

ADJUNCT FACULTY NEW HIRE PROCESSING CHECKLIST

Name: _____ Subject: _____ Hire Date: _____

- Employment Application (registry)
- Employee Information
- I-9 Employment Eligibility Verification – To complete this form, provide documents which establish both identity and work authorization. [I-9 Employment Eligibility Verification Instructions](#).
- Copy of Social Security Card
- Oath of Allegiance
- Acknowledgement of Documentation
- [Tuberculosis Test/Risk Assessment](#) (must be on file prior to your first class meeting) Completed Date: _____
- Warrant Beneficiary Designation
- Employee's Withholding Allowance Certificate-EDD, State of CA
- Employee's Withholding Certificate (W-4)-Federal
- Payroll Advice Disposition [Electronic W2 and Direct Deposit Flyer](#)
- E-Mail Account Form-[District Computer Policy](#)
- [Portal Instructions](#) (electronic pay stub and W-2 access)
- [Parking & Traffic Rules & Regulations](#)
- Application Parking Permit, Number _____ (Permit will be mailed to you if necessary)
- Retirement Questionnaire
- 403(b) Tax Shelter Annuity Information
- State Teachers' Retirement System (STRS):
 - If electing STRS membership or if already a member: **or** If declining STRS membership:
 - [STRS Membership Handbook](#) ES-350 Permissive Membership
 - ES-350 Permissive Membership
 - Beneficiary Designation (online)
 - Job Not Covered By Social Security
- [Chaffey College Faculty Association Agreement](#)
- Live Scan Service: Date cleared: _____
- Official Transcripts: BA / MA / PhD Degree(s)—Must be on file within 30 days of employment.
- Verification of Work Experience Letters: _____ years of experience. Must be on file within 30 days of employment.
- Equivalency Approval (applicable only if requesting approval based on equivalency of the minimum qualifications)
- [Chaffey College Map](#)
- [Academic Calendar](#)

I agree that all of the above items have been explained to me, and with the exception of transcripts and work experience verification letters, all material must be on file in the Human Resources Office prior to the first day of employment. I understand that my failure to complete the above items may jeopardize any future employment.

Employee Signature

Date

HR Checklist :

- Notice of Employment
- REAP/ACES
- Email Account form to IT/DE Training
(ISRepairs@chaffey.edu and onlineed@chaffey.edu)
- Training: Blood-Borne Pathogen (if required) and Ergonomics: notify danni.gilley@chaffey.edu

Colleague data entry:

- | | | | |
|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> NAE | <input type="checkbox"/> ADAP | <input type="checkbox"/> LEVS | <input type="checkbox"/> PPFM |
| <input type="checkbox"/> EHIN | <input type="checkbox"/> IASU | <input type="checkbox"/> DATE | <input type="checkbox"/> DRUS |
| <input type="checkbox"/> EMPC | <input type="checkbox"/> PACS | <input type="checkbox"/> OTDT | <input type="checkbox"/> AROR |
| <input type="checkbox"/> FACL/CPPI | <input type="checkbox"/> FCTY | <input type="checkbox"/> PPOS | |



EMPLOYEE INFORMATION

Date _____ Social Security Number _____ Employee ID# _____

Legal Name (do not use nicknames)

Last Name First Name Middle Name Suffix (Jr., Sr.)

Name Change Information

For name change, please check reason below:

Former Last Name Marriage Divorce Other _____

Physical Address (do not use a PO Box)

Street City State Zip

Email address Home Phone Cell Phone

Mailing Address (if different)

Street City State Zip

Emergency Contact

Emergency Contact Name Relationship Emergency Phone

Street City State Zip Home Phone

DEMOGRAPHIC INFORMATION (used for mandated State and Federal reports)

Date of Birth

Disability? Yes No
(based on the definition to the right)

Male Female Over 40 Years Old? Yes No

DEFINITION: An individual with a disability is defined by the DFEH as a person who has a physical or mental impairment that limits one or more major life activities, or a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment.

