Date Paid:
Principal Signature	Date		

# new hire pamphlet

## If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

## Workers' compensation benefits include

**Medical Care** – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

**Payment for Lost Wages** - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

**Rehabilitation – For dates of injury on or after 1/1/04 -** you may be entitled to a ***Supplemental Job Displacement Voucher***, which entitles you to a voucher for educational training.

#### MPN Information

Harbor Health Systems MPN Contact  
(888) 626-1737  
[MPNcontact@harborsys.com](mailto:MPNcontact@harborsys.com)

#### How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

#### Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit [www.dwc.ca.gov](http://www.dwc.ca.gov).

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

#### Keenan & Associates adjusting locations

**Torrance**  
800-654-8102

**Eureka**  
707-268-1616

**Pleasanton**  
925-225-0611

**Rancho Cordova**  
800-343-0694

**Redwood City**  
650-306-0616

**Riverside**  
800-654-8347

**San Jose**  
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.  
[Insurance Code Section 1871.4]

## **INSTRUCTIONS FOR PREVENTING INJURIES AND RESPONDING TO INJURIES AT WORK**

### **KEENAN SAFE SCHOOLS**

Complete the recommended courses on **Keenan Safe Schools** at <https://sanmarcosusd-keenan.safeschools.com/login> . See the attached list for the occupation specific courses. Upon completion of your courses return the certificates of completion to Human Resources. Every employee is welcome to review and take any and all training courses available on the Keenan Safe Schools Platform.

### **INJURY & ILLNESS PREVENTION**

Please review the District's Injury and Illness Prevention Plan (IIPP) located in the employee handbook. This can also be found on the District's website under Risk Management and at every school site front desk. It is important to the District you are provided the training and tools needed to safely and skillfully do your job. You play a vital role in ensuring safe work practices to prevent injury and illness in the work place.

### **REPORTING A WORKPLACE HAZARD:**

If you would like to report a workplace hazard please contact Risk Management or refer to the Hazard Communication Plan with the District Injury & Illness Prevention Plan (IIPP).

### **IF YOU ARE INJURED AT WORK:**

Report the injury or illness to your supervisor immediately. If you are unable to notify your supervisor please contact Risk Management. Your supervisor or Risk management will give you the following forms to complete:

- Employee's Workers' Compensation Packet – Instructions for Injured Workers

### **NEW HIRE PAMPHLET:**

In the event of a work-related injury, this information includes important details regarding workers' compensation benefits.

### **IF YOU WOULD LIKE TO PRE-DESIGNATE YOUR OWN PHYSICIAN:**

In the event of a work-related injury, you may elect to be treated by your own treating physician. You and your primary treating physician must fill out and complete the Pre-Designation Form (attached). This form must be on file with Human Resources & Risk Management prior to a work-related injury or illness for authorized treatment.

### **MEDICAL PROVIDER NETWORK:**

Please review the attached Covered Employee Notification of Rights Materials. This information includes important details regarding the District's Medical Provider Network.

### **HANDS ON TRAINING:**

You will be provided with hands on training to learn how to work safely and accurately within your position.

### **SIGNATURE CONFIRMATION PAGE:**

Please initial and sign where indicated on the attached Signature Confirmation Page which confirms you have received a copy of these instructions and all related materials have been provided to you.

**\*\* "Workers' Compensation Fraud is a felony" -anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and imprisoned for up to five years (Insurance Code section 1871.4) \*\*\***

***Signature Confirmation Page***  
**San Marcos Unified School District**

Please initial next to the following statements confirming your receipt of the New Employee Instructions and the related materials:

\_\_\_\_\_ I have received instructions for completing the recommended courses on the District's Keenan SafeSchools website. I further understand that all training in Keenan Safe Schools is available to me.0

\_\_\_\_\_ I have received and reviewed the District's Injury & Illness Prevention Plan to include the following program plans:

- Bloodborne Pathogens -Exposure Control Plan
- Heat Illness Prevention
- Hazard Communication Plan
- Fire Prevention Plan
- Lock Out/Tag Out Plan
- Medical waste Disposal Plan - Sharps & Pharmaceuticals

\_\_\_\_\_ I have received instructions for reporting a workplace hazard.

\_\_\_\_\_ I have received instructions for reporting a work-related injury or illness.

\_\_\_\_\_ I have received and reviewed the New Hire Pamphlet for work-related injury or illness.

\_\_\_\_\_ I have received instructions for pre-designating my treating physician for a work-related injury or illness.

Please print your name, sign, and date below.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## San Marcos Unified School District

**workers' compensation: Pre-Designation of Personal Physician**

If you have health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to qualify as the your predesignated, personal physician, the physician must agree, in writing, to treat you for a work related injury, must have previously directed your medical care and must retain your medical history and records. Your predesignated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors or medicine or osteopathy, which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer, in **writing, prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be predesignated. Otherwise, you will be treated by one of your employers' designated workers' compensation medical providers.

