INSTRUCTIONS FOR COMPLETING  
NEW ACADEMIC EMPLOYEE PAPERWORK  
Human Resources & Equal Employment Opportunity

Welcome to Hartnell College! This packet includes the forms necessary to process you as a new full-time academic 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

- **Official Transcripts**: All official transcripts must be submitted to HR immediately upon hire.

- **Fingerprint Requirements - Request For Live Scan Service** (Form BCIA 8016): The California Education Code requires that you be fingerprinted within 10 working days of employment. 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 (see below for explanation of abbreviations) 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.

- **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 teaching assignment.

- **COVID-19 Vaccination Requirement**

  Board Policy 7330 Communicable Diseases-Employees requires that all newly hired and current employees of the Hartnell Community College District be fully vaccinated against COVID-19. All new employees must be fully vaccinated by the first day of employment. An exemption may be requested by individuals who cannot be vaccinated due to medical and/or religious reasons. Employees who receive an exemption will be required to wear a mask or face covering while on District property and/or facilities and will be required to undergo COVID-19 testing twice weekly. For more information about Hartnell CCD’s vaccine requirement, please visit the District COVID-19 Information Website.
FORMS FOR YOU TO COMPLETE AND RETURN

- **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.)

- **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 documents(s) you will show as verification of 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). **Timesaving tip:** you already must present your social security card for W-4 payroll purposes.

- **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.

- **Certificated Personnel Information Form (Form HR-24X):**
  Complete “Part I” through “Part III” (the top box). Don’t forget your signature at the bottom of “Part III.”

- **Retirement Questionnaire (Form HR-19):**
  Answer each yes/no question and fill in the blanks as applicable. Sign the form. **Hint:** If you previously taught in CA and worked 60 hours or more in one pay period, you most likely contributed to STRS.

- **STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information (Form ES 350):**
  Read and complete all information in “Employee Certification” box (including electing membership), sign and date form. Your signature also acknowledges that you have received information from us concerning the CalSTRS Defined Benefit Program (DB Program) and understand the criteria for membership in the plan. This information is available in the “Welcome to CalSTRS” publication (specifically page 7) on the HR website. This link also provides access to current "Member Handbook," as well as the "Join CalPERS? Join CalSTRS?" publication.
  **PERS MEMBERS NOTE:** If you are a vested PERS member, you must notify Human Resources. Failure to do so may negate your opportunity to elect to remain in PERS and continue contributing to the PERS retirement system. This election MUST be made in writing, within 60 days of hire. Please contact Human Resources to ensure you receive the mandatory election form and relevant information.

- **Retirement System Election Form (Form ES0372):** Complete and submit, if applicable.

- **Statement Concerning Your Employment in a Job Not Covered by Social Security (Form SSA-1945):**
  Read, sign and date. (Leave the Employee ID # blank)
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 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. An informational packet regarding work injuries entitled “Basics of Workers’ Compensation” is included in your packet.

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…”

Academic Payroll Election Form (faculty only):
This form is to elect your schedule of payment for the academic year. You have to option to elect 11 equal payments or 11 equal payments with one additional month deferment.

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.

Verification/Transfer of accumulated sick leave, if applicable.

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 acknowledgment below:

- Basics of Workers’ Compensation - Referred to on ‘Physician Designation Form’
- Drug Free Workplace Brochure - Referred to on ‘Standards of Employment/Service Agreement’ Form
- New Health Insurance Marketplace Coverage Welcome to CalSTRS 2018 - Referred to on ‘STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information’ Form

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
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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ________________
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ________________

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ________________
   OR
   2. Form I-94 Admission Number: ________________
      OR
   3. Foreign Passport Number: ________________
      Country of Issuance: ________________

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

Preparer and/or Translator Certification (check one):

- 1. I did not use a preparer or translator.
- 2. 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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.")

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

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.)

A. New Name (if applicable)

| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

B. Date of Rehire (if applicable)

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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>OR</th>
<th>LIST B</th>
<th>AND</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Documents that Establish Both Identity and Employment Authorization</strong></td>
<td><strong>Documents that Establish Identity</strong></td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td><strong>For persons under age 18 who are unable to present a document listed above:</strong></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td><strong>Documents that Establish Employment Authorization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.
**Employee’s Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.