Ethnicity/Race

Are you Hispanic or Latino? Yes No
Mexican, Mexican/American, Chicano (HM)
Central American (HR)
South American (HS)
Hispanic Other (HX)

If not Hispanic, what is your race/ethnicity?

Chinese (AC)
Asian Indian (AI)
Japanese (AJ) (check one or more)
Korean (AK)
Laotian (AL)
Cambodian (AM)
Vietnamese (AV)
Asian Other (AX)
Filipino (F)
Black or African American (B)
American Indian/Alaskan Native (N)
Guamanian (PG)
Hawaiian (PH)
Samoan (PS)
Pacific Islander Other (PX)
White (W)



Chaffey College

New Employee Processing

◆ Chaffey College requires:

- **Presentation of your original Social Security Card (not just the number)**

OR

- **A copy of your request for a duplicate Social Security Card from:**

- **Social Security Administration
General Information & Services**

- **(800) 772-1213**

- **Office Locations**

- **Fontana: 10668 Sierra Avenue**

- **Glendora: 1165 Route 66**

- **Ontario: 1100 E Holt Blvd**

- **Pomona: 960 W Mission Blvd**

- **Riverside: 7880 Mission Grove Pkwy S**

- **San Bernardino: 605 N Arrowhead Ave, #101**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

STOP *Employer Completes Next Page* **STOP**



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Human Resources Generalist	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Chaffey College	
Employer's Business or Organization Address (Street Number and Name) 5885 Haven Ave		City or Town Rancho Cucamonga	State CA	ZIP Code 91737

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

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

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

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

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

All documents must be UNEXPIRED

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

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"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



Chaffey College

Office of Human Resources

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

(Required by Article 20, Section 3, California Constitution and
Title 1, Division 4, Chapter 8, Section 3100, California Government Code)

State of California) ss
County of San Bernardino)

I, _____, do
(Type or Print Name)

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.

Signature of Employee

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

Signature of Authorized Official
Human Resources

Acknowledgement of Documentation

I, the undersigned, affirm that I have 1) received/reviewed information on procedures and requirements regarding workers' compensation coverage, 2) received an opportunity to designate a physician as provided in Labor Code, Section 4600 and 3) received/reviewed the following documents:

- Notice of Marketplace – Covered California
- Facts about Workers' Compensation / Personal Physician Pre-Designation
- Workers' Compensation Medical Provider Network: WellComp MPN
- Prohibition of Harassment Policy/Procedure
- Nondiscrimination Policy/Procedure
- Discrimination and Harassment Investigations Administrative Procedures
- Campus Safety Policies
- DFEH-151 Discrimination is Against the Law
- DFEH-184 Employment Discrimination Based on Disability
- DFEH-185 Sexual Harassment
- Whistleblowers Are Protected
- FMLA Rights and Responsibilities
- DPS – FAQ's
- District Network and Computer Use Procedure

I understand that I must read and become familiar with the above documents and ask for clarification when needed. I also understand that I am required to attend harassment and nondiscrimination training during my first year of employment, or as often as required by the District.

Employee (please print name)

Signature

Date



WARRANT(S) BENEFICIARY DESIGNATION

Under the provisions of Section 53245 of the California Government Code, in the event of my death, I hereby designate the following named person to be entitled to receive and issued in their name all outstanding pay warrant(s) due to me by Chaffey College had I survived. (Note, if designated beneficiary is the spouse of employee, Chaffey College will issue final pay warrant(s) 'to the estate of' said employee.)

Designee's Full Name (Please Print) Relationship

Address (Street, City, State, Zip Code)

This designation cancels and replaces any designation previously signed by me for this purpose and shall remain in effect until cancelled in writing by me.

It is expressly understood and agreed that Chaffey College is not obligated to deliver said warrant(s) to the person designated hereinabove, unless said designated person within two years after the date of said warrant(s), claims from Chaffey College and provides to Chaffey College sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.

Employee Name (Please Print)

Signature of Employee

Witness, Signature of Authorized
Official Human Resources

Date

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, 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

1. Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B). _____
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet B and C)** _____
OR

Exemption from Withholding

3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
OR Write "Exempt" here
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address Chaffey College Payroll Dept 5885 Haven Avenue Rancho Cucamonga, CA 91737	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:

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

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

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

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

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

The [California Employer's Guide \(DE 44\) \(PDF, 2.4 MB\)](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) (ftb.ca.gov).

