



INSTRUCTIONS FOR COMPLETING RETURNING ADJUNCT PAPERWORK

Human Resources & Equal Employment Opportunity

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

A REMINDER

o **TB Requirements**

TB tests are required every four years. If your TB test has expired, you will receive notification from Hartnell Human Resources and information regarding your TB skin test or x-ray at Hartnell's expense.

FORMS FOR YOU TO COMPLETE AND RETURN

o **Data Sheet for Returning Adjunct Instructors** (Form HR-29):

Complete top portion of this form, including your signature and refer to the bottom for a list of all documents to be completed and returned. Return this sheet with your Employment Paperwork

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

Complete all sections on the Certification section (bottom portion); Do not leave box #5 blank! (Your original social security card reflecting your current name must be presented to your hiring department to be photocopied for payroll verification of your name and Social Security Number. Bring your card with you.)

o **STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information** (Form ES 350):

You are employed in a temporary position normally not subject to mandatory membership in the California State Teachers' Retirement System (STRS). You must elect or decline voluntary membership in the STRS retirement system by completing this form. If you elect STRS membership, your membership election is irrevocable for all future employment in a STRS covered position; if you do not elect STRS membership, the only optional retirement program currently available to you through this District is Social Security.

Read and complete all information in "Employee Certification" box (including electing or declining 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; provided to you and/or available at http://www.calstrs.com/help/forms_publications/pubs.aspx. This link also provides access to current "Member Handbook," as well as the "Join CalPERS? Join CalSTRS?" publication.

o **PERS MEMBERS NOTE: PERS MEMBERS NOTE:** *If you are a 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.*

o **Statement Concerning Your Employment in a Job Not Covered by Social Security** (Form SSA-1945):

Read, sign and date.

o **Physician Designation Form** (Form HR-20):

This is for work related accidents or illnesses. If you DO NOT designate a doctor you must go to a listed Medical Panel provider for your first 30 days of treatment. If you DO designate a doctor, you may go to that doctor for treatment without having to wait the 30 days. Your name, social security number, signature and completion of the Emergency Information are required regardless of whether or not a doctor is designated. An informational packet regarding work injuries entitled "The Injured Worker" is on the HR website.

- o **Demographic Information** (Form HR-36):
Complete and submit. This form is for required reporting purposes only. It will be kept confidential and separate from all employment information.
- o **Automatic Deposit Authorization** (Form HR-25X):
This form is optional. You are responsible for contacting your bank for the exact information and format required by your bank. Currently our payroll system only allows automatic deposit to one account at one banking institution. If you choose this option, you will still receive a pay stub delineating your earnings and deductions.
- o **Retirement Questionnaire** (Form HR-19):
Answer each yes/no answer and fill in the blanks as applicable. Sign the form.
Hint: If you previously taught 60 hours or more in one pay period, you most likely contributed to STRS.
- o **Standards of Employment/Service Agreement** (Form HR-16):
Read and initial all five paragraphs. A Drug Free Workplace pamphlet has been included in your packet for your reading. Your signature must be made in the presence of your department representative or Human Resources.

INFORMATION PROVIDED FOR YOU TO REVIEW

Please read links provided on Hartnell's HR website

- o **Workers' Compensation Basics** - Referred to on '*Physician Designation Form*'
- o **Drug Free Workplace Brochure** - Referred to on '*Standards of Employment/Service Agreement*' Form
- o **Welcome to CalSTRS** - Referred to on '*STRS Permissive Election and Acknowledgment of Receipt of CalSTRS Defined Benefit Plan Membership Information*' Form
- o **New Health Insurance Marketplace Coverage**
- o **Postretirement Earnings Information**
- o **Family Medical Leave Act**



HARTNELL COLLEGE

DATA SHEET FOR RETURNING ADJUNCT INSTRUCTOR

Human Resources & Equal Employment Opportunity

- ☐ Dr.
☐ Mr.
☐ Ms.