---

**Step 1: Enter Personal Information**

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City or town, state, and ZIP code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

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

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

Do only one of the following:

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3: Claim Dependents**

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000

Multiply the number of other dependents by $500

Add the amounts above and enter the total here.

**Step 4 (optional): Other Adjustments**

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

(c) Extra withholding. Enter any additional tax you want withheld each pay period.

**Step 5: Sign Here**

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

**Employee’s signature**

**Date**

**Employers Only**

Employer’s name and address

First date of employment

Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions
Section references are to the Internal Revenue Code.

Future Developments
For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

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

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

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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

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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
Step 2(b)—Multiple Jobs Worksheet  *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

1. **Two jobs.** If you have two jobs or you’re married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3.

   1. $  

2. **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a. Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a. $  

   b. Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b. $  

   c. Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c. $  

3. Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3  

4. **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4  

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

1. Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income.

   1  

2. Enter:  

   - $25,900 if you’re married filing jointly or qualifying widow(er)  
   - $19,400 if you’re head of household  
   - $12,950 if you’re single or married filing separately

   2  

3. If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter “-0-.”

   3  

4. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.

   4  

5. Add lines 3 and 4. Enter the result here and in Step 4(c) of Form W-4.

   5  

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(b)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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 are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

   If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$110 - $1,000</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$180 - 2,000</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$250 - 3,000</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$320 - 4,000</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$390 - 5,000</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$460 - 6,000</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$530 - 7,000</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$600 - 8,000</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$670 - 9,000</td>
</tr>
<tr>
<td>$100,000 - 110,000</td>
<td>$740 - 10,000</td>
</tr>
<tr>
<td>$125,000 - 139,999</td>
<td>$920 - 12,000</td>
</tr>
<tr>
<td>$150,000 - 169,999</td>
<td>$1,060 - 14,000</td>
</tr>
<tr>
<td>$175,000 - 199,999</td>
<td>$1,200 - 16,000</td>
</tr>
<tr>
<td>$200,000 - 219,999</td>
<td>$1,340 - 18,000</td>
</tr>
<tr>
<td>$250,000 and over</td>
<td>$1,870 - 25,000</td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$110 - $1,000</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$180 - 2,000</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$250 - 3,000</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$320 - 4,000</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$390 - 5,000</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$460 - 6,000</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$530 - 7,000</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$600 - 8,000</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$670 - 9,000</td>
</tr>
<tr>
<td>$100,000 - 110,000</td>
<td>$740 - 10,000</td>
</tr>
<tr>
<td>$125,000 - 139,999</td>
<td>$920 - 12,000</td>
</tr>
<tr>
<td>$150,000 - 169,999</td>
<td>$1,060 - 14,000</td>
</tr>
<tr>
<td>$175,000 - 199,999</td>
<td>$1,200 - 16,000</td>
</tr>
<tr>
<td>$200,000 - 219,999</td>
<td>$1,340 - 18,000</td>
</tr>
<tr>
<td>$250,000 and over</td>
<td>$1,870 - 25,000</td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$110 - $1,000</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$180 - 2,000</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$250 - 3,000</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$320 - 4,000</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$390 - 5,000</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$460 - 6,000</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$530 - 7,000</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$600 - 8,000</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$670 - 9,000</td>
</tr>
<tr>
<td>$100,000 - 110,000</td>
<td>$740 - 10,000</td>
</tr>
<tr>
<td>$125,000 - 139,999</td>
<td>$920 - 12,000</td>
</tr>
<tr>
<td>$150,000 - 169,999</td>
<td>$1,060 - 14,000</td>
</tr>
<tr>
<td>$175,000 - 199,999</td>
<td>$1,200 - 16,000</td>
</tr>
<tr>
<td>$200,000 - 219,999</td>
<td>$1,340 - 18,000</td>
</tr>
<tr>
<td>$250,000 and over</td>
<td>$1,870 - 25,000</td>
</tr>
</tbody>
</table>

| $320,000 - 364,999                             | $320,000 - 364,999                             |
| $365,000 - 524,999                             | $365,000 - 524,999                             |
| $525,000 and over                              | $525,000 and over                              |
EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information

<table>
<thead>
<tr>
<th>First, Middle, Last Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Filing Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ SINGLE or MARRIED (with two or more incomes)</td>
</tr>
<tr>
<td></td>
<td>□ MARRIED (one income)</td>
</tr>
<tr>
<td></td>
<td>□ HEAD OF HOUSEHOLD</td>
</tr>
</tbody>
</table>

1. Total Number of Allowances you’re claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).

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

Exemption from Withholding

3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.