NOTIFICATION: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#), 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
Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. _____ |
| 9. If line 6 is greater than line 5;
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.

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.

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.**

2021

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) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 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, 2022.

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

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

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 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 2021 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2021 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
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350



Chaffey Community College District
PAYROLL ADVICE DISPOSITION
 EFT AUTHORIZATION FORM

NAME: _____ CHAFFEY/DATATEL ID NUMBER: _____
 EMPLOYMENT PAY TYPE: Academic Contract Classified Contract
 Academic Hourly / Adjunct Classified Hourly / Student

I HEREBY REQUEST THAT MY PAY ADVICE BE:

- MAILED TO ADDRESS ON FILE (Sign Reverse Side)**
- PICKED UP AT MY AREA OFFICE:** _____
AREA
- ELECTRONICALLY TRANSFERRED TO MY BANK (attach voided check)**
- CHANGE ELECTRONIC DEPOSIT**
- ADDITIONAL ELECTRONIC DEPOSIT**

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

Bank Name: _____ Amount: _____
 Banking institution 9-digit transit/ABA No: _____ Account No: _____
 Checking Savings

ELECTRONIC FUND TRANSFER TAKES EFFECT ONLY AFTER A SUCCESSFUL PRENOTE TEST HAS OCCURRED THROUGH THE BANKING SYSTEM. TYPICALLY THE NEXT PAY PERIOD.

I _____, shall hold harmless and indemnify Chaffey Community College District herein after referred to as District, and its officers and employees from any claim or demand of whatever nature of the District and its officers and employees, brought by any person, including any banking institution against the District in its capacity as an employer concerning the Payroll Warrant Disposition provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the Depository Credit Union/Bank named above, to credit and/or debit the same to such account. The request completed above is for the monthly disposition of my pay warrant from the first payroll after the date this form is signed until rescinded in writing.

Signature: _____ Date: _____

FOR BUSINESS OFFICE USE ONLY:

Prernote payroll date: _____

EFT date: _____

ATTACH VOIDED CHECK HERE



Chaffey Community College District

PAYROLL DEPARTMENT

WAIVER FOR WARRANT MAILING

I _____, shall keep and save free and harmless the Chaffey Community College District, its officers, agents, and employees for any loss or delay of my pay warrant due to the deposit of same in the U.S. mail system.

I also understand and agree that per Government Code Section 29853, a warrant cannot be considered lost until and unless it has not been received by the addressee within twenty (20) days after date of mailing, unless a shorter period of time is established by the action of the Board of Supervisors.

By affixing my signature to this waiver, I acknowledge that, in accordance with Ordinance 2210 of the San Bernardino County Board of Supervisors, a warrant lost due to mailing cannot be replaced until fourteen (14) days have elapsed from the date of mailing. It is known and understood that this replacement may be further delayed due to payroll schedule conflicts.

Further, I acknowledge that payroll warrants replaced by a District Revolving Cash Fund check shall be only in the amount not to exceed 80% of the calculated net pay and the balance to be paid on the next supplemental payroll. If a County warrant is issued to replace the lost warrant **AND** the District has issued a revolving fund check as noted above, I will reimburse, upon receipt of the County warrant, the revolving fund in the amount of the temporary advance.

