



Welcome from the Office of Human Resources!

New Hire Forms for Faculty Employees (Instructors, Counselors, Librarians)

As a condition of employment, you are required to submit the following documents and information to the hiring administrator or respective hiring department in order to meet Board deadlines and confirm start date:

- [Personnel Action Form \(PAF\)](#) – *to be completed by the Hiring Administrator only*
- Official Transcripts [sealed]
- Oath of Allegiance - Please have the Administrator, or designee, administer the Oath or Affirmation of Allegiance. (See Board Policy 7120)
- Tuberculosis Certificate Information Form – Please complete form and attach a copy of a current tuberculosis certificate, no older than four years.
- Federal [W-4 Form](#) (Employee's Withholding Certificate) and State [DE-4 Form](#) (Employee's Withholding Allowance Certificate): Per Federal Guidelines, both forms must be filled out and submitted.
- Confidential Personal Information Form - This information is used in preparing mandatory state and federal statistical reports. The form will remain confidential in the Office of Human Resources.
- Retirement Information Form.
- Salary Warrant Delivery Request - Please check the method you would prefer to receive your monthly salary warrant.
- Direct Deposit Form
- Designation of Beneficiary for Deceased Employees
- Deferred Pay Option
- Fingerprint Live Scan Form – Complete live scan form and read [State of California instructions](#). Return copy to the Office of Human Resources. If you are out of state, please contact noted Human Resources person below.
- [Department of Homeland Security's Employment Eligibility Verification \(I-9\) Form](#) – Complete linked form with Hiring Administrator or designee showing original identification for proof of eligibility to work in the United States.
- Request for Sick Leave Transfer
- Initial Placement on the Faculty Schedule for New Contract or Temporary Leave Replacement Faculty
 - Verification of Work Experience
- Statement Concerning Your Employment in a Job Not Covered by Social Security
- CALSTRS Retirement System Election
- CLP Faculty Association Welcome Letter and Membership Enrollment Form

The following notices are being provided to you as mandated by State and/or Federal law. Please retain for reference:

- Public Service Loan Forgiveness (PSLF) Program
- Equal Opportunity Compliance Notice
- Prohibition of Harassment (BP 3430)
- Family and Medical Leave Act (FMLA)
- Chabot-Las Positas Community College District 403(b) and 457(b) Plan Highlights
- Health Reimbursement Arrangement (HRA)
- New Health Insurance Marketplace Coverage Options and Your Health Coverage
- Workers' Compensation Information for New Hires

When the Office of Human Resources receives the completed application packet, they will process for Board of Trustees approval and confirm start date with hiring administrator.

If you have any questions, please contact the Office of Human Resources, [Megan McClain](#), at (925) 485-5269.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Oath of Allegiance



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

(Required by Section 3 of Article XX Constitution of the State of California and by Chapter 8, Division 4, Title 1 of the Government Code)

(State of California as County of Alameda)

I, _____, do solemnly swear (or affirm) that I will support and
(type or print name)
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

Title of position

Taken, subscribed and sworn to before me

This ____ day of _____, 20 ____

Signature of Administrator

Title

This oath must be signed by a Chabot-Las Positas Community College District administrator involved in the hiring and payroll process of faculty, classified and student assistance employees of the District

REFERENCES: Governing Board Policy 7120 and Government Code Section 3104.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Tuberculosis (TB) Information



SECTION 3: INSTRUCTIONS

- 1) Schedule an appointment with your personal physician or at either College's Student Health Center. (List of available locations are listed on the last page for your convenience.)
- 2) Take this form with you when you go in for your TB assessment.
- 3) If a TB examination is required, it will require two visits: The first visit will be for taking your TB test and the second visit will be for a follow-up to have the test viewed for results. (You will have to wait 48 to 72 hours before returning for the second visit to review the results. Remember to schedule your initial visit only if you know you will be able to meet the second visit time requirement, otherwise you may be charged to re-test)
- 4) Once you have completed your assessment and/or examination successfully, your physician will give you a copy of the TB / X-ray certificate. Please check to see if the following information is listed on your certificate:
 - Hospital / Health Clinic Name and Signature of Health Care Provider
 - Date of TB assessment and/or examination or X-ray and final date of results
 - Results of the assessment and/or examination is marked as either negative or positive(NOTE: if positive, a chest X-ray will be required for continuation of employment with the District. An X-ray may be scheduled at most hospitals and clinics)
- 5) Submit this TB form along with **a copy of your TB / X-ray certificate** to the Office of Human Resources, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568 after you have received a clear TB result from the physician.
- 6) Expense for the initial examination, including X-rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District. Please see board policy: http://www.clpccd.org/board/documents/7330BPCommunicableDisease_Adopted20150721.pdf
- 7) Before your TB clearance has expired, after 4 years, a renewal letter will be sent out to notify you that an updated TB assessment and/or examination is required for your personnel file. The letter will state a due date by which you must submit your test to the Office of Human Resources, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568. (A current TB certificate must be on file with the Office of Human Resources at all times in order to continue active employment with Chabot-Las Positas Community College District).

