



## INSTRUCTIONS FOR NEW CLASSIFIED EMPLOYEE PAPERWORK

Human Resources & Equal Employment Opportunity

Welcome to Hartnell College! This packet includes the forms necessary to process you as a new classified employee and therefore authorize you to begin service. You may not begin service until these forms are completed and returned to the Human Resources department. Please return all required forms in one single submission. The following should provide you with helpful information for completing your employment process.

### TASKS TO COMPLETE IMMEDIATELY UPON HIRE

o **Official Transcripts:**

All official transcripts must be submitted to HR immediately upon hire.

o **Fingerprint Requirements - Request for Live Scan Service** (Form BCIA 8016):

Hartnell contracts with the Monterey County Sheriff's Office at 1414 Natividad Road in Salinas to take and submit your fingerprints at no charge to you.

Call the Sheriff's Office at 755-3726 for an appointment (expect an approximate two week wait time). Bring your Request for Live Scan Service form with the applicant information section completed and a valid picture ID to your appointment. The Sheriff's Office will keep the original page of the form and will give you a copy. Return the copy immediately to your hiring department.

o **TB Requirements - TB Skin Test Authorization** (Form HR-9):

The California Education Code requires that you provide proof that you are free of active tuberculosis through an examination performed within the past 60 days. If you are joining Hartnell directly from employment with another California educational institution where you had a TB test within the past four years, you may ask your former school to transfer your TB record to Hartnell.

WorkWell Health Services in Salinas has been contracted to administer your TB Skin Test or X-ray at Hartnell's expense. If you do not reside in Salinas, and/or your work schedule does not allow you an open window of opportunity to be tested by WorkWell, you may have your TB test performed by one of the alternative Doctors locations listed on the back of your TB Skin Test Authorization. Complete the information on the TB Skin Test Authorization form and be sure to refer to the back of the form for important information. Your TB Skin Test Authorization letter from the Human Resources Office must be presented at the time of testing or you will be charged for the testing.

Submit the results of your TB Test to your hiring department within 10 days of employment. Failure to submit your test results may result in withholding your paycheck or removal from your assignment.

### FORMS FOR YOU TO COMPLETE AND RETURN

o **Employment Eligibility Verification** (Form I-9):

Within three (3) days of employment you must complete the I-9 form and present ORIGINAL unexpired copies of your verification documents to your hiring department for inspection and verification. On the I-9 Form, complete all of Section 1, ending with "Employee's Signature" and "Date". Choose the document(s) you will show as verification your eligibility to work in the U.S. (Review the list on the reverse side of the form—you may use either one item from list A only, or one item from list B and one from list C). Refer to Employment Eligibility Verification located on the HR website for more information. **Timesaving tip:** you already must present your social security card for W-4 payroll purposes.

o **Employee's Withholding Allowance Certificate** (Form W-4):

Complete all sections on the Certification section (bottom portion); Do not leave box #5 blank! (Your original social security card reflecting your current name must be presented to your hiring department to be

photocopied for payroll verification of your name and Social Security Number. Bring your card with you.)

- o **Automatic Deposit Authorization** (Form HR-25X):  
This form is optional. You are responsible for contacting your bank for the exact information and format required by your bank. Currently our payroll system only allows automatic deposit to one account at one banking institution. If you choose this option, you will still receive a pay stub delineating your earnings and deductions.
- o **Retirement Questionnaire** (Form HR-19):  
Answer each yes/no question and fill in the blanks as applicable.
- o **CalPERS – Member Reciprocal Self-Certification Form** (Form PERS-CASD-801): Complete and submit to confirm membership.
- o **Retirement System Election Form** (Form ES0372): Complete and submit, if **applicable**.
- o **Physician Designation Form** (Form HR-20):  
This is for work related accidents or illnesses. If you *DO NOT* designate a doctor, you *must* go to a listed Medical Panel provider for your first 30 days of treatment. If you *DO* designate a doctor, you may go to that doctor for treatment without having to wait the 30 days. **Your name, social security number, signature and completion of the Emergency Information are required regardless of whether or not a doctor is designated.** More information regarding work injuries entitled “Basics of Workers’ Compensation” is available on the HR website.
- o **Warrant(s) Recipient Designation** (Form HR-17):  
Fill in the blanks. You may also wish to amend the form so that it reads “... as the person who, after my death, ***or incapacitation***, is entitled to receive...”
- o **Standards of Employment/Service Agreement** (Form HR-16):  
Read and initial all five paragraphs. A Drug Free Workplace pamphlet has been included in your packet for your reading. Your signature must be made in the presence of your department representative or Human Resources.
- o **Computer, Electronic Communication, and Network Use** (AP & BP 3720):  
Complete the Computer and Network Use Agreement.

### IMPORTANT POLICIES AND INFORMATION

Please read links provided on Hartnell’s HR website and sign acknowledgement below:

- o **Basics of Workers’ Compensation** - Referred to on ‘*Physician Designation Form*’
- o **Drug Free Workplace Brochure** - Referred to on ‘*Standards of Employment/Service Agreement*’ Form
- o **New Health Insurance Marketplace Coverage**
- o **Family Medical Leave Act**
- o **What You Need to Know About Your CalPERS**

I understand it is my responsibility to review the important policies and information listed above and may contact HR if I have any questions.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



**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<br>[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | 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): _____<br>Some aliens may write "N/A" in the expiration date field. ( <i>See instructions</i> )                                                                                                                                                                                                                      |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/><b>OR</b><br/>2. Form I-94 Admission Number: _____<br/><b>OR</b><br/>3. Foreign Passport Number: _____<br/>Country of Issuance: _____</p> |  |
| <div>QR Code - Section 1<br/>Do Not Write In This Space</div>                                                                                                                                                                                                                                                                                                                                                                   |  |

|                       |                           |
|-----------------------|---------------------------|
| 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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                                                                                       | AND | List C<br>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<br/>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)            |    |                                                                                                          |     |                                      |

