



## INSTRUCTIONS FOR COMPLETING NEW STUDENT WORKER PAPERWORK

Human Resources & Equal  
Employment Opportunity

### INSTRUCTIONS FOR COMPLETION OF STUDENT WORKER PAPERWORK

Welcome to Hartnell College! This packet includes the forms necessary to process you as a new 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.

### FORMS FOR YOU TO COMPLETE AND RETURN

#### **Student Worker Employment Notice (Form HR-06):**

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

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

Within three (3) days of employment you must complete the I-9 form and present ORIGINAL 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 purposes)

#### **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.)

#### **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.

#### **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 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..."

#### **Standards of Employment/Service Agreement (Form HR-16):**

Read and initial all four 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.

**Student Employee Personal Information (Form HR-51):**

Read, complete and sign.

**INFORMATION PROVIDED FOR YOU TO REVIEW**

Please read links provided on Hartnell's HR website

**AP & BP 3720**

**Basic 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**



HARTNELL COLLEGE

# STUDENT WORKER EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Is this a NEW address? ☐ Yes ☐ No

## AUTHORIZATION PERIOD: Check ONE only

- ☐ Fall Semester (September – December pay periods)  
☐ Spring Semester (January – June pay periods)  
☐ Summer Session (July & August pay periods)

Start Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr

End Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr

SSN\* \_\_\_\_ - \_\_\_\_ - \_\_\_\_

*\*Name given MUST match name on Social Security Card*

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Male ☐ Female

Phone: ( ) \_\_\_\_ - \_\_\_\_ Student ID: \_\_\_\_\_

## STATUS

- ☐ New Hire – 1<sup>st</sup> time as Student Employee  
☐ Continuing Student Employee in Same Assignment  
☐ Continuing Student Employee in NEW Assignment  
☐ Continuing Student Employee with NEW BUDGET Additional Assignment

Level\*\*:

- ☐ Student Worker I ☐ A  
☐ Student Worker II ☐ B  
☐ Student Worker III ☐ C  
☐ Student Worker IV ☐ D

Step:

Hourly Rate: \$ \_\_\_\_\_

**\*\*Attach short explanation of job duties**

## ELIGIBILITY:

Current # of Units: \_\_\_\_ Current Hartnell cumulative GPA\*: \_\_\_\_ ☐ 1<sup>st</sup> semester at Hartnell

## WORK SCHEDULE (enter # of hours) (Not to exceed 20 hours per week):

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	_____	_____	_____	_____	_____	_____	_____

Department/Area: \_\_\_\_\_

Attendance Advisor: \_\_\_\_\_

Supervisor of Record\*: \_\_\_\_\_

*\*Manager or Supervisor who is authorized to sign timecards*

Phone: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

## BUDGET:

Fund	Area	Location	Cost Center	Object	Percent
_____	_____	_____	_____	_____	_____%

## STUDENT CERTIFICATION:

I certify that I am currently a registered student at Hartnell College and eligible for Student Hourly Employment (2.0 Cumulative GPA at Hartnell, Full-Time student status (6 units Fall or Spring, 4 units Summer)). I will immediately notify my supervisor should I become ineligible.

Student Signature: \_\_\_\_\_

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

## AUTHORIZED SIGNATURES:

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

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Employing Student Use Only

- |  |   |
|--|---|
| <input type="checkbox"/> Student Employee Personal Information | <input type="checkbox"/> Physician Designation                      |
| <input type="checkbox"/> I-9                                   | <input type="checkbox"/> Standards of Employment/Service Agreements |
| <input type="checkbox"/> W-4                                   | <input type="checkbox"/> Warrant Recipient Designation              |
| <input type="checkbox"/> Automatic Deposit (optional)          | <input type="checkbox"/> Copy of Social Security Card               |
| <input type="checkbox"/> Fingerprint clearance                 | <input type="checkbox"/> TB Tested                                  |

\*Fingerprint Clearance and TB Test – Required **ONLY** for employment in Child Development Center