   OR

4. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

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

Employee’s Signature ________________________________ Date _______________

Employer’s Section: Employer’s Name and Address California Employer Payroll Tax Account Number

PURPOSE: This certificate, DE 4, is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

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

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

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

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

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

Member Service Civil Relief Act: Under this act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if

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

If you claim exemption under this act, check the box on Line 4. You may be required to provide proof of exemption upon request.
The *California Employer’s Guide (DE 44)* (PDF, 2.4 MB) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Forms and Publications](edd.ca.gov/Payroll_Taxes/Forms_and_Publications). To assist you in calculating your tax liability, please visit the [Franchise Tax Board (FTB)](ftb.ca.gov).

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

---

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

**PENALTY:** You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the *California Unemployment Insurance Code* and section 19176 of the *Revenue and Taxation Code*. 
WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

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

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

WORKSHEET A  REGULAR WITHHOLDING ALLOWANCES

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

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B  ESTIMATED DEDUCTIONS

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

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540
2. Enter $9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,537 if single or married filing separately, dual income married, or married with multiple employers
3. Subtract line 2 from line 1, enter difference
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)
5. Add line 4 to line 3, enter sum
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)
7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
   Subtract line 6 from line 5, enter difference
8. Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number
   Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here.
9. If line 6 is greater than line 5;
   Enter amount from line 6 (nonwage income)
10. Enter amount from line 5 (deductions)
11. Subtract line 10 from line 9, enter difference

Complete Worksheet C

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

DE 4 Rev. 48 (12-19) (INTERNET)
WORKSHEET C ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2020.

2. Enter estimate of nonwage income (line 6 of Worksheet B).

3. Add line 1 and line 2. Enter sum.

4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).

5. Enter adjustments to income (line 4 of Worksheet B).

6. Add line 4 and line 5. Enter sum.

7. Subtract line 6 from line 3. Enter difference.

8. Figure your tax liability for the amount on line 7 by using the 2020 tax rate schedules below.

9. Enter personal exemptions (line F of Worksheet A x $134.20).

10. Subtract line 9 from line 8. Enter difference.

11. Enter any tax credits. (See FTB Form 540).

12. Subtract line 11 from line 10. Enter difference. This is your total tax liability.

13. Calculate the tax withheld and estimated to be withheld during 2020. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2020. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2020.

14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.

15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2020 ONLY

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT OVER</td>
</tr>
<tr>
<td>$0</td>
<td>$8,409</td>
</tr>
<tr>
<td>$8,409</td>
<td>$20,883</td>
</tr>
<tr>
<td>$20,883</td>
<td>$32,960</td>
</tr>
<tr>
<td>$32,960</td>
<td>$45,753</td>
</tr>
<tr>
<td>$45,753</td>
<td>$57,824</td>
</tr>
<tr>
<td>$57,824</td>
<td>$295,373</td>
</tr>
<tr>
<td>$295,373</td>
<td>$354,445</td>
</tr>
<tr>
<td>$354,445</td>
<td>$590,742</td>
</tr>
<tr>
<td>$590,742</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>and over</td>
</tr>
</tbody>
</table>

MARRIED PERSONS

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT OVER</td>
</tr>
<tr>
<td>$0</td>
<td>$17,618</td>
</tr>
<tr>
<td>$17,618</td>
<td>$41,766</td>
</tr>
<tr>
<td>$41,766</td>
<td>$65,920</td>
</tr>
<tr>
<td>$65,920</td>
<td>$91,506</td>
</tr>
<tr>
<td>$91,506</td>
<td>$115,648</td>
</tr>
<tr>
<td>$115,648</td>
<td>$590,746</td>
</tr>
<tr>
<td>$590,746</td>
<td>$708,890</td>
</tr>
<tr>
<td>$708,890</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>and over</td>
</tr>
<tr>
<td>$1,03,774.24</td>
<td>and over</td>
</tr>
</tbody>
</table>