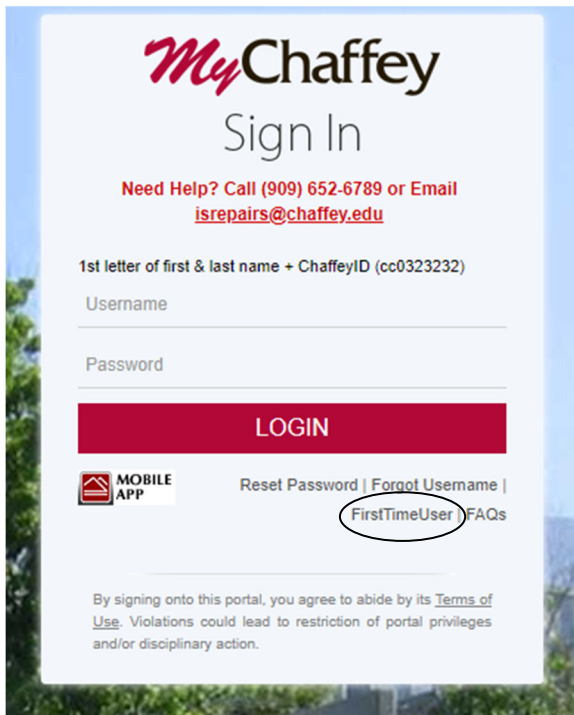
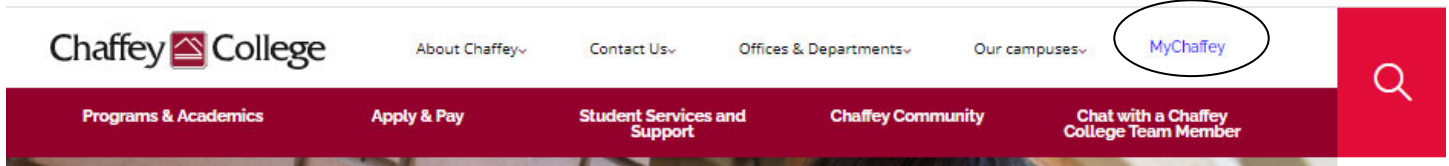
Signature

Date

Portal Access Instructions

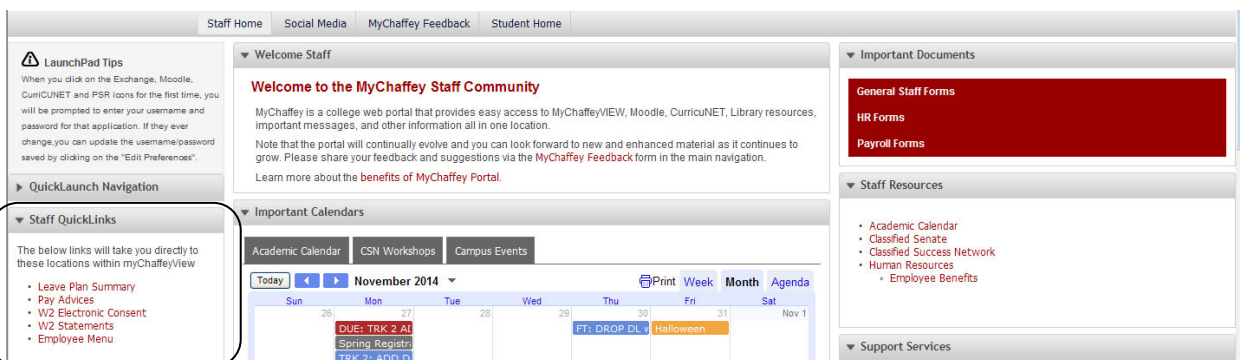
Go to: www.chaffey.edu

Click on: **My Chaffey** or **portal** located in the right-hand corner



If you are new to the portal, please click on **First Time User** located in small print on the bottom of the Login dialog box and follow the prompts.

Once logged in, click on the Staff Quick Links located on the left side of the screen to access your pay advices (pay stub), W2, W2 Electronic Consent (required to receive your W2 electronically) etc.:



(Check One)



Chaffey College

(Check One)

- Network Account Only
- E-mail Account

**EMPLOYEE NETWORK / E-MAIL ACCOUNT FORM
AND ACCOUNTABILITY STATEMENT**

- New
- Reactivate
- Delete
- Last Name change

Employee Information: Information must be complete to process request. Type or print legibly.