**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 |                |
| Last Name of Employer or Authorized Representative                   |  | First Name of Employer or Authorized Representative |              | Employer's Business or Organization Name       |                |
| Employer's Business or Organization Address (Street Number and Name) |  |                                                     | City or Town |                                                | State ZIP Code |

**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) |
|----------------|-----------------|---------------------------------------|

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 |
|----------------------------------------------------|---------------------------|-----------------------------------------------|

## 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><br><b>Documents that Establish Both Identity and Employment Authorization</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>OR</b> | <b>LIST B</b><br><b>Documents that Establish Identity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>AND</b><br><b>LIST C</b><br><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>For persons under age 18 who are unable to present a document listed above:</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.**

# Form W-4 (2019)

**Future developments.** For the latest information about any future 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.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Employee's Withholding Allowance Certificate</b>                                                                                                                                                                                                |  | OMB No. 1545-0074<br><b>2019</b>     |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|------------------------------------------------|
| <b>1</b> Your first name and middle initial                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Last name                                                                                                                                                                                                                                          |  | <b>2</b> Your social security number |                                                |
| Home address (number and street or rural route)                                                                                                                                                                                                                                                                                                                                                                                                              |  | <b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate." |  |                                      |                                                |
| City or town, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>4</b> If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>                                                                           |  |                                      |                                                |
| <b>5</b> Total number of allowances you're claiming (from the applicable worksheet on the following pages)                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                    |  | <b>5</b>                             |                                                |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                    |  | <b>6</b>                             | \$                                             |
| <b>7</b> I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here |  |                                                                                                                                                                                                                                                    |  |                                      |                                                |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                    |  |                                      |                                                |
| <b>Employee's signature</b><br>(This form is not valid unless you sign it.) ▶                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                    |  |                                      |                                                |
| <b>8</b> Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                    |  | <b>9</b> First date of employment    | <b>10</b> Employer identification number (EIN) |

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### **Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### **Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### **Instructions for Employer**

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

**Personal Allowances Worksheet** (Keep for your records.)

|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |   |                                                                                      |                                                                                                   |                |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------|
| <b>A</b>                                                                                          | Enter "1" for yourself . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>A</b> _____                                                           |   |                                                                                      |                                                                                                   |                |
| <b>B</b>                                                                                          | Enter "1" if you will file as married filing jointly . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>B</b> _____                                                           |   |                                                                                      |                                                                                                   |                |
| <b>C</b>                                                                                          | Enter "1" if you will file as head of household . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C</b> _____                                                           |   |                                                                                      |                                                                                                   |                |
| <b>D</b>                                                                                          | Enter "1" if: <table border="0"> <tr> <td>• You're single, or married filing separately, and have only one job; or</td> <td rowspan="3">}</td> </tr> <tr> <td>• You're married filing jointly, have only one job, and your spouse doesn't work; or</td> </tr> <tr> <td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td> </tr> </table>                                                                                                                                                                                                                                                                                                                 | • You're single, or married filing separately, and have only one job; or | } | • You're married filing jointly, have only one job, and your spouse doesn't work; or | • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | <b>D</b> _____ |
| • You're single, or married filing separately, and have only one job; or                          | }                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |   |                                                                                      |                                                                                                   |                |
| • You're married filing jointly, have only one job, and your spouse doesn't work; or              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |   |                                                                                      |                                                                                                   |                |
| • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |   |                                                                                      |                                                                                                   |                |
| <b>E</b>                                                                                          | <b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul> |                                                                          |   |                                                                                      |                                                                                                   |                |
| <b>F</b>                                                                                          | <b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>                       |                                                                          |   |                                                                                      |                                                                                                   |                |
| <b>G</b>                                                                                          | <b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |   |                                                                                      |                                                                                                   |                |
| <b>H</b>                                                                                          | Add lines A through G and enter the total here . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>H</b> _____                                                           |   |                                                                                      |                                                                                                   |                |

For accuracy,  
complete all  
worksheets  
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** 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.

|                                                                   |                                                                                                                                                                                                                                                                                                          |                                                                   |   |                                      |                                                        |                   |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---|--------------------------------------|--------------------------------------------------------|-------------------|
| <b>1</b>                                                          | Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .                                          | <b>1</b> \$ _____                                                 |   |                                      |                                                        |                   |
| <b>2</b>                                                          | Enter: <table border="0"> <tr> <td>\$24,400 if you're married filing jointly or qualifying widow(er)</td> <td rowspan="3">}</td> </tr> <tr> <td>\$18,350 if you're head of household</td> </tr> <tr> <td>\$12,200 if you're single or married filing separately</td> </tr> </table>                      | \$24,400 if you're married filing jointly or qualifying widow(er) | } | \$18,350 if you're head of household | \$12,200 if you're single or married filing separately | <b>2</b> \$ _____ |
| \$24,400 if you're married filing jointly or qualifying widow(er) | }                                                                                                                                                                                                                                                                                                        |                                                                   |   |                                      |                                                        |                   |
| \$18,350 if you're head of household                              |                                                                                                                                                                                                                                                                                                          |                                                                   |   |                                      |                                                        |                   |
| \$12,200 if you're single or married filing separately            |                                                                                                                                                                                                                                                                                                          |                                                                   |   |                                      |                                                        |                   |
| <b>3</b>                                                          | <b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .                                                                                                                                                                                                                               | <b>3</b> \$ _____                                                 |   |                                      |                                                        |                   |
| <b>4</b>                                                          | Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .                                                                                         | <b>4</b> \$ _____                                                 |   |                                      |                                                        |                   |
| <b>5</b>                                                          | <b>Add</b> lines 3 and 4 and enter the total . . . . .                                                                                                                                                                                                                                                   | <b>5</b> \$ _____                                                 |   |                                      |                                                        |                   |
| <b>6</b>                                                          | Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .                                                                                                                                                                                       | <b>6</b> \$ _____                                                 |   |                                      |                                                        |                   |
| <b>7</b>                                                          | <b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .                                                                                                                                                                                   | <b>7</b> \$ _____                                                 |   |                                      |                                                        |                   |
| <b>8</b>                                                          | <b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .                                                                                                                                                         | <b>8</b> _____                                                    |   |                                      |                                                        |                   |
| <b>9</b>                                                          | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .                                                                                                                                                                                                                 | <b>9</b> _____                                                    |   |                                      |                                                        |                   |
| <b>10</b>                                                         | <b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . . | <b>10</b> _____                                                   |   |                                      |                                                        |                   |