### For Human Resources Office Use Only

- |   |                |
|---|----------------|
| <input type="checkbox"/> Paperwork Complete | ____/____/____ |
| <input type="checkbox"/> MCOE               | ____/____/____ |
| <input type="checkbox"/> Colleague          | ____/____/____ |
| <input type="checkbox"/> Payroll            | ____/____/____ |
| <input type="checkbox"/> Board Action       | ____/____/____ |



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>
<b>Acceptable Receipts</b> May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1.</b>	First Name ( <i>Given Name</i> ) from <b>Section 1.</b>	Middle initial (if any) from <b>Section 1.</b>
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



**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.

**2023****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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, other details, and privacy.

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

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

Do **only one** of the following.

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

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

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

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

**Step 5:**  
**Sign**  
**Here**

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

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)\_\_\_\_\_  
**Date****Employers**  
**Only**

Employer's name and address

First date of  
employmentEmployer identification  
number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

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

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

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

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

## Specific Instructions

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

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

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



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

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

### Step 4 (optional).

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

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

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

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

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

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

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

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

- 1** Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

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

**Single or Married Filing Separately**

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

**Head of Household**

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



## STUDENT EMPLOYEE PERSONAL INFORMATION

Human Resources & Equal Employment Opportunity

	YES	NO
Are you able, upon employment, to submit verification that you are a United States citizen or are eligible to work in the United States? <i>The Immigration Reform and Control Act (IRCA) requires the college to obtain original documentation from every employee that verifies identity and authorizes employment in the United States.</i>		
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.		
Have you worked for Hartnell College before, or are you currently working for Hartnell College?		
Does Hartnell College employ a relative of yours? If "yes," give names and relationship.		

Hartnell College encourages a diverse pool of applicants and does not discriminate on the basis of race, color, national origin, ancestry, sex, age, religion, marital status, physical or mental disability, or sexual orientation in any of the District's policies, or procedures. The college encourages applications from all qualified applicants.

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 Community College District.

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

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

\_\_\_\_\_  
Date

## EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

<b>Enter Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

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

### Exemption from Withholding

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption. Write "Exempt" here
- 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 \_\_\_\_\_

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

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

- You did not owe any federal/state income tax last year, and
- 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

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- 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 \(DE 44\) \(PDF, 2.4 MB\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf\_pub\_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Forms and Publications](http://edd.ca.gov/Payroll_Taxes/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 \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

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

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**NOTIFICATION:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#), 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.

**MARRIED BUT NOT LIVING WITH YOUR SPOUSE:** You may check the "Head of Household" marital status box if you meet all of the following tests:

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

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

## WORKSHEET A

### REGULAR WITHHOLDING ALLOWANCES

- |  |           |
|--|-----------|
| (A) Allowance for yourself — enter 1   | (A) _____ |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1             | (B) _____ |
| (C) Allowance for blindness — yourself — enter 1   | (C) _____ |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse                     | (E) _____ |
| (F) Total — add lines (A) through (E) above and enter on line 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  | 1. _____   |
| 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 | — 2. _____ |
| 3. Subtract line 2 from line 1, enter difference  | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)   | + 4. _____ |
| 5. Add line 4 to line 3, enter sum  | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)  | — 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference  | = 7. _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number<br>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 <b>stop here</b> .                 | 8. _____   |
| 9. If line 6 is greater than line 5;<br>Enter amount from line 6 (nonwage income)   | 9. _____   |
| 10. Enter amount from line 5 (deductions)   | 10. _____  |
| 11. Subtract line 10 from line 9, enter difference  | 11. _____  |

### 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.



**WORKSHEET C**
**ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2020. 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum. 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B). 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum. 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference. 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2020 tax rate schedules below. 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$134.20). 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference. 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540). 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 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. 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15. \_\_\_\_\_

