LAKESIDE UNION SCHOOL DISTRICT

12335 Woodside Ave, Lakeside, CA 92040

APPLICATION FOR CLASSIFIED EMPLOYMENT

INSTRUCTIONS: Please print in ink or type. The information you enter below will be used to review your qualifications and to evaluate you educational background and work experience. Please give complete and concise information.

NAME (Last) _____ (First) _____ (Middle) _____

ADDRESS _____ (CITY) _____ (ZIP) _____

HOME PHONE _____ ALTERNATE PHONE _____

TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING:

☐ Clerical	☐ Maintenance	☐ Instructional Assistant	☐ Food Service
☐ Bus Driver	☐ Child Care Assistant	☐ Custodial	☐ Gardening
☐ Special Ed. Assistant	☐ Noon Duty Assistant	☐ English Learner Assistant	

Do you wish to be considered for substitute work? ☐ Yes ☐ No

Are you immediately available for employment? ☐ Yes ☐ No

Language spoken other than English _____

Which do you read and write? _____ Which do you read and write? _____

Have you ever been employed by the Lakeside Union School District? ☐ Yes ☐ No If yes, list dates of employment & job title(s): _____

EDUCATION BACKGROUND (Check the highest grade completed)

☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ AA ☐ BA/BS ☐ MA/M

DID YOU GRADUATE? ☐ Yes ☐ No

NAME & CITY	MAJOR	MINOR	DEGREE
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
SPECIAL TRAINING			

LIST OF CHARACTER REFERENCES:

	NAME	ADDRESS	BUSINESS / POSITION	PHONE
1				
2				
3				

LICENSE AND CERTIFICATE DATA:	CALIFORNIA DRIVER'S LICENSE NUMBER (IF REQUIRED)
DO YOU HAVE A CLASS "B" LICENSE? ☐ YES ☐ NO DO YOUHAVE A C.H.P. SCHOOL BUS DRIVER'S CERTIFICATE? ☐ YES ☐ NO	FOOD SERVICES ASSISTANTS: DO YOU HAVE A FOOD HANDLER CARD? ☐ YES ☐ NO
DO YOU HAVE A CPR CERTIFICATION? ☐ YES ☐ NO DO YOU HAVE A STANDARD RED CROSS FIRST AID CARD? ☐ YES ☐ NO	FOR CLERIAL APPLICANTS ONLY: DO YOU HAVE A TYPING CERTIFICATE? ☐ YES ☐ NO SPEED _____(WPM) DATE_____ DO YOU HAVE A CERTIFICATE FOR DICTATION? ☐ YES ☐ NO SPEED _____(WPM) DATE_____
PLEASE LIST YOUR COMPUTER TRAINING SKILLS:	PLEASE LIST YOUR COMPUTER TRAINING SKILLS (Continued):

Please read the Work Experience Requirements in the Employment Opportunities Bulletin before completing this section. List **All Work Experience,** paid or unpaid, that included duties and responsibilities that may help to qualify you for this position. Begin with your most recent experience.

MOST RECENT WORK EXPERIENCE			DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
YOUR TITLE	DATES: FROM TO		
ORGANIZATION OR COMPANY NAME			
ADDRESS (Number & Street)	City/ State	Zip	
PHONE # OF ORGANIZATION OR COMPANY	NAME & TITLE OF IMMEDIATE SUPERVISOR		
REASON FOR LEAVING:			

YOUR TITLE	DATES: FROM TO	DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
ORGANIZATION OR COMPANY NAME		
ADDRESS (Number & Street) City/ State Zip		
PHONE # OF ORGANIZATION OR COMPANY	NAME & TITLE OF IMMEDIATE SUPERVISOR	
REASON FOR LEAVING:		

YOUR TITLE	DATES: FROM TO	DESCRIBE YOUR DUTIES AND RESPONSIBILITIES
ORGANIZATION OR COMPANY NAME		
ADDRESS (Number & Street) City/ State Zip		
PHONE # OF ORGANIZATION OR COMPANY	NAME & TITLE OF IMMEDIATE SUPERVISOR	
REASON FOR LEAVING:		

I hereby affirm that the foregoing information is true to the best of my knowledge and belief. I authorize the District to investigate the foregoing, and any other information which might assist the District to determine my qualifications for employment. I release the District and y former employers, and all others from any liability for damage which may result from such investigation. If, upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of employment.