If you have any questions, please contact Denise Marriott Barajas, Office of Human Resources, at dmarriott@clpccd.org or by calling (925) 485-5236.

CALIFORNIA EDUCATION CODE: 87408.6

TB TESTING LOCATIONS

HEALTH CENTERS:

Please be aware that the following are recommended centers; however, we are unable to guarantee available appointments. Expense for the initial examination, including X-Rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District (re: CLPCCD Board Policy 7330).

CHABOT COLLEGE HEALTH CENTER

Tiburcio Vasquez Health Center, Inc.

LOCATED AT:

25555 Hesperian Boulevard
Building 2300, Room 2315
Hayward, CA 94545
(510) 723-7625 or (510) 460-3826
www.chabotcollege.edu/healthcenter
Charge for TB testing is \$28.00 for new hires
Chest X-Rays are referred out as needed

IMMUNIZATION:

Please call for an appointment or business hours, as the schedule below changes according to seasons or holidays as needed:

Monday to Thursday: 8:30 a.m. – 6:30 p.m.
CLOSED FRIDAYS
Closed for lunch daily: 12:30 p.m. – 1:30 p.m.
TB testing on Monday and Tuesday ONLY

LAS POSITAS COLLEGE HEALTH CENTER

Stanford Valley Care

LOCATED AT:

3000 Campus Hill Drive
Building 1700, Room 1701
Livermore, CA 94551
(925) 424-1830
www.laspositascollege.edu/healthcenter
Charge for TB testing is \$30.00 for new hires
Chest X-Rays are referred out as needed

IMMUNIZATION:

Please call for an appointment or business hours, as the schedule below changes according to seasons or holidays as needed:

Monday, Wednesday & Thursday 9:00 a.m. – 5:00 p.m.
Tuesday: 11:00 a.m. – 7:00p.m.
Friday: 9:00 a.m. – 1:00 p.m.
This site remains OPEN during lunchtime.
No TB testing on Thursday and Friday

Please Note:

We no longer have an account with Pleasanton Urgent Care, nor are we continuing to refer our employees to them for TB tests and X-rays. If you still choose to use this clinic on your own, Pleasanton Urgent Care has undergone new management and is now called Redwood Medical Center and Urgent Care.

For questions contact Denise Marriott Barajas, Office of Human Resources, at dmarriott@clpccd.org or by calling (925) 485-5236.

NOTE: SUBJECT TO CHANGE



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).

California School Employee Tuberculosis (TB) Risk Assessment User Guide

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

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



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):

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.**

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) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly (or Qualifying widow(er))		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the 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 CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT 7600 DUBLIN BLVD, THIRD FLOOR DUBLIN, CA 94568	First date of employment	Employer identification number (EIN) 94-1670563
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General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

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

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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

Single or Married Filing Separately

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

Head of Household

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

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

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

Exemption from Withholding

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

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT 7600 DUBLIN BLVD, THIRD FLOOR DUBLIN, CA 94568	California Employer Payroll Tax Account Number 800-3448-1
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PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

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

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

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

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

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

The [California Employer's Guide \(DE 44\) \(PDF, 2.4 MB\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

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

NOTIFICATION: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

PENALTY: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](#) and section 19176 of the [Revenue and Taxation Code](#).

WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

TWO-EARNERS/MULTIPLE INCOMES: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

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

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

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

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- | | |
|------------------------------------------------------------------------------------------------|-----|
| (A) Allowance for yourself — enter 1 | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) |
| (C) Allowance for blindness — yourself — enter 1 | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1 of the DE 4 | (F) |

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

WORKSHEET B

ESTIMATED DEDUCTIONS

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,537 if single or married filing separately, dual income married, or married with multiple employers | – 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference | 11. |

Complete Worksheet C

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

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

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2020 ONLY

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

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

MARRIED PERSONS

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

UNMARRIED HEAD OF HOUSEHOLD

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

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

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



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Confidential Personal Information Form



Name: _____ **Date:** _____
Last First Middle Initial

Sex: M F **SSN:** _____ **Date of Birth:** _____
Month/Day/Year

Permanent Address: _____
Street & Number City State/Zip

Mailing Address: _____
(If different from Permanent Address) Street & Number City State/Zip

Contact #: () _____ cell home work

Alternate #: () _____ cell home work

Email Address: _____

RACE/ETHNICITY AND OTHER INFORMATION: (Please Check One of the following)