**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . **2** \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . **8** \$ \_\_\_\_\_
  - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

| <b>Table 1</b>                              |                       |                                             |                       | <b>Table 2</b>                               |                       |                                              |                       |
|---------------------------------------------|-----------------------|---------------------------------------------|-----------------------|----------------------------------------------|-----------------------|----------------------------------------------|-----------------------|
| <b>Married Filing Jointly</b>               |                       | <b>All Others</b>                           |                       | <b>Married Filing Jointly</b>                |                       | <b>All Others</b>                            |                       |
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$5,000                               | 0                     | \$0 - \$7,000                               | 0                     | \$0 - \$24,900                               | \$420                 | \$0 - \$7,200                                | \$420                 |
| 5,001 - 9,500                               | 1                     | 7,001 - 13,000                              | 1                     | 24,901 - 84,450                              | 500                   | 7,201 - 36,975                               | 500                   |
| 9,501 - 19,500                              | 2                     | 13,001 - 27,500                             | 2                     | 84,451 - 173,900                             | 910                   | 36,976 - 81,700                              | 910                   |
| 19,501 - 35,000                             | 3                     | 27,501 - 32,000                             | 3                     | 173,901 - 326,950                            | 1,000                 | 81,701 - 158,225                             | 1,000                 |
| 35,001 - 40,000                             | 4                     | 32,001 - 40,000                             | 4                     | 326,951 - 413,700                            | 1,330                 | 158,226 - 201,600                            | 1,330                 |
| 40,001 - 46,000                             | 5                     | 40,001 - 60,000                             | 5                     | 413,701 - 617,850                            | 1,450                 | 201,601 - 507,800                            | 1,450                 |
| 46,001 - 55,000                             | 6                     | 60,001 - 75,000                             | 6                     | 617,851 and over                             | 1,540                 | 507,801 and over                             | 1,540                 |
| 55,001 - 60,000                             | 7                     | 75,001 - 85,000                             | 7                     |                                              |                       |                                              |                       |
| 60,001 - 70,000                             | 8                     | 85,001 - 95,000                             | 8                     |                                              |                       |                                              |                       |
| 70,001 - 75,000                             | 9                     | 95,001 - 100,000                            | 9                     |                                              |                       |                                              |                       |
| 75,001 - 85,000                             | 10                    | 100,001 - 110,000                           | 10                    |                                              |                       |                                              |                       |
| 85,001 - 95,000                             | 11                    | 110,001 - 115,000                           | 11                    |                                              |                       |                                              |                       |
| 95,001 - 125,000                            | 12                    | 115,001 - 125,000                           | 12                    |                                              |                       |                                              |                       |
| 125,001 - 155,000                           | 13                    | 125,001 - 135,000                           | 13                    |                                              |                       |                                              |                       |
| 155,001 - 165,000                           | 14                    | 135,001 - 145,000                           | 14                    |                                              |                       |                                              |                       |
| 165,001 - 175,000                           | 15                    | 145,001 - 160,000                           | 15                    |                                              |                       |                                              |                       |
| 175,001 - 180,000                           | 16                    | 160,001 - 180,000                           | 16                    |                                              |                       |                                              |                       |
| 180,001 - 195,000                           | 17                    | 180,001 and over                            | 17                    |                                              |                       |                                              |                       |
| 195,001 - 205,000                           | 18                    |                                             |                       |                                              |                       |                                              |                       |
| 205,001 and over                            | 19                    |                                             |                       |                                              |                       |                                              |                       |

**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 who claims no withholding allowances; 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 possessions 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 aren't required to provide the information requested on a form that's 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.



## Direct Deposit Enrollment Form

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
ID# or Last 4 of SSN

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

|                                                                                       |                    |                                                                                                                            |
|---------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------|
| Memo _____<br>⑆ 012345678⑆ 123456789⑆ 0101                                            |                    |                                                                                                                            |
| Routing/Transit #<br><small>(A 9-digit number always between these two marks)</small> | Checking Account # | Check #<br><small>(this number matches the number in the upper right corner of the check – not needed for sign-up)</small> |

**You may have up to two active accounts at any time. Make sure to indicate what type of account, along with amount to be deposited if less than your total net pay.**

|                           |                                                                                                                                                            |           |                                                                          |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| A<br>C<br>C<br>T<br><br>1 | <input type="checkbox"/> Add New Account <input type="checkbox"/> Change Amount of Current Account on File <input type="checkbox"/> Remove Account on File |           |                                                                          |
|                           | Bank Name                                                                                                                                                  |           | Account Type                                                             |
|                           |                                                                                                                                                            |           | <input type="checkbox"/> Checking <input type="checkbox"/> Savings       |
|                           | Routing/Transfer #                                                                                                                                         | Account # | Amount to Deposit<br>\$ _____ or <input type="checkbox"/> Balance of Net |

|                           |                                                                                                                                                            |           |                                                                          |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|
| A<br>C<br>C<br>T<br><br>2 | <input type="checkbox"/> Add New Account <input type="checkbox"/> Change Amount of Current Account on File <input type="checkbox"/> Remove Account on File |           |                                                                          |
|                           | Bank Name                                                                                                                                                  |           | Account Type                                                             |
|                           |                                                                                                                                                            |           | <input type="checkbox"/> Checking <input type="checkbox"/> Savings       |
|                           | Routing/Transfer #                                                                                                                                         | Account # | Amount to Deposit<br>\$ _____ or <input type="checkbox"/> Balance of Net |

☐ I wish to terminate my enrollment in Direct Deposit. I understand that all future payroll payments to me will be in the form of a live check until I choose to enroll again in Direct Deposit.