LAKESIDE UNION SCHOOL DISTRICT
12335 Woodside Ave, Lakeside, CA 92040

Personnel Services

CONVICTION REPORT FORM

Our responsibility to school children, the public, and provisions outlined in the State Education Code, Section 45123 and 45124, require the following information. A record does not prohibit you from applying for employment with the Lakeside Union School District. However, failure to fill out this form or to provide the requested information may disqualify you for employment or cause your dismissal from employment. **NOTE:** You may request an administrative review by the Personnel Administrator prior to completing this form.

Read carefully, follow instruction, and answer every question. Failure to answer questions truthfully or completely could cause your application to be rejected.

PLEASE PRINT CLEARLY

NAME _____ _____ _____
LAST FIRST MIDDLE

YES	NO	
☐	☐	Have you ever been convicted* of a sex or drug related offense?
☐	☐	Have you ever been convicted* of a felony or misdemeanour?
☐	☐	Has a finding regarding any sex offense ever been made, and sustained, against you pursuant to ECS 45124 and Article I (commencing with Section 6300), Chapter 2, Part 2, Division 6 of the Welfare and Institutions Code?
☐	☐	Do you have any criminal charges pending against you?

If you answered "**YES**" to any of the preceding questions, fill in the information below.

CERTIFICATION OF APPLICANT: I have answered all questions and the information below truthfully, to the best of my knowledge.

_____ _____
Signature Date

*Conviction includes a finding of guilty by a court in a trial with or without a jury or a plea or verdict of guilty or nolo contendre.

Date, City & State of Conviction	Charge	Disposition(Results): How much fine; how long in jail or prison, how much probation
Date: _____ City: _____ State: _____	Charge:	Disposition:
Date: _____ City: _____ State: _____	Charge:	Disposition:
Date: _____ City: _____	Charge:	Disposition:

LAKESIDE UNION SCHOOL DISTRICT

12335 Woodside Ave, Lakeside, CA 92040

(Required by Chapter 8, Div. 4, Title 1, Secs. 3100 et seq.)
Of Government Code and

*All employees of the State of California must execute an Oath of Allegiance as prescribed & v Sections 18150-18158 of the State Government Code and as set forth in Section 3 of Article XX of the Constitution of California. The law stipulates that no person may be paid compensation for services or reimbursement *for expenses incurred unless, the oath has been taken within 30 days of the first day of employment. The oath may be taken before any of several persons authorized to execute the Oath of Allegiance.*

OATH OF ALLEGIANCE

I,_____, do solemnly swear (or affirm) that I will support and defend 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 _____, _____.

_____
Signature of Authorized Official
District Superintendent

Lakeside Union School District, San Diego County
(Set forth title in full including name of county or District if acting as officer or either.)

Lakeside Union School District

Confidentiality Statement

(Please Print)

Last Name	First Name	M.I.	( ) Telephone

Street Address	City	CA	92040

I understand that ALL student information to which I have access as a school employee is confidential. Such information might include health information in written, oral or electronic form.

I agree not to discuss ANY confidential information, including but not limited to any descriptions of situations as well as names of students.

I understand that even when I am no longer an employee of Lakeside Union School District, confidential information I have learned as an employee must continue to be kept confidential.

I understand that any breech of the confidentiality of student information will result in my immediate termination as an employee of the Lakeside Union School District and that I may be subject to civil liability in some cases.

My signature indicates that I understand and agree to comply with the conditions stated on this form.

Employee Signature

Date

Confidentiality Statement

The Governing Board recognizes the importance of keeping confidential information confidential. Staff shall maintain the confidentiality of information acquired in the course of their employment. Confidential/privileged information shall be released only to the extent authorized by law.