UNMARRIED HEAD OF HOUSEHOLD

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT OVER</td>
</tr>
<tr>
<td>$0</td>
<td>$17,629</td>
</tr>
<tr>
<td>$17,629</td>
<td>$41,768</td>
</tr>
<tr>
<td>$41,768</td>
<td>$53,843</td>
</tr>
<tr>
<td>$53,843</td>
<td>$66,636</td>
</tr>
<tr>
<td>$66,636</td>
<td>$78,710</td>
</tr>
<tr>
<td>$78,710</td>
<td>$401,705</td>
</tr>
<tr>
<td>$401,705</td>
<td>$482,047</td>
</tr>
<tr>
<td>$482,047</td>
<td>$803,410</td>
</tr>
<tr>
<td>$803,410</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>and over</td>
</tr>
</tbody>
</table>

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit Franchise Tax Board (FTB) (ftb.ca.gov).

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

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.

<table>
<thead>
<tr>
<th>ACCT</th>
<th>Add New Account</th>
<th>Change Amount of Current Account on File</th>
<th>Remove Account on File</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bank Name</td>
<td>Account Type</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routing/Transfer #</td>
<td>Account #</td>
<td>Amount to Deposit</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bank Name</td>
<td>Account Type</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routing/Transfer #</td>
<td>Account #</td>
<td>Amount to Deposit</td>
</tr>
</tbody>
</table>

☐ 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.

________________________________________  _____________________________
Employee Signature      Date

For Payroll Use Only

Date Rec’d____________   Processed By_____________________________   Date____________

HR-25X (Payroll)
## Certificated Personnel Information Form

### Monterey County Office of Education

#### Certificated Employee to Complete

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td><em><strong>/</strong></em>/_______</td>
</tr>
<tr>
<td>Date of Birth</td>
<td><em><strong>/</strong></em>/_______</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>__________________________    First Name ______________________  M.I. ___________</td>
</tr>
<tr>
<td>Former Name (if applicable)</td>
<td>____________________________________________________________________</td>
</tr>
<tr>
<td>Address</td>
<td>__________________________    City _________________________________</td>
</tr>
<tr>
<td>State</td>
<td>___________  Zip _________________________  Phone Number ( _____) _______ - _______</td>
</tr>
<tr>
<td>Is this your first public teaching experience in California?</td>
<td>( )Yes ( )No</td>
</tr>
<tr>
<td>If no, year and County you last taught: Year</td>
<td>________  County ______________________________________________</td>
</tr>
<tr>
<td>Have you previously taught in Monterey County?</td>
<td>( )Yes ( )No  If yes, Year_________________________</td>
</tr>
<tr>
<td>Are you presently teaching in another school district?</td>
<td>( )Yes ( )No</td>
</tr>
<tr>
<td>If yes, District Name_______________________</td>
<td>Status: ( )Full-time ( )Part-time ( ) Substitute</td>
</tr>
<tr>
<td>Are you retired?</td>
<td>( )Yes ( )No  If yes, name of district __________________________________</td>
</tr>
<tr>
<td>If you are not teaching, where are you presently employed?</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>Are you a member of the State Teachers’ Retirement System?</td>
<td>( )Yes ( )No</td>
</tr>
<tr>
<td>If no, did you ( )Retire ( )Refund</td>
<td>Date_________________________</td>
</tr>
<tr>
<td>If a non-member, was the Permissive Election and Acknowledgement Form MR350 provided and explained to you?</td>
<td>( )Yes ( )No</td>
</tr>
<tr>
<td>Employee Signature</td>
<td>____________________________________________________________________  Date __________________________</td>
</tr>
</tbody>
</table>

### School District to Complete

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Name</td>
<td>__________________________    First Date Worked in Position ______________</td>
</tr>
<tr>
<td>Pay Frequency</td>
<td>( )10 Mo. ( )11 Mo. ( )12 Mo.  _________ % Contract</td>
</tr>
<tr>
<td>Non-Full-time Status:</td>
<td>( )Substitute ( )Home Teacher ( )Part-Time ( )Adult School</td>
</tr>
<tr>
<td>District REAP Verification</td>
<td>( )Not Available ( )Status ( )Not Found  __________________________</td>
</tr>
<tr>
<td>District Signature</td>
<td>____________________________________________________________________  Date __________________________</td>
</tr>
</tbody>
</table>

**IMPORTANT DISTRIBUTION INSTRUCTIONS:**

- Contracts and Election into Membership: Submit “blue” form with Election form to MCOE immediately.
- Substitutes who Do Not Elect: Submit “blue” form to MCOE the month substitute is first paid.