- WHITE** (not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- AFRICAN AMERICAN/BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the cultural people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN/PACIFIC ISLANDER:** All persons having origins in any of the following (Check One):
 - CHINA INDIA JAPAN OTHER ASIAN COUNTRY: _____
 - LAOS VIETNAM KOREA
 - PHILLIPINES CAMBODIA SAMOA OTHER PACIFIC ISLAND: _____
 - GUAM HAWAII
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban or South American culture or origin, regardless of race.
- OTHER:** _____
- DECLINE TO STATE**

ARE YOU A VETERAN? Yes No **Military Branch:** _____ **Yrs of Service:** _____

Are you: A disabled veteran? A recently separated veteran?
 An active duty wartime or campaign badge veteran? An Armed Forces service medal veteran?

ARE YOU DISABLED? Yes No **Decline to State**
 An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more major life activities; or, (2) a record of such impairment; or, (3) is regarded as having such impairment.

MARITAL STATUS: Single Married Divorced Other (specify) _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

RELATIONSHIP: _____

CONTACT INFORMATION: **Phone/Cell Number(s):** _____

Email Address(es): _____

NOTE: Information on this form is used in preparing State and Federal reports and will be kept confidential in the Office of Human Resources.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Retirement Information Form



Date _____

Name _____
Last First Middle

SSN: _____ Email: _____

Are you currently employed as a teacher by another school district? YES NO

If "yes", give name of District and indicate whether full-time or part-time:

(District's Name)

FULL-TIME PART-TIME

Are you now or have been a member of California State Teacher's Retirement System (CalSTRS)?

YES NO

If "yes," please check if it is: Defined Benefit Plan OR Cash Balance

Are you retired? YES NO

If yes, date started in this plan? _____

Date of Retirement: _____

Are you now or have been a member of the California Public Employees Retirement System (CalPERS)? YES NO

If "yes", give name of current or former employer and indicate whether full time or part-time:

 FULL-TIME PART-TIME

If employment was terminated, give date: _____

Are you retired? YES NO

If yes, date started in this plan? _____

Date of Retirement: _____

Are you retired from any other retirement system in California? YES NO

Name of Retirement System: _____

Date of Retirement: _____

Are you receiving Social Security? YES NO



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT



Office of Payroll Services
Salary Warrant Distribution Request

I understand my salary warrant will be coded for delivery as authorized below and will continue until a written request to change has been received by Payroll Services.

My salary warrant should be distributed to the following location:

Chabot College:

- Faculty Mailbox [Code 17] (option available to faculty who have an assigned mailbox)
- Children's Center [Code 6]
- Bookstore [Code 15]
- Student [Code 16]
- Admin Services [Code 19]

Las Positas College:

- Business Office [Code 20]
- Student [Code 26]
- ITS [Code 8]
- District Office [Code 30]
- Home Address via U.S. Mail [Code 18]

- Direct Deposit** (Please complete a [Direct Deposit Form](#))

Please be aware that your Direct Deposit pay warrant stub will be **emailed** to you.

I understand that my salary warrant will be mailed via U.S. Mail the next working day, if not picked up from my chosen distribution location prior to 5 p.m. on pay day.

Print Name

W or SSN #

Position Title

Division/Office/Area Assigned

Date

Signature



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Payroll Services
DIRECT DEPOSIT FORM



Direct deposit requests must be verified first through a [pre-note](#) process with your financial institution to confirm the account and routing numbers that were provided are numerically accurate. The [pre-note](#) process will occur on the first payroll period in which you receive a paycheck. Once your account and routing numbers are verified, your direct deposit will be effective the following payroll period.

If you choose to split your salary between more than one financial institution, your direct deposit distribution must equal 100% of your net pay.

Account #1

Financial Institution: _____

Amount or Balance \$ _____

(enter \$ amount to be deposited or "Balance" to indicate ALL or the remaining amount of your pay)

Routing number: _____

Account number: _____

Checking
 Savings

Account #2

Financial Institution: _____

Amount or Balance \$ _____

(enter \$ amount to be deposited or "Balance" to indicate ALL or remaining amount of your pay)

Routing number: _____

Account number: _____

Checking
 Savings

Account #3

Financial Institution: _____

Amount or Balance \$ _____

(enter \$ amount to be deposited or "Balance" to indicate ALL or remaining amount of your pay)

Routing number: _____

Account number: _____

Checking
 Savings

1. A voucher of your salary warrant will be **emailed** to you.

PLEASE PROVIDE YOUR OUTLOOK OR ZONE EMAIL ADDRESS BELOW

2. **SIGN BELOW** and return this form to:

District Office, Payroll, 7600 Dublin Boulevard, 3rd Floor Dublin CA 94568

Print Name

W # (do not use SSN)

Position Title

Division/Office/Area Assigned

Signature

Date

Outlook or Zone Email Address

Posted by payroll: _____



Designation of Beneficiary for Deceased Employees

GOVERNMENT CODE SECTION 53245: Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with their appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all (authorized pay warrants or checks that would have been payable to the decedent had they 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 designee. A person who receives a warrant or check pursuant to this Section is entitled to negotiate it as if they were the employee.