Disclosure of Closed Session Information

An employee shall not disclose confidential information acquired by being present during a closed session to a person not entitled to receive such information, unless the Board authorizes disclosure of that information. (Government Code 54963)

Confidential information means a communication made in a closed session that is specifically related to the basis for the Board to meet lawfully in closed session. (Government Code 54963)

(cf. 9011 - Disclosure of Confidential/Privileged Information)

(cf. 9321 - Closed Session Purposes and Agendas)

An employee who willfully discloses confidential information acquired during a closed session may be subject to disciplinary action if he/she has received training or notice as to the requirements of this policy. (Government Code 54963)

(cf. 4118 - Suspension/Disciplinary Action)

(cf. 4218 - Dismissal/Suspension/Disciplinary Action)

The district shall not take disciplinary action against any employee for disclosing confidential information acquired in a closed session, nor shall the disclosure be considered a violation of the law or Board policy, when the employee is: (Government Code 54963)

1. Making a confidential inquiry or complaint to a district attorney or grand jury concerning a perceived violation of law, including disclosing facts necessary to establish the illegality or potential illegality of a Board action that has been the subject of deliberation during a closed session

(cf. 4119.1/4219.1/4319.1 - Civil and Legal Rights)

2. Expressing an opinion concerning the propriety or legality of Board action in closed session, including disclosure of the nature and extent of the illegal or potentially illegal action

3. Disclosing information that is not confidential

Other Disclosures

An employee who willfully releases confidential/privileged information about the district, students or staff shall be subject to disciplinary action.

No employee shall disclose confidential information acquired in the course of his/her official duties. Confidential information includes information that is not a public record subject to disclosure under the Public Records Act, information that by law may not be disclosed, or information that may have a material financial effect on the employee.

(cf. 4112.6/4212.6/4312.6 - Personnel Files)

(cf. 4112.62/4212.62/4312.62 - Maintenance of Criminal Offender Records)

(cf. 4143/4243 - Negotiations/Consultation)

(cf. 5125 - Student Records)

(cf. 5125.1 - Release of Directory Information)

(cf. 5141.4 - Child Abuse Prevention and Reporting)

(cf. 6164.2 - Guidance/Counseling Services)

Any action by an employee which inadvertently or carelessly results in release of confidential/privileged information shall be recorded, and the record shall be placed in the employee's personnel file. Depending on the circumstances, the Superintendent or designee may deny the employee further access to any privileged information and shall take any steps necessary to prevent any further unauthorized release of such information.

Legal Reference:

EDUCATION CODE

35010 Control of district; prescription and enforcement of rules

35146 Closed sessions

35160 Authority of governing boards

44031 Personnel file contents and inspection

44932 Grounds for dismissal of permanent employees

44933 Other grounds for dismissal

45113 Rules and regulations for classified service

49060-49079 Pupil records

GOVERNMENT CODE

1098 Public officials and employees: confidential information

6250-6270 Inspection of public records

54950-54963 Brown Act

UNITED STATES CODE, TITLE 20

1232g Family Education Rights and Privacy Act

Management Resources:

WEB SITES

CSBA: http://www.csba.org

Policy LAKESIDE UNION SCHOOL DISTRICT

adopted: September 17, 2012 Lakeside, California

My signature indicates that I understand and agree to comply with the conditions stated on this form.

_____

Employee's Signature

_____

Date

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		► **Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly** (or Qualifying widow(er))
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents

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

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

Multiply the number of other dependents by $500 . . . . ► $ _____

Add the amounts above and enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

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

Step 5: Sign Here

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

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

Employers Only

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

Clear Form

This form can be used to manually compute your withholding allowances, or you can electronically compute them at **www.taxes.ca.gov/de4.pdf**.

Employment Development Department
State of California

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances ☐ SINGLE or MARRIED (with two or more incomes) ☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD
City, State, and ZIP Code	

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____

   Number of allowances from the Estimated Deductions, Worksheet B _____

   Total Number of Allowances (A + B) when using the California Withholding Schedules for 2018 _____

   OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

   OR

3. 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.

Signature _____ Date _____

Employer's Name and Address	California Employer Payroll Tax Account Number

cut here

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME **TAX MAY BE UNDERWITHHELD** IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

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.

You should complete this form if either:

(1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,

(2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or 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. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief 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 3. You may be required to provide proof of exemption upon request.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES	1-800-852-5711 (voice) 1-800-822-6268 (TTY)
IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free)	1-916-845-6500

The *California Employer's Guide,* DE 44, provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at **www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm**. To assist you in calculating your tax liability, please visit the FTB website at **www.ftb.ca.gov/individuals/index.shtml**.

NOTIFICATION: If the IRS instructs your employer to withhold federal income tax based on a certain withholding status, your employer is required to use the same withholding status for state income tax withholding.

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.