### MCOE to Complete

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>REAP Member Status</td>
<td>__________________________    Date__________________________  Reap Status ____________________</td>
</tr>
<tr>
<td>MCOE STRS History</td>
<td>____________________________________________________________________</td>
</tr>
</tbody>
</table>

**PRINT ON BLUE PAPER**
1. Has the Permissive Election and Acknowledgement of Receipt of CalSTRS Defined Benefit Plan Membership Information, Form ES350, been distributed to the employee if they are not a STRS member and don’t mandatorily qualify? ( )Yes ( )No
   a. When “I Elect Membership” is checked, set payroll retirement system to “Member”, attach Form ES350 to blue form and submit to MCOE immediately.
   b. When “I Decline Membership at This Time” is checked, file copy of Form ES350 in the employee’s personnel file, and submit original blue form to MCOE in the first month that the employee is first paid.

2. Retirement Election Form ES372 – 60 day election window period. Give form to employee within 10 days.
   a. When a STRS member accepts a qualifying CalPERS position, provide Form ES372.
   b. When a PERS member accepts a qualifying CalSTRS position, provide Form ES372.
   c. Provide Publication Join CalSTRS? Join CalPERS.

District Signature________________________________________________ Date________________________
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.”
If you are employed to perform creditable service in a position that is excluded from mandatory membership in the CalSTRS’ Defined Benefit (DB) Program, you may use this form to elect DB Program membership at any time while employed to perform creditable service.

A permissive election of membership in the DB Program applies to all future creditable service performed for the same or another employer, including any non-member or CalSTRS Cash Balance Benefit (CB) Program service you are currently performing. You may be entitled to elect coverage by the CB Program or California Public Employees’ Retirement System (CalPERS) for future eligible service as allowed by law. Please work with your employer if you believe you are entitled to make one of these elections.

A permissive election of membership in the DB Program is irrevocable. Membership may only be cancelled if you terminate all employment to perform creditable service and refund your accumulated retirement contributions from the CalSTRS DB Program.

SECTION 1: EMPLOYEE INFORMATION
(TO BE COMPLETED BY EMPLOYEE)
Provide the following information:
- CalSTRS Client ID* or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address**, City, State and Zip Code
- Date of Birth
- Email Address
- Telephone Number

*If you have already been employed to perform creditable service you will have a CalSTRS Client ID, even if you were not formerly a member. Please provide your CalSTRS Client ID, if you have one, in lieu of your Social Security Number.

**To establish residency for tax purposes, we ask that you provide a street address. Be sure to include any street, apartment or suite number. If your post office does not deliver mail to your street address, you may enter your box number instead. If you reside outside the United States, use the CITY – STATE – ZIP field to provide your foreign address. If you receive your mail in care of a third party, enter “c/o” followed by the third party’s name and address.

SECTION 2: EMPLOYEE ELECTION
(TO BE COMPLETED BY EMPLOYEE)
If you want to elect membership in the CalSTRS DB Program:
- Check the appropriate box
- Provide your requested membership date***

***You will begin contributing to the DB Program as of your membership date. Your membership date can be no earlier than the first day of the pay period in which your election is made, or your first day of employment, whichever is later. Work with your employer to select the most beneficial, valid membership date you are eligible for. Electing an invalid membership date will require a revision to your election form and may result in delayed contributions to CalSTRS.

If you do not want to elect membership in the CalSTRS DB Program at this time, check the appropriate box.

SECTION 3: REQUIRED SIGNATURE
(TO BE COMPLETED BY EMPLOYEE)
Sign the form and date your signature. Return the form to your employer.

SECTION 4: EMPLOYEE POSITION INFORMATION
(TO BE COMPLETED BY EMPLOYER)
Provide the position hire date – the date in which the employee was hired to perform creditable service in the position they are making this election for. CalSTRS defers to the employer as to the date in which you consider an employee to be hired. Provide the position title – the title of the position the employee is performing creditable service in.

SECTION 5: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)
Verify the employee is eligible for the requested membership date.

Provide the following information:
- The employer (county or district) name
- County and district code
- Name and title of employer official completing the form

Sign the form and date your signature. Submit the form to CalSTRS and retain a copy.
SUBMITTING THE FORM
This form should be submitted to CalSTRS by the employer. CalSTRS must receive this form within 60 days after the employee’s signature date and, if applicable, prior to the submission of contributions. Submit the form by mail or the Secure Employer Website.