Effective date of changes noted above (mm/dd/yy): \_\_\_\_\_

**I hereby authorize Hartnell College to deposit my pay in to the account(s) entered above.**

|                             |               |
|-----------------------------|---------------|
| _____<br>Employee Signature | _____<br>Date |
|-----------------------------|---------------|

For Payroll Use Only

Date Rec'd \_\_\_\_\_ Processed By \_\_\_\_\_ Date \_\_\_\_\_



## RETIREMENT QUESTIONNAIRE

Human Resources & Equal Employment Opportunity

ALL non-student-personnel must complete this form and answer both STRS and PERS questions.

Employee Name: \_\_\_\_\_

Employee Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### STATE TEACHERS RETIREMENT SYSTEM (STRS) (academic/teaching retirement system)

Have you ever been a member of STRS? ☐ Yes ☐ No

If yes, have you received a refund? ☐ Yes ☐ No

If yes, date refunded: \_\_\_\_\_

If applicable, date retired: \_\_\_\_\_

### PUBLIC EMPLOYEES' RETIREMENT SYSTEM (PERS) (classified, non-teaching retirement system)

Have you ever been a member of PERS? ☐ Yes ☐ No

Have you acquired five years or more of Service Credit? ☐ Yes ☐ No

Have you only been in educational employment? ☐ Yes ☐ No

If yes to any of the above, have you received a refund? ☐ Yes ☐ No

If yes, date refunded: \_\_\_\_\_

If applicable, date retired: \_\_\_\_\_

Are you currently employed by any other District/Public Agency? ☐ Yes ☐ No

If yes, Name \_\_\_\_\_ ☐ Full time ☐ Part-time, time base \_\_\_\_\_

If yes, Name \_\_\_\_\_ ☐ Full time ☐ Part-time, time base \_\_\_\_\_

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

### IMPORTANT

**\*You are responsible for not exceeding your retirement system's post-retirement limit.**

**STRS** post-retirement earnings are limited to the fiscal year dollar amount established by STRS. If you are retired from STRS you may only work in an academic position.

**PERS** post-retirement work is limited to a calendar year maximum 960 hours of work. If you are retired from PERS you may work in a classified and/or academic position.

**STRS** mandatory membership qualification is met by working 60 hours in one pay period.

**PERS** mandatory membership qualification is met by working 1,000 hours in one fiscal year.

If you are a member of one retirement system and subsequently qualify for membership in the other system, you will have 60 days from qualification to elect to remain in one system or establish membership in both systems. More information is available at <http://www.calstrs.ca.gov/publications/pubs.htm>. Scroll down to *Member Benefit Information*, click on "Join CalSTRS? Or Join CalPERS? The Decision is Yours."



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                                                                                                         |



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)

## 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:<br><input type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3)<br><input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS.<br>(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:<br>/ / | Separation Date*:<br>/ / | <input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded*<br>Date: / / |
| Name of Prior Public Retirement System:                 | Membership Date:<br>/ / | Separation Date*:<br>/ / | <input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded*<br>Date: / / |
| Name of Prior Public Retirement System:                 | Membership Date:<br>/ / | Separation Date*:<br>/ / | <input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded*<br>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:<br>Hartnell Community College District                                                                            |                                       |
| CalPERS Business Partner ID:<br>1056932178                                                                                                | 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.<br/>Member<br/>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.<br/>Qualifying<br/>Reciprocal<br/>Membership<br/>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.<br/>Sign and<br/>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).





HARTNELL COLLEGE

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

If you have health insurance and 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 your pre-designated, 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. The 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 of 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 pre-designated.

If you do not provide advance written notification, verification, and agreement of your pre-designated personal physician, you will be treated by one of the District's designated workers' compensation medical providers.

EMPLOYEE NAME: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

- ☐ I acknowledge receipt of this form and do not elect to pre-designate 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: \_\_\_\_\_

- ☐ I elect to pre-designate that if I am injured on the job, I want 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.*

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

*\*A Personal Physician must be willing to be pre-designated to treat you for a workers' compensation injury.  
The remainder of this form is to be completed by your pre-designated 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 it, other written documentation of the physicians' agreement to be pre-designated 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.
- ☐ I do not agree to treat the above employee in the event of an industrial accident or injury.
- ☐ I do not qualify as the employees' personal physician, I am not an M.D. or D.O., or I do not meet the criteria outlined above.

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

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

Completed form must be returned to:  
Hartnell College, Human Resources Department  
Fax: 831.755.6937



HARTNELL COLLEGE

**WARRANT(S) RECIPIENT DESIGNATION / EMERGENCY CONTACT INFORMATION**

Human Resources & Equal Employment Opportunity

In the event of your death, salary or other monies may be owed to you as an employee of our district. The form below permits immediate release of any warrants (checks) to a person (18 years of age or older) you designate. This can often greatly assist in time of family stress or financial need. This form is available for your use on a voluntary basis.

As provided in §53245 of the California Government Code, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me by the Hartnell Community College District.

Full Legal Name of DESIGNEE: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until canceled in writing.