Employee Last Name:	First:	Middle:	Chaffey ID:
Department:		Extension:	
Job Title:		Location: (e.g., LA-12 or Fontana Center)	
<p><i>Name Changes are permitted for LAST names only!</i></p> <p>For name changes only: Former Last Name: _____ NEW Last Name: _____</p> <p>Employee Type: <input type="checkbox"/> Classified <input type="checkbox"/> Faculty <input type="checkbox"/> Management <input type="checkbox"/> Professional Expert</p> <p> <input type="checkbox"/> Part-Time Faculty (end date _____)</p> <p> Student Worker (end date _____) Seasonal Worker (end date _____)</p> <p align="center"><i>Note: Student and Seasonal Workers do not receive personal e-mail accounts</i></p> <p>Supervisor Name (Please Print): _____ Title: _____</p> <p>Supervisor Signature: _____ Date: _____</p>			

Please READ and sign the following statement:

ACCOUNTABILITY STATEMENT FOR INTERNET/INTRANET USAGE

Pursuant to the Chaffey Community College Computer Use policy which states “employees and students who use District computers and networks and the information they contain, and related resources, shall not abuse those resources and will respect the rights of others ... users must respect software copyrights and licenses, respect the integrity of computer-based information resources, refrain from seeking to gain unauthorized access, and respect the rights of other computer users,”

I _____ in order to comply with District policy and with regard to use of District equipment and access to District networks, have read the Procedure for District Network and Computer Use and understand my responsibility to protect any and all privileged information, and to use the District computer system in a responsible manner.

I acknowledge receipt of the Accountability Statement regarding access to District information and networks and fully understand my responsibility as an employee for the use of the internet/intranet system. I will comply with the requirements outlined in the District Network and Computer Use procedure.

Failure to comply with the provisions of this agreement may result in the denial or loss of access to the District network system without notice.

Employee Signature: _____ Date: _____

(To be completed by Information Technology Services Department ONLY)

Your ACCOUNT NAME is: _____@chaffey.edu

Your TEMPORARY PASSWORD is: _____ WEB ACCESS ONLY

(For Information Technology Services use ONLY) LDAP Updated

USERNAME: _____

System Manager's Signature

Date

Original – Information Tech. Services Copy – Employee

PARKING PERMIT APPLICATION

DATE: _____

NAME: _____
Last First

ADDRESS: _____
Street City Zip

PHONE: _____ DEPT: _____

REASON FOR PERMIT:
 (Check One)

<input type="checkbox"/>	New Contract Classified		PERMIT #	ISSUED BY: _____
<input type="checkbox"/>	New Faculty		E _____	
<input type="checkbox"/>	Additional "E"	\$5.00	E _____	Receipt #: _____
<input type="checkbox"/>	Part-Time Employee		G _____	
<input type="checkbox"/>	Student Worker		G _____	
<input type="checkbox"/>	Semester-Fall/Spring	\$40.00	S _____	Receipt #: _____
<input type="checkbox"/>	Semester-Summer	\$20.00	S _____	Receipt #: _____
<input type="checkbox"/>	Disabled Student		D _____	
<input type="checkbox"/>	Vendor		V _____	
<input type="checkbox"/>	Construction		C _____	
<input type="checkbox"/>	Chaffian (Retired)		R _____	
<input type="checkbox"/>	Board Member		B _____	

VEHICLE INFORMATION: License Plate Number _____ Year _____

Color _____ Make _____

Body Style (2-door, SUV) _____ Model _____

VEHICLE INFORMATION: License Plate Number _____ Year _____

Color _____ Make _____

Body Style (2-door, SUV) _____ Model _____

VEHICLE INFORMATION: License Plate Number _____ Year _____

Color _____ Make _____

Body Style (2-door, SUV) _____ Model _____



RETIREMENT SYSTEM QUESTIONNAIRE

Name: _____ SSN: _____

1. Are you or have you ever been a member of the California State Teachers' Retirement System (CalSTRS)?

NO YES, and I am a: Current Member
School District & County _____
I still have contributions on deposit.
I am retired for longer than 180 days and receive a monthly allowance and understand that CalSTRS has an annual earnings limitation for retired members receiving a monthly allowance.
I am receiving a disability allowance from CalSTRS.
or, I am a: Former Member
I withdrew my contributions in a lump sum.
I applied for a refund on _____ but have not received it.