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, underwithholding 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 or Form W-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	(F) _____

INSTRUCTIONS — 2 — 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

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 $8,472 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,236 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); 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 Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.		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 **Complete Worksheet C**		11. _____

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

WORKSHEET C **TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2018 . . . . . 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 2018 tax rate schedules below . . . . . 8. _____
9. Enter personal exemptions (line F of Worksheet A x $125.40) . . . . . 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 2018. 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 2018. 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 2018 . . . . . 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 2018 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	$8,223 ...	1.100%	$0	$0.00
$8,223	$19,495 ...	2.200%	$8,223	$90.45
$19,495	$30,769 ...	4.400%	$19,495	$338.43
$30,769	$42,711 ...	6.600%	$30,769	$834.49
$42,711	$53,980 ...	8.800%	$42,711	$1,622.66
$53,980	$275,738 ...	10.230%	$53,980	$2,614.33
$275,738	$330,884 ...	11.330%	$275,738	$25,300.17
$330,884	$551,473 ...	12.430%	$330,884	$31,548.21
$551,473	$1,000,000 ...	13.530%	$551,473	$58,967.42
$1,000,000	and over...	14.630%	$1,000,000	$119,653.12

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
$0	$16,446 ...	1.100%	$0	$0.00
$16,446	$38,990 ...	2.200%	$16,446	$180.91
$38,990	$61,538 ...	4.400%	$38,990	$676.88
$61,538	$85,422 ...	6.600%	$61,538	$1,668.99
$85,422	$107,960 ...	8.800%	$85,422	$3,245.33
$107,960	$551,476 ...	10.230%	$107,960	$5,228.67
$551,476	$661,768 ...	11.330%	$551,476	$50,600.36
$661,768	$1,000,000 ...	12.430%	$661,768	$63,096.44
$1,000,000	$1,102,946 ...	13.530%	$1,000,000	$105,138.68
$1,102,946	and over	14.630%	$1,102,946	$119,067.26

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
$0	$16,457 ...	1.100%	$0	$0.00
$16,457	$38,991 ...	2.200%	$16,457	$181.03
$38,991	$50,264 ...	4.400%	$38,991	$676.78
$50,264	$62,206 ...	6.600%	$50,264	$1,172.79
$62,206	$73,477 ...	8.800%	$62,206	$1,960.96
$73,477	$375,002 ...	10.230%	$73,477	$2,952.81
$375,002	$450,003 ...	11.330%	$375,002	$33,798.82
$450,003	$750,003 ...	12.430%	$450,003	$42,296.43
$750,003	$1,000,000 ...	13.530%	$750,003	$79,586.43
$1,000,000	and over	14.630%	$1,000,000	$113,411.02

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES
(Not Toll Free) 1-916-845-6500

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.

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 *(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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

OR

3. Foreign Passport Number: _____

Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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

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

STOP *Employer Completes Next Page* STOP

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

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				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

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

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

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (*Street Number and Name*)	City or Town	State	ZIP Code

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

A. New Name *(if applicable)*			**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)*

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*	Name of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

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
1. U.S. Passport or U.S. Passport Card		**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		**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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**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. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (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.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

LAKESIDE UNION SCHOOL DISTRICT

PERSONNEL SERVICES

EMPLOYEE EMERGENCY INFORMATION FORM

All employees are required to complete a new emergency information form for the 2013/2014 school year. This information will assist us in keeping your employee information up-to-date and accurate.

DATE:_____

⇨ PLEASE INDICATE IF THE FOLLOWING INFORMATION HAS CHANGE:

☐ NAME ☐ ADDRESS ☐ TELEPHONE ☐ OTHER

Circle check title: ☐ Miss, ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

NAME:_____
(Last name) (First name) (Middle Initial)

MAILING ADDRESS:_____

STREET ADDRESS:_____

CITY:_____ ZIP:_____

PHONE: (__)_____ PHONE UNLISTED? ☐ YES ☐ NO
Include Area Code

HOME EMAIL ADDRESS: _____

DATE OF BIRTH:_____

POSTION TITLE: _____

JOB LOCATION: _____

VOICEMAIL: USERNAME:_____PASSWORD:_____

ASSIGNMENT *(Grade or subject if Certificated):*_____

NAME OF SPOUSE:_____

Person to be called in case of accident or emergency:

Name: _____ Relationship: _____

Address:_____

Phone: _____

NOTE: Please notify the personnel office of any change of name, address or telephone number IMMEDIATELY.