It is understood and agreed that the Hartnell Community College District is not obligated to deliver said warrant(s) to the person designated above unless the designated person, within two years after the date of said warrant(s) claims such warrant(s) from the Hartnell Community College District and provides sufficient proof of identity.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ S.S. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**GOVERNMENT CODE – STATE OF CALIFORNIA**

**§ 53245.** Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.

**EMERGENCY CONTACT INFORMATION (required):**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

# Retirement System Election

ES 0372 rev 01/19

# CALSTRS®

California State Teachers' Retirement System  
P.O. Box 15275, MS 17  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

PLEASE READ THE ATTACHED INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

### SECTION 1: MEMBER INFORMATION AND ELECTION (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)

FULL SOCIAL SECURITY NUMBER

A member of **CalSTRS** who becomes employed in a new position by the same or a different school district, a community college district, a county superintendent of schools, limited state employment or the Board of Governors of the California Community Colleges, as defined in Education Code sections 22508 and 22508.5, to perform service that *requires* membership in a different public retirement system will have that service credited with that other public retirement system unless the member files a written election (within 60 days after the date of hire) to have that service covered by CalSTRS, pursuant to Education Code section 22508(a) or 22508.5(a).

I am a member of **CalSTRS** who has accepted employment to perform service that *requires* membership in a different public retirement system and am eligible to elect to continue retirement system coverage under CalSTRS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)  
☐ CA Public Employee's Retirement System (CalPERS) \*  
☐ A Different Public Retirement System identified here: \_\_\_\_\_

OR

A member of **CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, as defined in Government Code section 20309, and who is subsequently employed to perform creditable service that *requires* membership in the Defined Benefit Program of CalSTRS, will have that service credited with CalSTRS unless the member files a written election (within 60 days after the date of hire) to have the service credited with CalPERS, pursuant to Government Code section 20309.

I am a member of **CalPERS** who has accepted employment to perform service that requires membership in the CalSTRS Defined Benefit Program, and am eligible to elect to continue coverage under CalPERS.

I elect coverage in: (please choose one)

- ☐ CA State Teachers' Retirement System (CalSTRS)  
☐ CA Public Employee's Retirement System (CalPERS) \*

With my signature below, I certify that I have received information from my employer regarding my eligibility to elect membership for this position as described on this form. I fully understand that this election is irrevocable. I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.



EMPLOYEE SIGNATURE

DATE

### SECTION 2: EMPLOYER CERTIFICATION (to be completed by employer and County Office of Education)

With my signature below, I certify that I have provided information to the above employee regarding his/her eligibility to elect membership for this position, pursuant to Education Code section 22509. I certify the employee meets the qualifications to make a retirement system election, pursuant to Education Code sections 22508 or 22508.5, or Government Code section 20309.

#### EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE      POSITION EFFECTIVE DATE      POSITION TITLE

SELECT ONE:      ☐ Credentialed      ☐ Classified      ☐ State Service

#### EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME      CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME      TITLE      PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL      DATE

COUNTY OFFICIAL'S NAME      TITLE      PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

\*CalPERS Employer Code:



ES0372

## Retirement System Election – Information and Instructions

The following instructions are to assist you and your employer in completing the *Retirement System Election* form (ES372). Please read the instructions and information for retirement system coverage before completing the form. Please type or print legibly in dark ink.

### INFORMATION

**A member of the CalSTRS Defined Benefit Program** who becomes employed by a school district, a community college district, a county superintendent of schools, limited state departments, or the California Community Colleges Board of Governors to perform service that requires membership in a different public retirement system, may elect to receive credit under the CalSTRS Defined Benefit Program for such service by completing a *Retirement System Election* form (ES372) within 60 days after the hire date *requiring* membership in the other system, and CalSTRS must receive the completed form within 60 days of the signature date. If the CalSTRS member does not elect to continue as a member of CalSTRS, all service subject to coverage by the other public retirement system will be reported to that retirement system. (Education Code sections 22508, 22508.5 and 22509)

**A member of CalPERS** who was employed by a school employer, Board of Governors of the California Community Colleges, or State Department of Education within 120 days before the member's date of hire, or who has at least five years of CalPERS credited service, and who accepts employment to perform creditable service that requires membership by the CalSTRS Defined Benefit Program, may elect to receive credit under CalPERS for such service by submitting a Retirement System Election form (ES372) to CalPERS, within 60 days after the hire date of employment requiring membership in CalSTRS. If the CalPERS member does not elect to continue as a member of CalPERS, all CalSTRS creditable service will be reported to CalSTRS. (Government Code section 20309).

Education Code section 22509 requires that within 10 working days of hire, an employer must provide all employees who have the right to make this election with the information regarding their election rights and must make available written information about the retirement systems to assist the employee in making an election.

### SECTION 1: MEMBER INFORMATION AND ELECTION

Section 1 must be completed by the employee with assistance from the employer. Please complete all entries in Section 1.

**EMPLOYEE NAME and SOCIAL SECURITY NUMBER** – Enter employee's full name, and full Social Security Number.

#### RETIREMENT SYSTEM COVERAGE:

If you are a member of CalSTRS and have accepted employment to perform service that requires membership in a different public retirement system, mark the box next to the coverage you elect.

If you are a member of CalPERS and have accepted employment to perform service that requires membership in CalSTRS, mark the box next to the coverage you elect.

**EMPLOYEE SIGNATURE** – Sign and date the form. By signing this document, you certify that you have received information from your employer regarding your right to the Retirement System Election. You also certify that you understand this election is irrevocable, and that it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS which may result in up to one year in jail and a fine of up to \$5,000. (Education Code section 22010)

Submit the signed and dated *Retirement System Election* form (ES372) to your employer. Retain a copy for your records.

For general membership information, contact CalSTRS by calling 800-228-5453, or write to CalSTRS at P.O. Box 15275, MS 17, Sacramento, CA 95851-0275.