2. Are you or have you ever been a member of the California Public Employees' Retirement System (CalPERS)?

NO YES, and I am a: Current Member
School District & County _____
I still have contributions on deposit.
I am retired for longer than 180 days and receive a monthly allowance and understand that CalPERS has a limitation of 960 hours per fiscal year for retired members receiving a monthly allowance and that I may not work in a permanent part-time position, even if it is less than 960 hours.
I am receiving a disability allowance from CalPERS.
or, I am a: Former Member
I withdrew my contributions in a lump sum.
I applied for a refund on _____ but have not received it.

3. Are you or have you ever been a member of another public retirement system (for example, California State University, University of California, U.S. Government, State, County or City Government)?

NO YES Name of retirement system: _____

4. Are you currently employed in another District and/or County?

NO YES Where? _____
Position Title? _____

5. If you are a retiree, have you filed for unemployment insurance within the last 12 months?

NO YES (where): _____ NOT APPLICABLE (not a retiree)

Employee Signature: _____ Date: _____



POST-RETIREMENT LIMITATIONS

CalPERS:

- ✓ 960 hours per fiscal year
- ✓ May not work in permanent part-time position, even if less than 960 hours
- ✓ 180-day wait period
- ✓ Applies to any work for CalPERS employer
- ✓ Rate of pay is not less than the minimum or more than the maximum paid to other employees performing comparable duties
- ✓ For more information on CalPERS post-retirement limitations, go to:
<https://www.calpers.ca.gov/docs/forms-publications/employment-after-retirement.pdf>

CalSTRS:

- ✓ Subject to earnings limitations per fiscal year (i.e., \$46,451 for 2019-20 fiscal year)
- ✓ 180-day wait period
- ✓ Retirement benefit will be reduced dollar-for-dollar by amount of earnings over limit
- ✓ Restrictions on those that retire with a retirement incentive as described in Ed Code § 22714.
- ✓ For more information on CalSTRS post-retirement limitations, go to
<http://www.calstrs.com/general-information/working-after-retirement>

*Different earnings limits apply to those who receive a disability retirement benefit from either CalPERS or CalSTRS

THE FOLLOWING IS IMPORTANT INFORMATION FOR RETIREES THAT PLAN TO COLLECT UNEMPLOYMENT INSURANCE FOR POST-RETIREMENT EARNINGS:

GOVERNMENT CODE - Retirement for Service [31670 - 31683]
31680.2.

(a) Any person who has retired may be employed in a position requiring special skills or knowledge, as determined by the county or district employing him or her, for not to exceed 90 working days or 720 hours, whichever is greater, in any one fiscal year or any other 12-month period designated by the board of supervisors and may be paid for that employment. That employment shall not operate to reinstate the person as a member of this system or to terminate or suspend his or her retirement allowance, and no deductions shall be made from his or her salary as contributions to this system.

(b) (1) This section shall not apply to any retired person who is otherwise eligible for employment under this section if, during the 12-month period prior to an appointment described in this section, that retired person receives unemployment insurance compensation arising out of prior employment subject to this section with the same employer.

(2) **A retired person who accepts an appointment after receiving unemployment insurance compensation as described in this subdivision shall terminate that employment on the last day of the current pay period and shall not be eligible for reappointment subject to this section for a period of 12 months following the last day of employment.**

(3) Beginning January 1, 2013, if any provision of this section conflicts with the California Public Employees' Pension Reform Act of 2013, the provisions of that act shall prevail, except that the limit on postretirement employment provided in subdivision (a) to the greater of 90 working days or 720 hours shall remain effective. *(Amended by Stats. 2013, Ch. 247, Sec. 39. Effective January 1, 2014.)*

Chaffey Community College 403(b) Tax Shelter Annuity

*Retirement Savings
for your Future!*



Chaffey Community College

College Contacts:

Director of Accounting
Kim Erickson
Ext. 6021

Classified Payroll
Maria Jara
Ext. 6029

Certificated Payroll
Tara Schroeder
Ext. 6037

Payroll Administrator
Kim Mascarenas
Ext. 6030

PARTICIPATION ELIGIBILITY

ALL Chaffey employees are eligible to participate in the District's 403(b) Tax Shelter Annuity Plan.