Mail to: CalSTRS
       P.O. Box 15275, MS 17
       Sacramento, CA 95851-0275

Secure Employer Website: Attach the form to a secure message and submit via SEW

Please do not submit this form via email as it may contain personally identifiable information.

QUESTIONS
Employee – contact your employer

Employer – contact CalSTRS Employer Help
PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

Section 1: Employee Information (to be completed by employee)

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Employee Election (to be completed by employee)

Check One:

☐ I elect membership in the CalSTRS Defined Benefit Program as of: ________________________

MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

☐ I decline membership in the CalSTRS Defined Benefit Program at this time

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.
**Section 3: Required Signature (to be completed by employee)**

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to $5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

<table>
<thead>
<tr>
<th>EMPLOYEE SIGNATURE</th>
<th>DATE (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

**Section 4: Employee Position Information (to be completed by employer)**

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>POSITION HIRE DATE</th>
</tr>
</thead>
</table>

**Section 5: Employer Information and Certification (to be completed by employer)**

**Required Signature**

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to $5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

<table>
<thead>
<tr>
<th>EMPLOYER OFFICIAL’S SIGNATURE</th>
<th>DATE (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>COUNTY AND DISTRICT CODE</th>
</tr>
</thead>
</table>

| EMPLOYER OFFICIAL’S NAME AND TITLE |
### 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.

**COMPANY 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:**

- [ ] Credentialled
- [ ] 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:
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:

CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275

CalPERS
P.O. Box 942709
Sacramento, CA 94229-2709

CalSTRS also accepts the form via fax, at 916-414-5476, or by secure messaging via the Secure Employer Website.
Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name

Employee ID#

Employer Name  Hartnell College

Employer ID#  77-0086025

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is $395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, “Windfall Elimination Provision.”

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of $600 based on earnings that are not covered under Social Security, two-thirds of that amount, $400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a $500 widow(er) benefit, you will receive $100 per month from Social Security ($500 - $400=$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, “Government Pension Offset.”

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.
Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, Statement Concerning Your Employment in a Job Not Covered by Social Security, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee’s signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.
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

HR-20 Revised 05/14
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: _____________________________________ Phone #:______________________________

Relationship: ______________________________ Phone #:______________________________

Name: _____________________________________

Relationship: ______________________________ Phone #:______________________________
ACADEMIC PAYROLL ELECTION FORM

Printed name  Datatel ID# or last 4 of SSN

I elect the following schedule of payment which will be effective beginning the 2021/2022 academic year

☐ 10 equal payments: first payroll check is paid August 31, the last is paid May 30.

☐ 10 equal payments with additional two month deferment: first payroll check is paid August 31; money deferred from monthly payroll checks is paid out July 31 for a total of 12 payments.

I understand this election is irrevocable for the above-designated academic year.

I further understand this election will continue each subsequent year unless changed before August 1 the subsequent year.

If I choose to make this change, I understand I must submit a revised Election Form to payroll before August 1 the subsequent year.

Signature  Date

Revised 12/2021
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: ___
SUBJECT: VERIFICATION/TRANSFER OF ACCUMULATED SICK LEAVE

The below individual was previously employed by your District. Please complete and return this form via fax or in the enclosed, self-addressed, postage-paid envelope within ten business days.

(EE Name)

(EE Social Security Number)

Employment date with transferring District

Termination Date with transferring District

Remaining days of accumulated sick leave for certificated service (Ref. Ed. Code 87782, 87781)

Remaining hours of accumulated sick leave for classified service (Ref. Ed Code 88202)

I verified the above statement of accumulated sick leave to be true and correct:

(Printed Name)      (Date)

(Title)                 (phone)

(Signature)

Thank you for your assistance.

Sincerely,

Louann N. Raras
HR Specialist
lraras@hartnell.edu
Fax: (831) 755-6937

(rev. 12/14)
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.

__________________________
Signature

__________________________
Date

__________________________
Name (Printed)
New Career, New Choices

Starting a new job can be overwhelming, and your insurance options can be confusing. What you select may be one of the most important things you do this year.

Get help with your options. Stop by and see an American Fidelity account manager.