### SECTION 2: EMPLOYER CERTIFICATION

Section 2 must be completed by the employer and the County Office of Education. Please complete the employer certification only after the employee has completed Section 1. Employees must qualify for membership before they can retirement system elect.

#### EMPLOYER:

**POSITION HIRE DATE** – Enter the date the employee was hired in the position.

**POSITION EFFECTIVE DATE** – Enter the first date that service was/will be performed by the employee in the new position.

**POSITION TITLE** – Enter employee's new position title and check the box next to the applicable position type.

**CO/DIST CODE/STATE DEPARTMENT** – Enter the appropriate county and district codes. Example: Kern County, Edison Elementary would be 15-012, and CA Department of Education would be 59-174.

**EMPLOYER CERTIFICATION** – Print school or state official's name, title and phone number, and sign and date the form.

Submit the completed form to the County Office of Education.

If you represent a state department, submit the form directly to CalSTRS and send a copy to the other public retirement system.

#### COUNTY OFFICE OF EDUCATION:

Print the County official's name, title and phone number, and sign and date the form.

Retain a copy for your and the employee's files.

### SUBMIT THE FORM:

The *Retirement System Election* form (ES372) must be submitted to the retirement system elected by the employee and a copy submitted to the retirement system that would normally cover the service. For additional requirements, please see the Information section.

#### Mail completed forms to:

|                           |                           |
|---------------------------|---------------------------|
| <b>CalSTRS</b>            | <b>CalPERS</b>            |
| P.O. Box 15275, MS 17     | P.O. Box 942709           |
| Sacramento, CA 95851-0275 | Sacramento, CA 94229-2709 |

**CalSTRS** also accepts the form via fax, at 916-414-5476, or by secure messaging via the Secure Employer Website.



## STANDARDS OF EMPLOYMENT/SERVICE AGREEMENTS

Human Resources & Equal Employment Opportunity

I acknowledge my employment responsibilities with the Hartnell Community College District (HCCD) will bring me into contact with sensitive and confidential information. I understand that as a result of my access to the Colleague database and other HCCD resources, I am exposed to personal information about students, employees and other associates of HCCD. Such information may include, but may not be limited to their names, addresses, and contact information. I understand this information may be protected by privacy laws and is regarded as confidential by HCCD. My initials and signature below confirm my understanding that this information is protected by privacy laws and regarded as confidential by HCCD.

\_\_\_\_\_ Initial

My initials and signature below confirm my agreement to protect the personal privacy of employee, student and other individuals' records. I will prevent inappropriate or unnecessary disclosure of such records to unauthorized institutions, companies, groups, agencies, and individuals. I will collect and retain only such personal information as I may need to effectively conduct my duties for the District. I promise I will handle such information in a secure, confidential, and appropriate manner in accordance with relevant laws, regulations, policies and procedures. I understand that this agreement will be placed in my personnel file.

\_\_\_\_\_ Initial

HCCD is subject to the Federal Drug Free Workplace Act of 1998, in which HCCD is required to certify it will maintain a drug free workplace. As an employee of the District, my initials and signature below acknowledge that I am required to notify my supervisor, Human Resources, or the Superintendent/President of any conviction for a criminal drug statute violation occurring in the workplace within five days of such conviction. I am also required to read the HCCD Drug Free Workplace brochure. The Drug Free Workplace Act is also outlined in the Governing Board Policies. My initials and signature below acknowledges I have received, read, and understand the information in the brochure.

\_\_\_\_\_ Initial

My initials and signature below is also confirmation that I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States 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.

\_\_\_\_\_ Initial

I acknowledge that I have received and read a copy of the Hartnell Community College District Board Policy 3720 and Administrative Procedure 3720, Computer and Network Use. I recognize and understand these rules and regulations. I agree to abide by the standards set in the policy and procedure for the duration of my employment. I am aware that violations of this computer and network use policy and procedure may subject me to disciplinary action including, but not limited to, revocation of my network account up to and including prosecution for violation of state and/or federal law.

\_\_\_\_\_ Initial

Employee Name: \_\_\_\_\_

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

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

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

Signature of Authorized HCCD Witness: \_\_\_\_\_

## **HARTNELL COMMUNITY COLLEGE DISTRICT**

### **AP 3720          Computer, Electronic Communication, and Network Use**

**References:**      17 U.S. Code Sections 101 et seq., Penal Code Section 502, Cal. Const., Art. 1 Section 1, Government Code Section 3543.1(b), Federal Rules of Civil Procedure, Rules 16, 26, 33, 34, 37, 45

In support of the College's mission of teaching, research, and public service, Hartnell provides computing, networking, and information resources to the campus community of students, faculty, and staff.

#### **Rights and Responsibilities**

Computers and networks can provide access to resources on and off campus, as well as the ability to communicate with other users worldwide. Such open access is a privilege, and requires that individual users act responsibly. Users must respect the rights of other users, respect the integrity of the systems and related physical resources, and observe all relevant laws, regulations, and contractual obligations.

Students, employees may have rights of access to information about themselves contained in computer files, as specified in federal and state laws. Files may be subject to search under court order. In addition, system administrators may access user files as required to protect the integrity of computer systems. For example, following organizational guidelines, system administrators may access or examine files or accounts that are suspected of unauthorized use or misuse, or that have been corrupted or damaged.

#### **Existing Legal Context**

All existing laws (federal and state) and District regulations and policies apply, including not only those laws and regulations that are specific to computers and networks, but also those that may apply generally to personal conduct. Misuse of computing, networking, or information resources may result in the restriction of computing privileges. Additionally, misuse can be prosecuted under applicable statutes. Users may be held accountable for their conduct under any applicable District or campus policies, procedures, or collective bargaining agreements. Complaints alleging misuse of campus computing and network resources will be directed to those responsible for taking appropriate disciplinary action. Reproduction or distribution of copyrighted works, including, but not limited to, images, text, or software, without permission of the owner is an infringement of U.S. Copyright Law and is subject to civil damages and criminal penalties including fines and imprisonment.