To participate, please complete a salary reduction agreement (SRA) and establish your retirement investment account with one of our approved 403(b) vendors. Since these contributions are deducted from your monthly compensation, please make sure that your deduction **does not** exceed your monthly salary. This especially applies to part-time employees whose hours and salary fluctuate from month to month.

CONTRIBUTION TYPES

- Basic Annual Contribution
- Catch-up Contribution, if worked for more than 15 years with Chaffey *
- Catch-up Contribution, if age 50 and older
- Rollovers, Transfers, and Exchanges are permitted

* Subject to a calculation to determine eligibility

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

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

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

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Provide the following information:

- CalSTRS Client ID* or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address**, City, State and Zip Code
- Date of Birth
- Email Address
- Telephone Number

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

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

SECTION 2: EMPLOYEE ELECTION (TO BE COMPLETED BY EMPLOYEE)

If you want to elect membership in the CalSTRS DB Program:

- Check the appropriate box
- Provide your requested membership date***

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

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

SECTION 3: REQUIRED SIGNATURE (TO BE COMPLETED BY EMPLOYEE)

Sign the form and date your signature.
Return the form to your employer.

SECTION 4: EMPLOYEE POSITION INFORMATION (TO BE COMPLETED BY EMPLOYER)

Provide the position hire date – the date in which the employee was hired to perform creditable service in the position they are making this election for. CalSTRS defers to the employer as to the date in which you consider an employee to be hired. Provide the position title – the title of the position the employee is performing creditable service in.

SECTION 5: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Verify the employee is eligible for the requested membership date.

Provide the following information:

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

Sign the form and date your signature.
Submit the form to CalSTRS and retain a copy.

SUBMITTING THE FORM

This form should be submitted to CalSTRS by the employer. CalSTRS must receive this form within 60 days after the employee's signature date and, if applicable, prior to the submission of contributions. Submit the form by mail or the Secure Employer Website.

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

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

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

QUESTIONS

Employee – contact your employer

Employer – contact CalSTRS Employer Help

Permissive Membership
ES 0350 REV 03/20

[For CalSTRS' Official Use Only]



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. Please read all instructions before completing the form.

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

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

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

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

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

Check One:

- I elect membership in the CalSTRS Defined Benefit Program as of: _____
MEMBERSHIP DATE (MM/DD/YYYY)**

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

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

- I decline membership in the CalSTRS Defined Benefit Program at this time
I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



Section 3: Required Signature (to be completed by employee)

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

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

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
--------------------	-------------------

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

POSITION TITLE Part-Time Instuctor	POSITION HIRE DATE
---------------------------------------	--------------------

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

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

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

EMPLOYER OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
EMPLOYER NAME Chaffey Community College Distrit	COUNTY AND DISTRICT CODE 36/271
EMPLOYER OFFICIAL'S NAME AND TITLE Human Resources Generalist	



Chaffey College

On-Campus Communication

Date: August 1, 2018

To: **CalSTRS Members**

From: **Kim Mascarenas, Administrator, Payroll**

Subject: Increase in STRS Contribution Rate-Revised

California AB 1469 was signed into law June 2014 to improve the solvency of the CalSTRS retirement system over time. As a result, the employee and employer contribution rate will be incrementally increased over the next few years.

Effective 07/01/18 the Employee Contribution rate for STRS will be:

Classic Member (2% at 60) = 10.25%

PEPRA/New Member (2% at 62) = 10.205%

Please see the chart below for the projected rate increase

	Past	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2% at 60 EE rate	8.00%	8.15%	9.20%	10.25%	10.25%	10.25%	10.25%	10.25%
2% at 62 EE rate	8.00%	8.15%	8.560%	9.205%	9.205%	10.205%	10.205%	10.205%
District								
Contribution Rate	8.25%	8.88%	10.73%	12.58%	14.43%	16.28%	18.13%	19.10%

A Classic Member is anyone who performed STRS creditable service prior to 01/01/2013

A PEPRA/New Member is anyone who performed STRS creditable service on or after 01/01/2013

If you have any questions, please feel free to call/email me.