Disability Income Insurance

- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings

American Fidelity Assurance Company
americanfidelity.com/info/disability

Accident Only Insurance

- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you

American Fidelity Assurance Company
americanfidelity.com/info/accident

Cancer Insurance

- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you

American Fidelity Assurance Company
americanfidelity.com/info/cancer

Critical Illness Insurance

- pays a benefit upon diagnosis of certain covered life-altering illnesses
- helps with costs not covered by medical insurance

American Fidelity Assurance Company
americanfidelity.com/info/critical-illness

Each year, about 2.8 million children between the ages of 5 and 14 are treated for sports and recreational-related injuries.

Hospital Indemnity Insurance
AF™ Limited Benefit Hospital Indemnity Insurance
• helps pay for out-of-pocket costs, like a hospital stay
• when used with a Health Savings Account allows for a tax benefit and potential savings
americanfidelity.com/info/hospital-indemnity

Life Insurance
AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.
americanfidelity.com/info/life

Educational Videos
Through short videos, we offer multiple ways to learn about your benefits options. This video library includes enrollment tips, insurance information, stories, and support options.
americanfidelity.com/videos

Flexible Spending Accounts
Everyone likes saving money. Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts
• Healthcare FSAs
• Limited Purpose FSAs
• Dependent Care Accounts

Explore your savings options at americanfidelity.com/info/fsa

Examples of Eligible Expenses
• Asthma treatments
• Chiropractic care
• Contact lenses
• Copays
• Dental services
• Eye exam/eyeglasses
• Fertility treatments
• Laser eye surgery
• Over-the-counter bandages
• Physical exams
• Physical therapy
• Prescriptions
• Prenatal care
• Sunscreen with 15 SPF or higher
• Walkers/wheelchairs
americanfidelity.com/eligible-expenses

A savings of $995.52 a year

Help protect the ones you love.
Hospital Indemnity Insurance
AF™ Limited Benefit Hospital Indemnity Insurance
• helps pay for out-of-pocket costs, like a hospital stay
• when used with a Health Savings Account allows for a tax benefit and potential savings
americanfidelity.com/info/hospital-indemnity

Life Insurance
AF™ Life Insurance may help ensure your family is financially protected in the event of a loss. You own the policy, so you can take it with you to a different job or into retirement.
americanfidelity.com/info/life

Educational Videos
Through short videos, we offer multiple ways to learn about your benefits options. This video library includes enrollment tips, insurance information, stories, and support options.
americanfidelity.com/videos

Flexible Spending Accounts
Everyone likes saving money. Flexible spending accounts (FSA) allow you to save part of your paycheck, before taxes, to pay for eligible costs throughout the year.

Types of Accounts
• Healthcare FSAs
• Limited Purpose FSAs
• Dependent Care Accounts
Explore your savings options at americanfidelity.com/info/fsa

Examples of Eligible Expenses
• Asthma treatments
• Chiropractic care
• Contact lenses
• Copays
• Dental services
• Eye exam/eyeglasses
• Fertility treatments
• Laser eye surgery
• Over-the-counter bandages
• Physical exams
• Physical therapy
• Prescriptions
• Prenatal care
• Sunscreen with 15 SPF or higher
• Walkers/wheelchairs

americanfidelity.com/eligible-expenses

An Easy Way to Pay for Expenses
Would you like to gain tax savings when paying for medical or dependent care costs? With a Section 125 Plan, your money can be taken from your paycheck pre-tax and used for eligible costs. And since your money is taken out pre-tax, it reduces your taxable income, and allows you to take home more money in each paycheck.

How Does it Work?
Look at the example below. Jane makes $4,000 per paycheck and is paid monthly. Under a Section 125 Plan, she would save $82.96 a month. That’s a savings of $995.52 a year. To calculate your possible savings, visit americanfidelity.com/s125-calculator

Where allowable by law. If you are subject to FICA taxes, there might be a reduction in your social security benefit due to the reduction of FICA contributions. Example is hypothetical for illustrative purposes only. Please consult your tax advisor for actual tax savings.