**EMPLOYEE NAME & ADDRESS:**

- ☐ I acknowledge receipt of this form and elect **not** to predesignate my personal physician at this time. I understand that I will receive medical treatment from my employers' medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ If I am injured on the job, **I wish** to be treated by my personal physician\*:

Name of Physician or Medical Group \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

\*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A Personal Physician must be willing to be predesignated and treat you for a workers' compensation injury. The remainder of this form is to be completed by your physician and returned to your Employer.***

**PERSONAL PHYSICIAN ACKNOWLEDGEMENT**

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other documentation of the physicians' agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: \_\_\_\_\_

- ☐ **I agree to treat** the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

\_\_\_\_\_  
(Physician or Designated Employee of the Physician or Medical Group)

\_\_\_\_\_  
Date

**Please return completed form to:**

Human Resources/Risk Management 255 Pico Ave., San Marcos, CA 92069

email: Risk.Management@smusd.org or Fax (760) 75-1202

**EMPLOYERS MUST PROVIDE THIS INFORMATION TO NEW WORKERS  
WHEN HIRED AND TO OTHER WORKERS WHO ASK FOR IT**

**RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE,  
SEXUAL ASSAULT AND STALKING**

***Your Right to Take Time Off:***

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

***Your Right to Reasonable Accommodation:***

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

***Your Right to Be Free from Retaliation and Discrimination:***

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

***You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.***

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: [www.dir.ca.gov/dlse/DistrictOffices.htm](http://www.dir.ca.gov/dlse/DistrictOffices.htm). If you do not speak English, we will provide an interpreter in your language at no cost to you. This Notice explains rights contained in California Labor Code sections 230 and 230.1. Employers may use this Notice or one substantially similar in content and clarity.

[Click Here for COVID-19 Related Resources](#)

## FISCAL REPORT

### Required Annual Employee Notices

 BY CHARLENE QUILAO

 BY SUZANNE SPECK

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posted August 24, 2021

Local educational agencies (LEAs) are required by state and federal law, including the California Education Code, as well as policies adopted by the governing board to send required notices to employees on an annual basis. It is also the responsibility of the employer to clearly communicate policies and laws which impact employment and are related to health and safety issues. In cases where notification is mandated by the law or local policy, employees should sign an acknowledgement of receipt of the notification. The acknowledgement of receipt provides verification that the employee has received the mandated information and understands their rights and responsibilities.

These requirements have no relationship to the employee's work location. So, as we begin the 2021–22 school year, and whether you have employees who are continuing to work remotely due to COVID-19 or not, you have to issue annual legal notices again this year. The charts below identify notices that employers are required to provide to all employees annually and those that are required upon initial hire.

#### Newly Hired Employees

Employee Notification(s)	Legal Reference
<ul style="list-style-type: none"> <li>Oath or affirmation of allegiance required of public employees</li> </ul>	Government Code (GC) § 3102
<ul style="list-style-type: none"> <li>Workers' Compensation benefits</li> </ul>	Labor Code § 3551
<ul style="list-style-type: none"> <li>Disability insurance rights and benefits (and when employee goes on leave for specified reasons)</li> </ul>	Unemployment Insurance Code § 2613



Employee Notification(s)	Legal Reference
<ul style="list-style-type: none"> <li>Benefits through Family and Medical Leave Act and California Family Rights Act</li> </ul>	<p>Code of Federal Regulations (CFR) 825.300</p> <p>California Code of Regulations (CCR) § 11096</p>

**All Employees Upon Initial Hire and Annually Thereafter**

Employee Notification(s) and Training(s)	Legal Reference
<ul style="list-style-type: none"> <li>Uniform complaint procedures, complaints about student fees, and Local Control and Accountability Plan</li> </ul>	<p>Education Code Section (EC §) 49013</p> <p>CCR § 4622</p>
<ul style="list-style-type: none"> <li>District's drug- and alcohol-free workplace available employee assistance programs</li> </ul>	<p>GC § 8355</p> <p>41 United States Code § 8102</p>
<ul style="list-style-type: none"> <li>Use of pesticide product, active ingredients, Internet address to access information</li> </ul> <p><b><i>Pest Management Training Required:</i></b> All school staff using disinfectant wipes and staff who apply or are exposed to pesticides during the course of work must participate in training annually to learn about the safe use of pesticides around children</p>	<p>EC § 17612</p> <p>Senate Bill (SB) 1405 (Chapter 848/2014)</p>
<ul style="list-style-type: none"> <li>AIDS and Hepatitis B Policies and Administrative Regulations</li> </ul>	<p>Health and Safety Code § 120875 and § 120880</p>
<ul style="list-style-type: none"> <li>Status as a Mandated Reporter of Child Abuse, Reporting Obligations, Confidentiality Rights, Copy of Law</li> </ul> <p><b><i>Mandated Reporter Training Required:</i></b> All employees are required to complete a Mandated Reporter Training within the first six weeks of every school year and for each new hire within six weeks of their hire date (Assembly Bill 1432)</p>	<p>Penal Code § 11165.7 and § 11166.5</p>