LAKESIDE UNION SCHOOL DISTRICT

Employee's Designation of Beneficiary

Under Government Code Section 53245*

INSTRUCTIONS: Please compete this form and return this form to the personnel office. Keep a copy for your personal records.

From: _____ _____

(Employee Name) (Social Security Number)

To: Business Manager
Lakeside Union School District

Re: Designation of Person To Receive and Negotiate Warrants After Death Under Government Code Section 53245

This is to inform you that in the event of my death, I hereby designate:

_____

(Name of Designee)

As the person entitled to receive and negotiate all warrants of checks that will be payable to me from the Superintendent of Schools, Department of Education, San Diego County.

The designee is: ☐ Husband ☐ Wife ☐ Parent ☐ Child

_____ Other

He / She may be identified as follows: Date of Birth: _____

Place of Birth: _____

Soc Sec No : _____

Address this date: _____

I understand that it is my responsibility to keep this designation current, and further, I understand that this designation is in addition to, and separate from the beneficiary designation filed with the State Teacher's Retirement System, the Public Employees' Retirement System, or in any other will, codicils, or like documents.

_____ _____

(Date filed) *(Employee Signature)*

**Government Code, Section 53245*

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

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:

_____
(name of doctor)(M.D., D.O., or medical group)

_____ (street address, city, state, ZIP)

_____ (telephone number)

Employee Name (please print):

_____

Employee's Address:

_____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses:

_____

Employee's Signature _____ Date: _____

Physician: I agree to this Predesignation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

DIRECT DEPOSIT AUTHORIZATION

PRINT or TYPE

NAME _____ SOCIAL SECURITY NO./EMPLOYEE ID NO._____

DISTRICT _____ WORK SITE_____

Do you currently have an active Direct Deposit on file with another School District or Charter School within San Diego County? *Yes* ☐ *No* ☐

If yes, what District(s) and/or Charter School(s)? _____

I hereby authorize the above named School District(s), Charter School(s), and the San Diego County Office of Education (SDCOE) and/or their agents to initiate electronic deposits via the Automated Clearing House (ACH) and, as necessary, to debit corrections to previous deposits, to the account(s) specified below.

- Direct deposit status is not activated until my regular payroll cycle following a $0 test transaction (approx. 30 days).
- I must submit a new authorization form if I close/change my account (name, branch, etc.). Failure to do so may result in in a deposit delay.
- All new accounts must go through a Prenote verification (approx. 30 days), during which time a live warrant will be issued.
- Direct deposit status will be temporarily suspended if wages are garnished and/or the Credentials Unit at SDCOE places a hold on the warrant.
- It is my responsibility to keep apprised of any deposit(s) made to my account(s), including the date(s) and amount(s) of any such deposit(s).
- **I understand that I have only one direct deposit record for all active positions within a San Diego County School District, Charter School, or SDCOE, even if I am employed by more than one of these employers.**

I agree to hold harmless and indemnify the School District(s), Charter School(s), and SDCOE and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of the District, School, or SDCOE and their officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previous agreements made by me and will remain in effect until changed or canceled by submission of a new Direct Deposit Authorization to the District, School, or SDCOE office in which I am currently employed. **All District, School, and SDCOE assignments, both current and future, will automatically be linked to the most recent Direct Deposit Authorization received by my current employer(s).**

Signature: _____ Date: _____

DEPOSIT INSTRUCTIONS: ☐ **New ACH Set Up (Prenote Needed)** ☐ **ACH Amount Change (No Prenote needed)** ☐ **ACH Cancellation**

Name of Financial institution _____

address of Financial institution _____

Financial institution t ransit r outing No. ☐☐☐☐☐☐☐☐☐

Checking

☐ Net Check, or

☐ $ _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Checking Account Number