Last Name First Name MI

Address: _____

- ☐ New Address

Street

City State Zip

Home Phone: _____ E-Mail Address: _____

Social Security #: _____ Birth Date: _____ Sex: ☐ Female ☐ Male

Semester you will be teaching: Fall 20____ Spring 20____ Summer 20____

AREA

- | | | | |
|---|---|---|---------------------------------------|
| ☐ Fine Arts/Social Science/Language Arts | ☐ Physical Education | ☐ Student Services | ☐ Counseling |
| ☐ Math/Science/AHT | ☐ Occupational Education | ☐ Library | ☐ Theatre Arts |
| ☐ Nursing | ☐ King City Center | ☐ ALC | |

	Yes	No
Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency, or misconduct? If "yes" explain on a separate sheet of paper.	☐	☐
Does Hartnell College employ a relative of yours? If "yes" list name and Relationship:	☐	☐
I hereby certify that all statements made above are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my dismissal from employment with the Hartnell College Community District.		
Signature: _____	Date: _____	

RETURN WITH THE FOLLOWING FORMS - DEPARTMENT USE ONLY

- ☐ Employee's Withholding Allowance Certificate (*Form W-4*)
☐ Copy of Social Security Card
☐ Physician Designation Form (HR-20)
☐ STRS Permissive Election and Acknowledgment of Receipt of CALSTRS Defined Benefit Plan Membership Information (*Form ES 350*)
☐ Statement Concerning Your Employment in a Job Not Covered by Social Security (*Form SSA-1945*)

Payroll _____
Access _____
MCOE _____
Datatel _____

Employee's Withholding Certificate

OMB No. 1545-0074

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

2020**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ 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 .
City or town, state, and ZIP code		
(c) ☐ Single or Married filing separately ☐ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, 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 2020 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 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 **3** \$ _____

**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 **4(a)** \$ _____

(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 **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

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

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

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------

General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

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 the 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

- 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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



CERTIFICATED PERSONNEL INFORMATION FORM

Monterey County Office of Education

Certificated Employee to Complete

Social Security Number ____/____/____ Date of Birth ____/____/____ Gender ____

Last Name _____ First Name _____ M.I. _____

Former Name (if applicable) _____

Address _____ City _____

State _____ Zip _____ Phone Number (____) _____ - _____

Is this your first public teaching experience in California? ()Yes ()No

If no, year and County you last taught: Year _____ County _____

Have you previously taught in Monterey County? ()Yes ()No If yes, Year _____

Are you presently teaching in another school district? ()Yes ()No

If yes, District Name _____ Status: ()Full-time ()Part-time () Substitute

Are you retired? ()Yes ()No If yes, name of district _____

If you are not teaching, where are you presently employed? _____

Are you a member of the State Teachers' Retirement System? ()Yes ()No

If no, did you ()Retire ()Refund Date _____

If a non-member, was the *Permissive Election and Acknowledgement* Form MR350 provided and explained to you? ()Yes ()No

Employee Signature _____ Date _____

School District to Complete

District Name _____ First Date Worked in Position _____

Pay Frequency: ()10 Mo. ()11 Mo. ()12 Mo. _____ % Contract

Non-Full-time Status: ()Substitute ()Home Teacher ()Part-Time ()Adult School

District REAP Verification: ()Not Available ()Status ()Not Found _____

District Signature _____ Date _____

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

REAP Member Status _____ Date _____ Reap Status _____

MCOE STRS History _____

PRINT ON BLUE PAPER

IMPORTANT RETIREMENT ELECTION INFORMATION

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**_____



HARTNELL COLLEGE

workers' compensation: Pre-Designation of Personal Physician

If you have health insurance and are injured on the job, you have the right to be treated immediately by your personal physician (M.D., D.O), or medical group, if you notify your employer, in writing, prior to the injury.

Per Labor Code 4600, to qualify as your pre-designated, personal physician, the physician must agree in writing to treat you for a work related injury, must have previously directed your medical care, and must retain your medical history and records. The physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy which operates an integrated multi-specialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer in writing prior to being injured on the job, and provide written verification that your personal physician meets the above requirements and agrees to be pre-designated.

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

EMPLOYEE NAME: _____ **LAST FOUR DIGITS OF SSN:** _____

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

Employee Signature: _____ Date: _____

- ☐ I elect to pre-designate that if I am injured on the job, I want to be treated by my personal physician*:

Name of Physician or Medical Group: _____ Phone Number: _____

Address _____

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

Employee Signature: _____ Date: _____

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

PERSONAL PHYSICIAN ACKNOWLEDGEMENT

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

PERSONAL PHYSICIAN OR MEDICAL GROUP NAME: _____

- ☐ I agree to treat the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.
- ☐ I do not agree to treat the above employee in the event of an industrial accident or injury.
- ☐ I do not qualify as the employees' personal physician, I am not an M.D. or D.O., or I do not meet the criteria outlined above.