<table>
<thead>
<tr>
<th>Earnings &amp; Hours</th>
<th>Without 125</th>
<th>With 125</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Pay</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>-$300</td>
<td>-$300</td>
</tr>
<tr>
<td>Health FSA Contribution</td>
<td>N/A</td>
<td>-$300</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$3,700</td>
<td>$3,400</td>
</tr>
<tr>
<td>Taxes (Federal &amp; State @ 20%)</td>
<td>-$740</td>
<td>-$680</td>
</tr>
<tr>
<td>Less Estimated FICA (7.65%)</td>
<td>-$128.35</td>
<td>-$126.10</td>
</tr>
<tr>
<td>Out-of Pocket Medical Expenses</td>
<td>-$300</td>
<td>N/A</td>
</tr>
<tr>
<td>Take Home Pay</td>
<td>$2,376.95</td>
<td>$2,459.90</td>
</tr>
</tbody>
</table>

Help protect the ones you love.
New Career, New Choices

Starting a new job can be overwhelming, and your insurance options can be confusing. What you select may be one of the most important things you do this year.

Get help with your options. Stop by and see an American Fidelity account manager.

Disability Income Insurance

AF™ Disability Income Insurance
- can help protect your finances in case of a covered injury or illness
- provides a benefit to help cover costs while you are unable to work
- pays some of your gross monthly earnings
americanfidelity.com/info/disability

Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance
- may help manage out-of-pocket costs to treat injuries resulting from a covered accident
- provides benefit payments directly to you
americanfidelity.com/info/accident

Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance
- may help ease the financial burden of cancer treatment, so you can focus on recovery
- provides benefit payments directly to you
americanfidelity.com/info/cancer

Critical Illness Insurance

AF™ Limited Benefit Critical Illness Insurance
- pays a benefit upon diagnosis of certain covered life-altering illnesses
- helps with costs not covered by medical insurance
americanfidelity.com/info/critical-illness

Each year, about 2.8 million children between the ages of 5 and 14 are treated for sports and recreational-related injuries.


File Your Claims Faster

AFmobile®
- Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device’s picture gallery.

americanfidelity.com®
- Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?
Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third-party itemized statements or Explanation of Benefits.

Schedule Your Appointment

https://enroll.americanfidelity.com/F4A2BD72

Point your smart phone camera at the QR code and open the link that appears.

Troy Pittock
Account Manager
CA License #0B41405
Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 · 559-230-2107
SB-33041-0120

AFmobile®
Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device’s picture gallery.

americanfidelity.com®
Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?
Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third-party itemized statements or Explanation of Benefits.

Schedule Your Appointment

https://enroll.americanfidelity.com/F4A2BD72

Point your smart phone camera at the QR code and open the link that appears.

Troy Pittock
Account Manager
CA License #0B41405
Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 · 559-230-2107
SB-33041-0120

AFmobile®
Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device’s picture gallery.

americanfidelity.com®
Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?
Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third-party itemized statements or Explanation of Benefits.

Schedule Your Appointment

https://enroll.americanfidelity.com/F4A2BD72

Point your smart phone camera at the QR code and open the link that appears.

Troy Pittock
Account Manager
CA License #0B41405
Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 · 559-230-2107
SB-33041-0120

AFmobile®
Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device’s picture gallery.

americanfidelity.com®
Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?
Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third-party itemized statements or Explanation of Benefits.

Schedule Your Appointment

https://enroll.americanfidelity.com/F4A2BD72

Point your smart phone camera at the QR code and open the link that appears.

Troy Pittock
Account Manager
CA License #0B41405
Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 · 559-230-2107
SB-33041-0120

AFmobile®
Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device’s picture gallery.

americanfidelity.com®
Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?
Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third-party itemized statements or Explanation of Benefits.

Schedule Your Appointment

https://enroll.americanfidelity.com/F4A2BD72

Point your smart phone camera at the QR code and open the link that appears.

Troy Pittock
Account Manager
CA License #0B41405
Central California Branch Office
3649 W. Beechwood Ave., Suite 103
Fresno, CA 93711
866-504-0010 · 559-230-2107
SB-33041-0120

AFmobile®
Our mobile app is the easiest way to submit your claims and documentation. Upload documentation* directly from your device’s picture gallery.

americanfidelity.com®
Filing online is convenient, secure, and provides faster claim processing than filing by paper. From your laptop or desktop, log in to file a claim and upload documentation*.

Need assistance?
Visit americanfidelity.com/fileclaim

*The Internal Revenue Code regulations require proof of eligible expenses using itemized receipts or other documentation showing the date of service, person for whom service was provided and description of the expense. Depending on the type of expense, documentation may come in the form of third-party itemized statements or Explanation of Benefits.