



Responsibilities of a Chaffey College Student Employee

1. I understand that I must read, complete, and sign **all** required employment documents **prior to my first day of work**. I understand that failure to complete these documents and allow them to be processed by the Student Employment Office will affect my ability to work and/or my ability to receive a payroll warrant. The documents to be completed include, but may not be limited to:
 - ▶ **Responsibilities of a Chaffey College Student Employee** (this page) 1
 - ▶ **Employee Information** 2
 - ▶ **Form I-9, Employment Eligibility Verification** (instructions in packet) 3-5
 - ▶ **Form W-4, Employee's Withholding Allowance Certificate** 6-7
 - ▶ **Student Payroll Information Sheet with Timesheet Example** 8
 - ▶ **Warrant Beneficiary Designation** 9
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 - ▶ **Supplemental Employment Application** 12
 - ▶ **Acknowledgment of Documentation** (see Student Employment Information Packet)
2. I agree to arrange a mutually agreed upon work schedule with my immediate supervisor and to consistently adhere to that schedule. I understand that all changes to my work schedule must be approved by my immediate supervisor in advance of the date of change.
3. I agree to report to work on time and with regularity. I understand that if I am unable to report to work or if I will be reporting late due to an illness or other unavoidable reason, I must contact my immediate supervisor personally prior to my report time or as early in the work day as possible.
4. I understand that my position as a student employee requires that I conduct myself in a professional manner. Furthermore, I agree to maintain confidentiality regarding any sensitive information to which I may be privileged by virtue of my student employee position and understand that a breach of confidentiality or any act of dishonesty is just cause for immediate dismissal.
5. I agree, when circumstances allow, to give my immediate supervisor a minimum two-week notice of my intention to resign.
6. I understand that whenever possible the proper procedure for discussing work site concerns and grievances dictates that I discuss them first with my immediate supervisor.
7. I understand that it is my responsibility to submit a properly completed timesheet to my immediate supervisor by the agreed upon date. I understand that my failure to do so may delay my payroll warrant for that pay period.

I, the undersigned, affirm that I have read the above statements and agree with the terms therein. I understand that I may seek the assistance of the Student Employment Office when completing any required employment documents. I understand that a copy of this agreement will be available to my supervisor. I understand that I must maintain enrollment in at least six (6) units and a 2.0 cumulative GPA in order to participate in the student employment program.

SIGN HERE

Student Employee Signature

Date (mm/dd/yyyy)

Received by (Student Employment Office Staff)

Date



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)
County of San Bernardino) ss

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

EMPLOYEE INFORMATION

Date _____ **Social Security Number** _____ **Chaffey 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:
 _____ **Marriage** **Divorce** **Other** _____
 Former Last Name

Physical Address (do not use a PO Box)

 Street Apt. # City State Zip

Email address _____ **Home Phone** _____ **Cell Phone** _____

Mailing Address (if different)

 Street Apt. # City State Zip

Emergency Contact

 Emergency Contact Name Relationship Emergency Phone

 Street (if different) 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)



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

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



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

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		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative Student Career Specialist	
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 		<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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
<ol style="list-style-type: none"> 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. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

You 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.



Student Payroll Information

1. Student employment is short-term, temporary, and may not exceed 20 hours per week (or 35 hours per week when school is not in session).
2. Pay periods begin on the 1st of each month and end on the last day of the month.
3. Paychecks are issued on the 15th of each month. If the 15th falls on a weekend or holiday, checks will be issued the next business day.
4. Compensation is based on actual time worked; e.g., you will not be compensated for days off due to illness, vacation, jury duty, holidays, semester breaks, etc...
5. The District has the right to terminate your employment at any time. As an "at will" employee, you do not have reasonable assurance of continued work. Therefore, during breaks in employment you may be eligible to apply for unemployment and may file a claim with the Employment Development Department (EDD). Your entitlement for benefits will be determined by EDD and not by the District.

SIGN HERE

Employee Signature

Date

PLEASE CHECK MONTH: 20 10

JAN APR JUL OCT
 FEB MAY AUG NOV
 MAR JUN SEP DEC

Legal Name: Maikemoney, Anita's
 District ID Number: 1234567
 School Unit: Chaffey
 Student Assistant

DATE	IN	OUT	IN	OUT	HRS WORKED	REMARKS
1						
2						
3	2:00	4:00			2.0	
4						
5						
6	8:00	12:30	1:00	3:00	6.5	DS (holiday)
7	8:00	12:30	1:00	3:00	6.5	
8						
9						
10	11:00	4:00			5.0	
11						
12						
13						
14	8:00	12:30	1:00	3:00	6.5	
15						
16						
17	11:00	4:00			5.0	
18						
19						
20						
21	8:15	12:30	1:00	3:00	6.25	
22						
23						
24	11:00	4:00			5.0	
25						
26						
27						
28	8:00	12:30	1:00	3:00	6.5	
29						
30						
31						

TOTAL HOURS WORKED: 42.75
 TOTAL DAYS WORKED: 8

CERTIFICATION: We the undersigned certify that all entries are true and correct and that lunch/breaker breaks are not included as hours worked (You may be held liable for incorrect entries).

Signature: Anita Maikemoney Date: 9-30-10

Sample Timesheet

1. Timesheets should be filled out in blue or black ink (not red), or typed on a computer.
2. The writing on a timesheet must be completely legible.
3. Any changes to a timesheet must be initialed by the person who made the correction (in "Remarks").
4. Hours worked are to be recorded in decimal format (not fractions).
5. Timesheets must be signed and dated by the employee before submission.



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 have 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.)

Print Designee's Name in Full

Relationship to Employee

Designee's Complete Address (Street, City, State, and Zip)

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

It is expressly understood and agreed that the Chaffey Community College District is not obligated to deliver said warrant(s) to the person designated herein above 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's Signature

Date

SIGN HERE

Witness / Student Employment Office Staff



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:** _____

SIGN HERE

FOR BUSINESS OFFICE USE ONLY:

Prenote 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

SIGN HERE

Date



Supplemental Employment Application

Name: _____ **Chaffey ID Number:** _____
Last First MI
Home Phone: _____ **Cell Phone:** _____ **Dept:** _____

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

CONVICTIONS

As part 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.

A conviction includes a plea of guilty, and/or 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 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.



Student Employee Signature

Date