#### **Examples of Misuse**

Examples of misuse include, but are not limited to, the activities in the following list.

- a) Violation of Law. Any use of Hartnell's technology resources which is in violation of federal, state or local law, or which is in aid to or furtherance of the violation of federal, state or local law, is prohibited. This includes, but is not limited to, the violation of copyright and other intellectual property laws.
- b) Using a computer account that you are not authorized to use. Obtaining a password for a computer account without the consent of the account owner.
- c) Using the Campus Network to gain unauthorized access to any computer systems.
- d) Knowingly performing an act which will interfere with the normal operation of computers, terminals, peripherals, or networks.
- e) Knowingly running or installing on any computer system or network, or giving to another user, a program intended to damage or to place excessive load on a computer system or network. This includes but is not limited to programs known as computer viruses, Trojan horses, and worms.
- f) Attempting to circumvent data protection schemes or uncover security loopholes.
- g) Violating terms of applicable software licensing agreements or copyright laws.
- h) Deliberately wasting computing resources.
- i) Using electronic mail to harass others.
- j) Masking the identity of an account or machine.
- k) Posting materials on publically accessible information technology resources that violate existing laws or the District's codes of conduct.
- l) Attempting to monitor or tamper with another user's electronic communications, or reading, copying, changing, or deleting another user's files or software without the explicit agreement of the owner.
- m) Commercial Activities. Hartnell's technology resources exist for educational purposes and may not be used for any commercial activities for personal financial gain, whether on behalf of individuals or for-profit entities, unless expressly authorized by Hartnell in writing.
- n) Obscene Material. Accessing, uploading, downloading, transmitting, producing, storing or viewing of any obscene material is prohibited. Obscene material includes "harmful matter" as defined by California Penal Code section 313, meaning "matter, taken as a whole, which to the average person, applying contemporary statewide standards, appeals to the prurient interest, and is matter which, taken as a whole, depicts or describes in a patently offensive way sexual conduct and which, taken as a whole, lacks serious literary, artistic, political, or scientific value for minors."
- o) Food or Drink Prohibited. Users of Hartnell's technology resources generally accessible to the public, such as computer labs, may not possess or consume any food or drink, including water, while using such resources or within the immediate vicinity of the technology equipment.
- p) Defamatory/Harassing/Threatening Material. Creation or transmission of material which is defamatory, harassing or threatening toward another person is

prohibited. Using Hartnell's technology resources to violate the legal privacy rights of any individual is also prohibited.

Activities will not be considered misuse when authorized by appropriate District officials for security or performance testing.

### **Additional Use Policies**

The Computer Use Policy applies to use of all Hartnell Campus computing resources. Additional computer and network use policies and terms and conditions may be in place for specific electronic services offered by the campus. The Computer Use Policy applies to the use of Hartnell computers and networks for electronic communications. Users must familiarize yourselves with any of these when you agree to use these services.

### Authorized Use by Minors

Hartnell students under the age of eighteen, by accepting the benefits of authorized use of the District's technology resources, acknowledge that material inappropriate for minors is accessible on the Internet; that various wrongdoing, such as identity theft, invasion of privacy and fraud, may occur on the Internet, and that their use of the Internet may therefore expose them to a variety of risks of harm to person or property. By using Hartnell's technology resources, minors and their parents accept responsibility for any and all risks thereof and acknowledge that Hartnell shall not be responsible for any harm or damage resulting from such use.

### Web Pages

Hartnell College has established and presently maintains a web site which includes information regarding Hartnell's mission and purpose, courses, faculty and staff, students, and such other information and resources as the Hartnell administration determines is appropriate for inclusion (this includes a public listing of employee directory/contact information). The use of Hartnell technology resources for the creation of individual web pages, whether for official or personal purposes, shall be subject to the following requirements:

- a) Establishing Official Web Pages. The Hartnell administration may authorize a process for the creation and maintenance of official web pages by Hartnell faculty, staff, departments of the College, or student organizations. Official web pages must be approved by the designated Hartnell administrator and the content must be consistent with the general style and content of the Official Hartnell web site. The addition or modification of material to official web pages must also be approved by the designated Hartnell administrator prior to the posting of such content. Material appropriate for placement on official web pages includes administrative and academic information for specific departments or student organizations, faculty, staff or class information, or relevant reference information. Official pages must be served from officially



designated server platforms that the IT personnel has authorization and access to for maintenance or content management.

- b) Establishing Personal Web Pages. The Hartnell administration may authorize the creation and maintenance of personal web pages by students, faculty or staff. Personal web pages must be for educational purposes, including research, discussion, academic development, public service and other educational uses consistent with the mission of Hartnell, and must otherwise comply with the requirements of this technology use policy. The creation of personal web pages must be authorized by the appropriate administrator and proposed content may be reviewed for compliance with this policy. In addition to the requirement that the content of personal web pages comply with this policy, any sites to which the personal web page links must be consistent with this policy.
- c) Personal Web Page Disclaimer. Personal web pages must include the following notice: "This is a personal web page. Any opinions expressed on this page are not those of Hartnell College, nor does Hartnell guarantee the accuracy or appropriateness of any information contained on this page, nor any information linked to by this page."

#### Email Correspondence

Email correspondence between employees of the Hartnell CCD, between employees and students, and between employees and external entities (e.g., vendors, community members) directly related to performing job duties and conducting the business of the District must take place using the official @hartnell.edu email address. Communications between enrolled students and employees must utilize the @student.hartnell.edu email address. Hartnell College students should be directed to check @student.hartnell.edu email often for communication from the college and its employees. There are exceptions to this procedure such as when employees are contacted by past students who no longer use or prospective students who have not yet received their @student.hartnell.edu email address. There can also be occasional situations when communicating with the official Hartnell email address is not possible due to computer network outages or other circumstances.