Physician Signature: _____ Date: _____

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

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



HARTNELL COLLEGE

DEMOGRAPHIC INFORMATION (CONFIDENTIAL)

Human Resources & Equal Employment Opportunity

The California Community College Chancellor's Office requires that we report summary data on all academic employees. This form will be kept confidential and separate from all employment information and will not be retained in your personnel file.

Name:																		
Personal:	☐ Female ☐ Male																	
	Are you a person with a disability?* ☐ Yes ☐ No	*As defined in the Americans with Disabilities Act of 1990, a disabled person is one who: (1) Has a physical or mental impairment which substantially limits one or more major life activities; (2) Has a record of such an impairment; or (3) Is regarded as having such impairment.																
	If yes, do you need any accommodation(s)? ☐ Yes ☐ No <i>If yes, please contact the Human Resources Office for services.</i>																	
Heritage:	Are you Hispanic or Latino? ☐ Yes or ☐ No ☐ Mexican, Mexican-American, Chicano ☐ Central American ☐ South American ☐ Other Hispanic																	
	What is your race / ethnicity? (Check one or more.) <table border="0"><tr><td>☐ Asian Indian</td><td>☐ Chinese</td></tr><tr><td>☐ Japanese</td><td>☐ Korean</td></tr><tr><td>☐ Laotian</td><td>☐ Cambodian</td></tr><tr><td>☐ Vietnamese</td><td>☐ Filipino</td></tr><tr><td>☐ Asian Other</td><td>☐ Black or African American</td></tr><tr><td>☐ American Indian / Alaskan Native</td><td>☐ Guamanian</td></tr><tr><td>☐ Hawaiian</td><td>☐ Samoan</td></tr><tr><td>☐ Pacific Islander Other</td><td>☐ White</td></tr></table>		☐ Asian Indian	☐ Chinese	☐ Japanese	☐ Korean	☐ Laotian	☐ Cambodian	☐ Vietnamese	☐ Filipino	☐ Asian Other	☐ Black or African American	☐ American Indian / Alaskan Native	☐ Guamanian	☐ Hawaiian	☐ Samoan	☐ Pacific Islander Other	☐ White
☐ Asian Indian	☐ Chinese																	
☐ Japanese	☐ Korean																	
☐ Laotian	☐ Cambodian																	
☐ Vietnamese	☐ Filipino																	
☐ Asian Other	☐ Black or African American																	
☐ American Indian / Alaskan Native	☐ Guamanian																	
☐ Hawaiian	☐ Samoan																	
☐ Pacific Islander Other	☐ White																	
Veteran Status:	☐ Veteran ☐ Vietnam Veteran																	



Direct Deposit Enrollment Form

Print Name

ID# or Last 4 of SSN

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

Memo _____		
1: 0123456781: 1234567890 0101		
 Routing/Transit # (A 9-digit number always between these two marks)	 Checking Account #	 Check # (this number matches the number in the upper right corner of the check – not needed for sign-up)

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

A C C T 1	☐ Add New Account ☐ Change Amount of Current Account on File ☐ Remove Account on File	
	Bank Name	Account Type
		☐ Checking ☐ Savings
	Routing/Transfer # Account #	Amount to Deposit \$ _____ or ☐ Balance of Net

A C C T 2	☐ Add New Account ☐ Change Amount of Current Account on File ☐ Remove Account on File	
	Bank Name	Account Type
		☐ Checking ☐ Savings
	Routing/Transfer # Account #	Amount to Deposit \$ _____ or ☐ Balance of Net

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

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

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

Employee Signature

Date

For Payroll Use Only

Date Rec'd _____

Processed By _____

Date _____

Permissive Membership-Instructions

If you are employed to perform creditable service in a position that is excluded from mandatory membership in the CalSTRS' Defined Benefit Program, you may use this form to elect membership at any time while employed to perform creditable service.

A permissive election of membership in the Defined Benefit Program is irrevocable and applies to all future creditable service performed for the same or another employer unless an election for coverage by the CalSTRS Cash Balance Benefit Program or California Public Employees' Retirement System (CalPERS) is made for eligible service as allowed by law.

Membership may only be cancelled if you terminate all employment to perform creditable service and refund your accumulated retirement contributions from the CalSTRS Defined Benefit Program.