Employee Notification(s) and Training(s)	Legal Reference
<ul style="list-style-type: none"> <li>Exposure Control Plan for Blood Borne Pathogens</li> </ul> <p><b>Bloodborne Pathogen Exposure Training Required:</b> All employees must receive bloodborne pathogens training once each year</p>	CCR § 5193
<ul style="list-style-type: none"> <li>Sexual Harassment</li> </ul> <p><b>Sexual Harassment Training Required:</b> Two hours of sexual harassment training must be provided to staff in supervisory positions. Additionally, employers are also required to provide one hour of sexual harassment training to all nonsupervisory staff, including seasonal and temporary employees</p>	SB 1343 (Chapter 956/2018)  GC § 12950.1(h)(1)
<ul style="list-style-type: none"> <li>Availability of Asbestos Management Plan; Any Inspections, Response Actions or Post-Response Actions Planned or in Progress</li> </ul>	CFR 763.84 and 763.93
<ul style="list-style-type: none"> <li>Request for volunteers to be trained to administer epinephrine auto-injectors</li> </ul>	EC § 49414
<ul style="list-style-type: none"> <li>Request for volunteers to administer emergency antiseizure medications; training to be provided</li> </ul>	EC § 49414.7
<ul style="list-style-type: none"> <li>District's policy on nondiscrimination and related compliant procedures</li> </ul>	CFR § 104.8 and § 106

### Certificated Employees Upon Hire

Employee Notification(s)	Legal Reference
<ul style="list-style-type: none"> <li>Criteria for membership in retirement system; right to elect membership</li> </ul>	EC § 22455.5
<ul style="list-style-type: none"> <li>Post retirement compensation limitation</li> </ul>	EC § 22461

Employee Notification(s)	Legal Reference
<ul style="list-style-type: none"> <li>• Employment status and salary</li> </ul>	EC § 44916

**Certificated Employees Annually**

Employee Notification(s)	Legal Reference
<ul style="list-style-type: none"> <li>• District regulations related to performance evaluations</li> </ul>	EC § 35171
<ul style="list-style-type: none"> <li>• Copy of employee's evaluation (30 days before last day of the school year for instructional staff, or by June 30 for noninstructional certificated staff, in any year in which employee is evaluated)</li> </ul>	EC § 44663
<ul style="list-style-type: none"> <li>• Notice and description of the unsatisfactory performance (to an employee with an unsatisfactory evaluation)</li> </ul>	EC § 44664

**Classified Employees Upon Hire or Upon Change in Classification**

Employee Notification(s)	Legal Reference
<ul style="list-style-type: none"> <li>• Employee's class specification, salary data, assignment or work location, duty hours, prescribed workweek (also required upon each change in classification)</li> </ul>	EC § 45169

In addition to what is required by local policies and state law, there are COVID-19 notifications that employers should consider adding to the annual notifications packet this year, including, but not limited to, the following:

- Families First Coronavirus Response Act (FFCRA) and Emergency Paid Sick Leave (EPSL)—Notifications of these leave entitlements are required, and hopefully everyone provided notifications to employees earlier this year. As the new school year begins, providing another notice is a good practice and provides an opportunity for the LEA to inform employees of agency procedures for requesting FFCRA and EPSL eligible leave. More information regarding FFCRA posting requirements can be found [here](#).
- COVID-19 policies and procedures related to returning to work and telecommuting, cleaning and social distancing procedures, safety protocols, reporting COVID-19 related illnesses and exposure, and

- temperature screening or self-certification procedures should be communicated to all employees.
- Employee Assistance Program (EAP)—The COVID-19 pandemic has disrupted every aspect of our daily lives creating significant stress and uncertainty. Consider reminding employees of the benefits available through the EAP. EAPs provide support to employees—and often their families—through confidential counseling sessions. Be sure that any notification includes a list of services available as well as information on how to access these services.

Employers must establish a process by which all legally required annual notifications, and optional COVID-19 related notices, are provided and documented. Due to the number of documents in the annual notification packet, it is recommended that LEAs consider utilizing an electronic process. While this may have been a consideration in the pre-pandemic environment, now more than ever, electronic notifications comply with health and safety measures. Digitizing processes which require a large amount of documentation also increases organizational efficiency and reduces the environmental footprint.

Also keep in mind that there may be additional training and notice requirements contained in local board policies and administrative regulations. More information regarding employee notifications can be accessed in the California School Boards Association Sample Board Policy 4312.9, Employee Notifications (<https://www.csba.org/ProductsAndServices/AllServices/Gamut.aspx>).

Annual notices to employees, while seemingly redundant year-after-year-after-year, are an essential human resource function and should be taken seriously. Failure to provide adequate notice to employees of their obligations under the law creates unnecessary risks. Providing required notices to employees is about more than meeting legal requirements; it is also, and perhaps more importantly, about creating a culture of accountability. With the new school year either ahead of you or just in the rear-view mirror, there is no better time to begin planning the process and method for providing employees with required legal notices and renewing your agency's commitment to creating a culture of accountability.