Internet and E-mail access is a privilege, not a right, and activities that may be acceptable on your private account at home may not be acceptable when using your District-authorized service.

As a public institution, the Hartnell CCD is subject to the California Public Records Act (Government Code § 6250 et seq.). The PRA requires that all communications related to public business "regardless of physical form or characteristics, including any writing, picture, sound, or symbol, whether paper, magnetic or other media" be made available to the public. This means that any member of the public can request copies of email communications that have been produced by any employee or student of the District. There are exemptions for disclosure of public records and they generally include personnel records, investigative records, drafts, and material made confidential by other

state or federal statutes. Setting aside these few exemptions, the vast majority of email communications are available through a PRA request. Therefore, email communications among and between employees and/or students are not confidential or private. Placing a "confidential statement" at the end of an email does not control whether a communication is exempt from the PRA. Email communications related to HCCD business can be distributed and/or forwarded without permission of the sender.

When system problems occur, such as hardware or software failure or attacks by malicious users, the IT staff, who maintain the e-mail servers, are authorized to look at any information and any files on District computers that are necessary to solve the problems and to protect the systems and the information they contain. It is part of the system administrator's job to do this and to treat any information on the systems as confidential.

In addition to the authorized actions of the District's system administrator, e-mail can end up in the hands of computing staff if it was inaccurately addressed and if it could not be delivered.

#### **Personal Use of Computer and Network Resources**

Brief and occasional personal use of District computer and network resources is acceptable as long as it is not excessive or inappropriate, occurs during personal time (lunch or other breaks), and does not result in expense or harm to the District or otherwise violates District policy or procedure.

#### **Appropriate Use**

Hartnell extends to students, faculty, and staff the privilege to use its computers and network. When you are provided access to our campus network, you are enabled to send and receive electronic mail messages around the world, share in the exchange of ideas through electronic news groups, and use Web browsers and other Internet tools to search and find needed information.

The Internet is a very large set of connected computers, whose users make up a worldwide community. In addition to formal policies, regulations, and laws that govern your use of computers and networks, the Internet user community observes informal standards of conduct. These standards are based on common understandings of appropriate, considerate behavior that evolved in the early days of the Internet, when the internet was used mainly by an academic and highly technical community. The Internet now has a much wider variety of users, but the early codes of conduct persist, crossing boundaries of geography and government, in order to make using the Internet a positive, productive, experience. You are expected to comply with these informal standards and be a "good citizen" of the Internet.

**Enforcement**

Penalties may be imposed under one or more of the following: California Education Code regulations, Hartnell regulations, California law, or the laws of the United States. Minor infractions of this policy or those that appear accidental in nature are typically handled informally by electronic mail or in-person discussions. More serious infractions are handled via formal procedures. In some situations, it may be necessary to suspend account privileges to prevent ongoing misuse while the situation is under investigation. Infractions by students may result in the temporary or permanent restriction of access privileges, notification of a student's academic advisor and/or referral of the situation to the Office of Student Affairs. Those by a faculty or staff member may result in referral to the department head or administrative officer. Offenses that are in violation of local, state, or federal laws may result in the restriction of computing privileges, and will be reported to the appropriate District and law enforcement authorities.

**Reporting Misuse**

A user who asserts that the District or District personnel have violated this policy shall file a complaint with his or her immediate supervisor with a copy to Human Resources and a copy to the employee's bargaining unit in the event the alleged violator is an employee or Student Affairs in the event the violator is a student. The administration will contact the alleged violator to discuss the complaint. The supervisor/administrator of the complainant shall initiate an investigation if necessary and determine an appropriate remedy/resolution in consultation with the appropriate Vice President. In cases where the supervisor/administrator is part of the complaint, the complaint shall be filed with the next level of supervision for investigation and resolution and/or remedy. The complainant shall be informed in writing 1) of the initiation of the investigation, and 2) of its outcome as appropriate, with copies to the appropriate Vice President and the employee's case the correct bargaining unit. Complainants dissatisfied with the resolution/remedy have full recourse to relevant contractual protections and/or legal action

**Dissemination and User Acknowledgment**

All users shall be provided copies of these procedures and be directed to familiarize themselves with them.

Students shall acknowledge acceptance of BP/AP 3720 electronically when accessing District computer and network resources. Employees shall acknowledge acceptance of BP/AP 3720 during the employment process.

**Disclosure***No Expectation of Privacy*

The District reserves the right to monitor all use of the District network systems and computers to assure compliance with these policies. Users should be aware that they have no expectation of privacy in the use of the District network and computer

resources. The District will exercise this right only for legitimate District purposes including, but not limited to, ensuring compliance with this procedure and the integrity and security of the system.

*Possibility of Disclosure*

Users must be aware of the possibility of unintended disclosure of communications.

*Retrieval*

It is possible for information entered on or transmitted via computer and communications systems to be retrieved, even if a user has deleted such information.

*Public Records*

The California Public Records Act (Government Code Sections 6250 et seq.) includes computer transmissions in the definition of “public record” and nonexempt communications made on the District network and computer must be disclosed if requested by a member of the public.

*Litigation*

Computer transmissions and electronically stored information may be discoverable in litigation.

See Board Policy 3720

Approved by the Superintendent/President: April 2, 2014

## Computer and Network Use Agreement

I have received and read a copy of the Hartnell Community College District Administrative Procedure 3720, Computer and Network Use, adopted by the Board of Trustees, and recognize and understand the guidelines.

I agree to abide by the standards set in the procedure for the duration of my employment and/or enrollment.

I am aware that violations of this Computer and Network Use Procedure may subject me to disciplinary action including, but not limited to, revocation of my network account up to and including prosecution for violation of State and/or Federal law.

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Signature

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Date

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Name (Printed)