SECTION 1: EMPLOYEE INFORMATION, ELECTION AND/OR CERTIFICATION (TO BE COMPLETED BY EMPLOYEE)

Provide the following information:

- Last Name, First Name and Middle Initial
- CalSTRS Client ID or Social Security Number

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

If you want to elect membership in the CalSTRS Defined Benefit Program:

- Check the appropriate box
- Provide your requested membership date*
- Sign the form and date your signature
- Return the form to your employer

*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. Verify with your employer that you are eligible for your requested membership date.

If you do not want to elect membership in the Defined Benefit Program:

- Check the appropriate box
- Sign the form and date your signature
- Return the form to your employer

SECTION 2: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Provide the following information:

- The employer (district) name
- County and district code
- Name and title of employer official completing the form

Verify the employee is eligible for the requested membership date.

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, fax or the Secure Employer Website and retain a copy.

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

Fax to: 916-414-5476

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 your CalSTRS Employer Services Representative.

Permissive Membership

ES 0350 rev 01/19

CALSTRS

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

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.

Section 1: Employee Information, Election and/or Certification (to be completed by employee)

NAME (LAST, FIRST, INITIAL)

CALSTRS CLIENT ID OR SOCIAL SECURITY NUMBER

CHECK ONE:

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

MEMBERSHIP DATE (MM/DD/YYYY)***

I understand this election is irrevocable, 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 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.

- ☐ 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.

Required Signature

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 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).



EMPLOYEE'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

Section 2: Employer Information and Certification (to be completed by employer)

Hartnell Community College District

Monterey 27024

EMPLOYER NAME

COUNTY AND DISTRICT CODE

EMPLOYER OFFICIAL'S NAME AND TITLE

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).



EMPLOYER OFFICIAL'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

***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.

PERMISSIVE MEMBERSHIP • REV 01/19 • PAGE 1 OF 1



ES0350

Retirement System Election

ES 0372 rev 01/19

CALSTRS®

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

RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

FULL SOCIAL SECURITY NUMBER

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

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

I elect coverage in: (please choose one)

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

OR

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

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

I elect coverage in: (please choose one)

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

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



EMPLOYEE SIGNATURE

DATE

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

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

EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE POSITION EFFECTIVE DATE POSITION TITLE

SELECT ONE: ☐ Credentialed ☐ Classified ☐ State Service

EMPLOYER INFORMATION:

CO/DIST/STATE DEPT NAME CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME TITLE PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL DATE

COUNTY OFFICIAL'S NAME TITLE PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

*CalPERS Employer Code:



ES0372

Retirement System Election – Information and Instructions

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

INFORMATION

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

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

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

SECTION 1: MEMBER INFORMATION AND ELECTION

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

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

RETIREMENT SYSTEM COVERAGE:

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

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

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

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

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

SECTION 2: EMPLOYER CERTIFICATION

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

EMPLOYER:

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

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

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

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

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

Submit the completed form to the County Office of Education.

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

COUNTY OFFICE OF EDUCATION:

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

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

SUBMIT THE FORM:

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

Mail completed forms to:

CalSTRS	CalPERS
P.O. Box 15275, MS 17	P.O. Box 942709
Sacramento, CA 95851-0275	Sacramento, CA 94229-2709

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



RETIREMENT QUESTIONNAIRE

Human Resources & Equal Employment Opportunity

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

Employee Name: _____

Employee Social Security #: _____ - _____ - _____

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

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

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

If yes, date refunded: _____

If applicable, date retired: _____

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

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

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

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

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

If yes, date refunded: _____

If applicable, date retired: _____

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

If yes, Name _____ ☐ Full time ☐ Part-time, time base _____

If yes, Name _____ ☐ Full time ☐ Part-time, time base _____

Employee Signature: _____ Date: _____

IMPORTANT

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

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

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

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

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

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

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.

Signature of Employee _____ Date _____

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.



STANDARDS OF EMPLOYMENT/SERVICE AGREEMENTS

Human Resources & Equal Employment Opportunity

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

_____ Initial

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

_____ Initial

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

_____ Initial

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

_____ Initial

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

_____ Initial

Employee Name: _____

Employee Signature: _____

Date: _____

Taken and subscribed before me this _____ day of _____, 20____.

Signature of Authorized HCCD Witness: _____