Savings

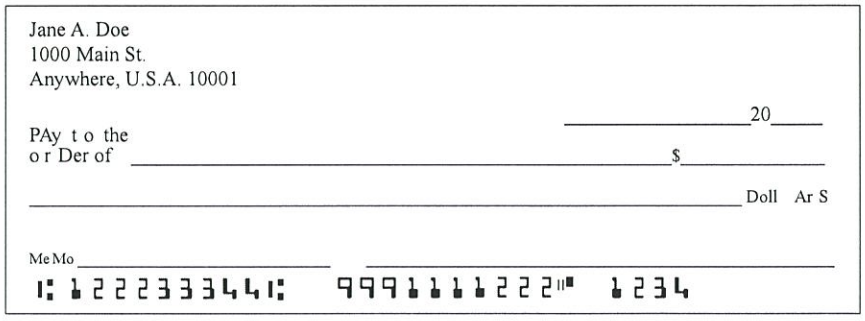
☐ Net Check, or

☐ $ _____

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Savings account Number

ATTACH VOIDED, BLANK CHECK HERE, IF DEPOSITING TO A CHECKING OR SHARE DRAFT ACCOUNT



t ransit r outing No. Account No. Check No.

Form 224 - BuS
SDCOE 1/15

Payroll/HR Use Only:
If applicable - Payroll/HR Department has notified other District and/or Charter School of Direct Deposit update on _____ Date ____Initials

San Diego County Office of Education

VERIFICATION FOF MEMBERSHIP STATUS IN A CALIFORNIA
PUBLIC RETIREMENT SYSTEM

To be completed by newly-hired school district personnel

Who did not render service in a San Diego County school district during the school year preceding present employment.

BUT

Who have been employed in **ANY CAPACITY** by a school district or public agency in California prior to present employment.

☐ Mr.
☐ Mrs.
☐ Miss. _____

Last name *First* *Middle* *Maiden*

Birthdate _____

In what California county did you last serve? _____

Agency last served? _____

In what year? _____

Under what name? _____

In what position? _____
(If as a teacher indicate contract, hourly, substitute, child care)
(If in nonteaching assignment indicate secretary, clerk, highway patrol, accountant, etc.)

If a monthly employee, what percent were you employed? _____
(30%) *(50%)* *(75%)* *etc.*

Check retirement system to which you contributed during above employment:

State Teachers' _____ Public Employees'_____

Other _____

Are you currently a member of the system you checked above? ☐ Yes ☐ No

If you checked NO: When did you withdraw your funds? _____
Or *(Date)*

When did you retire? _____
(Date)
(Retire means receiving a monthly benefit payment)

The facts you have furnished as to your public agency retirement membership status are to enable the San Diego County Office of Education to determine and verify your retirement status with the retirement systems.

Therefore, it is VERY important that you accurately complete this form. If you are a current member of STERS or PERS and have not indicated so on this form, you are immediately liable for retirement contributions not deducted from your earnings.

Signature:_____ Date:_____

NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER	**Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.**

2. CURRENT NAME (LAST) (FIRST) (MIDDLE)

3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE

6. TERM OF APPOINTMENT	7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.	8. APPOINTMENT DATE		
		MM	DD	YYYY
☐ PERMANENT ☐ TEMPORARY	MONTHS			

9. TIME BASE

☐ FULL-TIME ☐ INDETERMINATE ☐ PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:

In your present position with this agency, you are excluded from CalPERS membership because:

☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.

☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.

☐ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.

☐ 4. Your position is excluded by law or by contract agreement which excludes:

_____ Enter contract exclusion (for Public Agencies only).

☐ 5. You are an independent contractor.

☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.

☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you should be a member in your present position. Be sure to notify your employer to complete a (PERS-1) Member Action Request Form or appoint via ACES to report your employment to CalPERS.

If you believe that your employment <u>does</u> qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE

SIGNATURE OF EMPLOYEE	DATE

NOTE: Benefits provided by CalPERS are described in the "CalPERS Benefits" information booklet available from your employer.

PERS-AESD-139 (3/08)

California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the ***Reciprocal Self-Certification Form (PERS-EAMD-801)*** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the ***Reciprocal Self-Certification Form***, please visit our website at **www.calpers.ca.gov**.