Sincerely,

Kim Mascarenas

Kim Mascarenas
Chaffey College
Administrator, Payroll
(909) 652-6030

kim.mascarenas@chaffey.edu

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name	_____	Employee ID#	_____
Employer Name	Chaffey College	Employer ID#	95-6000558

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.

Chaffey College

SUPPLEMENTAL EMPLOYMENT APPLICATION

NAME (LAST, FIRST AND MIDDLE):
POSITION APPLYING FOR:

RELATIVES

Do you have any relatives, by blood or law, who are currently employed by the Chaffey Community College District?

Yes No If yes, who?

Name	Relationship	Work Site/Department

RESIDENCE

Have you ever, in your adult life (as of the age of 18), lived outside the state of California for more than 90 consecutive days? Yes No

CONVICTIONS

Because of our responsibility to students and to the public, it is important to be extremely careful in screening applicants with conviction records. You may be disqualified from an examination, or dismissed from employment with the Chaffey Community College District unless you fill out this form accurately and completely. In accordance with the Governing Board's policies and the provisions of the Education Code, all prospective employees are fingerprinted and the fingerprints are submitted for verification.

A conviction includes a plea of guilty, and/or a finding of guilty by a judge or a jury, even if such conviction was later dismissed pursuant to Penal Code section 1203.4. **Convictions that are dismissed under Penal Code section 1203.4 are not "expunged" for this purpose and must be disclosed.** They will appear on the report prepared by the California Department of Justice and/or Federal Bureau of Investigation.

Have you ever been convicted, fined or placed on probation for any violation of law? Yes No

You may omit the following:

- Minor traffic infractions and offenses adjudicated in juvenile court;
- If you have been convicted of a drug offense in the Health and Safety Code Sections 11357, 11360, 11364 or 11365, or a statutory predecessor of these statutes which is over two years old.

INSTRUCTIONS

In the spaces below, give complete details for every time you have been convicted, fined, placed on probation, sentenced or given a suspended sentence for any violation of law. If you are in doubt, list the conviction and explain. If you are a finalist for a position with our District and a conviction appears on your records which you have not listed, you will be denied employment. Attach additional sheets if necessary.

Offense (Brief Description)	Offense Code No.	Date Mo/Yr	Location (City & State)	Infraction	Misdemeanor	Felony	Imprisoned	Fined	Probation

DECLARATION

I declare that I have read and understand all of the questions and statements listed above and the answers I have given are true and correct.

Signature of Applicant

Date Signed

Your Faculty Association welcomes you to Chaffey College

What is CCFA?

The Chaffey College Faculty Association is a local chapter of the California Teachers' Association. CCFA represents all Chaffey faculty—full- and part-time, member or not—in matters of wages, hours, and working conditions. To ensure student success, safety, and appropriate support, we work closely with Faculty Senate, which represents faculty interests in academic and professional matters.



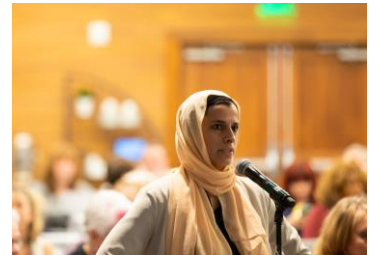
Why join?

Membership in CTA and NEA brings a smorgasbord of benefits including free \$1 million liability insurance, free life insurance, free legal assistance, steep discounts for shopping and entertainment of all sorts, low-rate cash-back credit cards and an array of other money-saving perks. Only members of CCFA may run for seats on its Representative Council and vote in its elections, including those for ratification of the faculty contract.



Why else?

You benefit by joining a community of professionals who have fair contracts, grievance processing, financial planning workshops, campus educational events, conference attendance and travel funds. CCFA needs your involvement and support on the local level; strong membership numbers and participation benefit all faculty.



What next?

Visit **CCFA online** to learn more about your faculty union: <http://ccfa.us/>

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