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2020 ONLY

**SINGLE PERSONS, DUAL INCOME  
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$8,809	1.100%	\$0	\$0.00
\$8,809	\$20,883	2.200%	\$8,809	\$96.90
\$20,883	\$32,960	4.400%	\$20,883	\$362.53
\$32,960	\$45,753	6.600%	\$32,960	\$893.92
\$45,753	\$57,824	8.800%	\$45,753	\$1,738.26
\$57,824	\$295,373	10.230%	\$57,824	\$2,800.51
\$295,373	\$354,445	11.330%	\$295,373	\$27,101.77
\$354,445	\$590,742	12.430%	\$354,445	\$33,794.63
\$590,742	\$1,000,000	13.530%	\$590,742	\$63,166.35
\$1,000,000	and over	14.630%	\$1,000,000	\$118,538.96

**MARRIED PERSONS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,618	1.100%	\$0	\$0.00
\$17,618	\$41,766	2.200%	\$17,618	\$193.80
\$41,766	\$65,920	4.400%	\$41,766	\$725.06
\$65,920	\$91,506	6.600%	\$65,920	\$1,787.84
\$91,506	\$115,648	8.800%	\$91,506	\$3,476.52
\$115,648	\$590,746	10.230%	\$115,648	\$5,601.02
\$590,746	\$708,890	11.330%	\$590,746	\$54,203.55
\$708,890	\$1,000,000	12.430%	\$708,890	\$67,589.27
\$1,000,000	\$1,181,484	13.530%	\$1,000,000	\$103,774.24
\$1,181,484	and over	14.630%	\$1,181,484	\$128,329.03

**UNMARRIED HEAD OF HOUSEHOLD**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,629	1.100%	\$0	\$0.00
\$17,629	\$41,768	2.200%	\$17,629	\$193.92
\$41,768	\$53,843	4.400%	\$41,768	\$724.98
\$53,843	\$66,636	6.600%	\$53,843	\$1,256.28
\$66,636	\$78,710	8.800%	\$66,636	\$2,100.62
\$78,710	\$401,705	10.230%	\$78,710	\$3,163.13
\$401,705	\$482,047	11.330%	\$401,705	\$36,205.52
\$482,047	\$803,410	12.430%	\$482,047	\$45,308.27
\$803,410	\$1,000,000	13.530%	\$803,410	\$85,253.69
\$1,000,000	and over	14.630%	\$1,000,000	\$111,852.32

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

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



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

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

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

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

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

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

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

_____ Employee Signature	_____ Date
-----------------------------	---------------

For Payroll Use Only

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

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

Human Resources & Equal Employment Opportunity

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

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

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

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

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

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

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

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

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

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

**GOVERNMENT CODE – STATE OF CALIFORNIA**

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

**EMERGENCY CONTACT INFORMATION (required):**

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

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

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

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

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

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



## STANDARDS OF EMPLOYMENT/SERVICE AGREEMENTS

Human Resources & Equal Employment Opportunity

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

\_\_\_\_\_ Initial

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

\_\_\_\_\_ Initial

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

\_\_\_\_\_ Initial

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

\_\_\_\_\_ Initial

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

\_\_\_\_\_ Initial

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

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

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

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

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

## **HARTNELL COMMUNITY COLLEGE DISTRICT**

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

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

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

#### **Rights and Responsibilities**

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

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

#### **Existing Legal Context**

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

#### **Examples of Misuse**

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

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



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

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

### **Additional Use Policies**

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

### Authorized Use by Minors

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

### Web Pages

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

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

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

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

#### Email Correspondence

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

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

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

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

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

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

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

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

#### **Appropriate Use**

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

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

**Enforcement**

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

**Reporting Misuse**

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

**Dissemination and User Acknowledgment**

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

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

**Disclosure***No Expectation of Privacy*

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

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

*Possibility of Disclosure*

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

*Retrieval*

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

*Public Records*

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

*Litigation*

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

See Board Policy 3720

Approved by the Superintendent/President: April 2, 2014

## Computer and Network Use Agreement

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

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

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

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Signature

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Date

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Name (Printed)