Please note: The completion of the ***Reciprocal Self-Certification Form*** does not establish reciprocity, nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at **www.calpers.ca.gov**.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, ***Reciprocal Self-Certification Form***, and Directions for Completing Reciprocal Self-Certification Form

List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association^	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association^	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association^	
Imperial County Employees' Retirement Association^	
Judges Retirement System II	
Kern County Employees' Retirement System^	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (miscellaneous) only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
Los Angeles County Employees' Retirement Association^	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association^	
Mendocino County Employees' Retirement Association^	
Merced County Employees' Retirement Association^	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System^	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System^	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association^	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association^	
San Joaquin County Employees' Retirement Association^	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association^	
Santa Barbara County Employees' Retirement System^	
Sonoma County Employees' Retirement Association^	
Stanislaus County Employees' Retirement Association^	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association^	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association^	

*=Also CalPERS-covered agency ^=1937 Act Counties

California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or **888**-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Reciprocal Self-Certification Form

*Complete the following information and return this form to your personnel office **within 10 business days.** To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.*

Section 1. Member Information

Member Name: (Last)	(First)	(Middle)
Date of Birth:	CalPERS ID:	

Membership Status in Qualifying Public Retirement Systems:

☐ I have not been a member of a qualifying public retirement system in California. (skip to section 3)

☐ I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)

Section 2. Qualifying Reciprocal Membership Information

Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	☐Retired* or ☐Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	☐Retired* or ☐Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	☐Retired* or ☐Refunded* Date: / /

**Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify

I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. **I also understand that completing this form is not a request to establish reciprocity.**

I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature: *Date:*

Section 4. To Be Completed by Employer Only

Name of CalPERS Agency:

CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:
Designee of Employer: (print name)	Designees' Title:
Designee Signature:	*Date:*

The employer must retain this form in the member's file for auditing purposes.

For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.

Instructions for Completing the Reciprocal Self-Certification Form

Section 1. Member Information	• Complete the required fields with your name, date of birth, and CalPERS ID. • Check **one** of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. – If you **have not** been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you **have** membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; **do not include CalPERS membership on this form.**
Section 2. Qualifying Reciprocal Membership Information	• In the first column, titled "Name of Public Retirement System," list the name of any qualifying public retirement systems you are a member of a defined benefit plan. – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – **Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form.** • In the second column, titled "Membership Date," list your membership date in the qualifying public retirement system. – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled "Separation Date," list your separation date from the qualifying public retirement system. – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled "Retired or Refunded," indicate if you have retired or refunded from the qualifying public retirement system. – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
Section 3. Sign and Certify	• Please read the statement. Then, sign your name and date the document before returning it to your personnel office.

LAKESIDE UNION SCHOOL DISTRICT
12335 WOODSIDE AVENUE
LAKESIDE, CA 92040
619-390-2600 EXT. 2639

TO: **All Newly Hired Classified Substitute and Classified Regular Employees**

FROM: **Personnel Office**

SUBJECT: **Notification of Reasonable Assurance**

You are hereby notified that you have reasonable assurance to return to work in your usual capacity after the close of all holiday and recess periods during the current school year. Your services will not be needed during the recess periods unless you are notified in writing.

Thank you.

Sincerely,

Lakeside Union School District Personnel Office

Please sign below to confirm your receipt of this notice:

_____

Signature of Classified Employee or Substitute

WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, LAKESIDE UNION SCHOOL DISTRICT, may deduct money from my pay from time to time for reasons that fall into the following categories:

1. My share of the premiums for the Company's group medical/dental plan, including arrears premiums if a deduction did not process.
2. Any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the District.
3. If I receive an overpayment of wages for any reason, repayment to the District of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts).
4. The specified deductible related to the cost of repairing or replacing any District equipment, devices, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the District during my employment.
5. If I take vacation or sick leave without having accrued time to cover such leave, the value of such unpaid leave will be deducted from my salary in either the current, **or** subsequent payroll month (dependent on date the District is notified and payroll processing schedules). This also applies to mandatory non-work days for 10 and 11 month, classified employees, as set forth in the District attendance calendar;

I agree that the District may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the District has stated its intention to abide by all applicable federal, education code and California wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate agency.

_____ _____

Signature of Employee Date

_____

Employee's Name - Printed

_____ _____

Company Representative Date

California School Employee Tuberculosis (TB) Risk Assessment Questionnaire

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.^
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test.**
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**
  For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing.
  A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____ **Date of Birth:** _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

☐ **Yes**
- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

☐ **No** (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

☐ **One or more sign(s) or symptom(s) of TB disease**
- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐ **Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐ **Close contact** to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

^The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

CDPH PublicHealth

CTCA CALIFORNIA TUBERCULOSIS CONTROLLERS ASSOCIATION

Certificate of Completion
Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

First and Last Name of the person assessed and/or examined:

_____

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X_____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):