DESIGNATION OF BENEFICIARY PAY WARRANT

As provided in California Government Code Section 53245, in the event of my death, I hereby designate the following person to receive all warrants or checks that will be payable to me from the Chabot-Las Positas Community College District.

Name of Designee: _____

Soc. Sec. Number: _____

Contact Number(s): () _____ () _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

In the event that the person indicated above predeceases me, I hereby designate the following person as a secondary beneficiary:

Name of Secondary Designee: _____

Soc. Sec. Number: _____

Contact Number(s): () _____ () _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in writing. On sufficient proof of identity, the appointing power shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate it as if the employee.

Print Your Name: _____

Your W or Soc. Sec. Number: _____

Employee's Signature

Date

NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION OF BENEFICIARY.

Return form to: [CLPCCD Payroll Services, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568, \(925\) 485-5254 \[FAX\]](#)



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Deferred Pay Option

Deferred Pay is available to full-time employees who work less than 12 months (e.g., August to June). These full-time employees have the option to elect to receive their pay in 10 paychecks, 11 paychecks or 12 paychecks for the fiscal year.

The deferred pay period begins with the August payroll. Should you prefer the deferred pay option, your annual salary will then be divided and paid out in equal installments from August through July each year.

To elect the deferred pay option complete the bottom portion of this form and return it to the Office of Human Resources, 7600 Dublin Boulevard, 3rd Floor, Dublin, CA 94568, **no later than August 10th**.

I **elect** to have deferred pay and understand that money **will be** held aside from each paycheck to accumulate for a paycheck in June (10 month employee) and July.

I **elect to remove** deferred pay and understand that money **will not be** held aside each paycheck and there will be **no** paycheck in June (10 month employee) or July.

If you have any questions please feel free to contact:

Classified: Kaitlyn Lundell 925-485-5506 or klundell@clpccd.org

Confidential & Supervisory: Megan McClain 925-485-5269 or mmcclain@clpccd.org

Faculty: Megan McClain 925-485-5269 or mmcclain@clpccd.org

Deferred Pay Option Election

I, _____ W# _____, elect the deferred
(Print Full Name)

pay option beginning with the August payroll, I understand that my annual salary will be paid to me in 12 paychecks from August through July each year.

Faculty Classified Confidential Supervisory

Signature

Date

For Office of Human Resources Use Only

Entered By:

Date:



CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT

Office of Human Resources

INSTRUCTIONS FOR FINGERPRINTING – Faculty

The State of California Education Code, section 87013 mandates employees of a community college district shall be fingerprinted within ten (10) working days of employment.

Under California Law a plea or verdict of guilty or finding of guilt by the court is deemed to be a conviction, irrespective of a subsequent order under Penal Code section 1203.4 and Education Code sections 87008(a), 87009, 87013, 87405, 88022, and 88024. Relief under Penal Code section 1203.4 does not remove the fact of conviction as they relate to applications or questionnaires to public entities like the Chabot - Las Positas Community College District. As such, you are required to reveal any past conviction on your employment application.

Fingerprinting may only be completed by State of California's Department of Justice (DOJ) qualified Live Scan Site to perform fingerprinting services. The listing is available on the State of California's Department of Justice website: <http://ag.ca.gov/fingerprints/publications/contact.php>. It is strongly suggested that the applicant contact the Site you are interested in to verify a) cost of fingerprinting, b) cost of rolling fee, and c) hours of Live Scan operation. If you are out of state, please notify the Human Resources representative listed below.

STEPS TO FOLLOW:

- 1) Fingerprinting is to be accomplished as soon as possible to meet Board deadlines and confirm start date.
- 2) Complete the middle section of the Request for Live Scan Service form by filling in your name, date of birth, sex, height, weight, eye and hair color, place of birth, driver's license number, and home address.
- 3) Take the Request for Live Scan Service form and a valid photo ID to a DOJ-qualified Live Scan Site to have the fingerprinting service performed. Reminder: The Live Scan fingerprint processing and rolling fee is the responsibility of the applicant.
- 4) Have the Live Scan Fingerprint Processing Agent complete and acknowledge the service by filling in the appropriate section at the bottom of the Request for Live Scan Service form. The Live Scan Fingerprint Processing Agent should return a copy of the completed Request for Live Scan Service form back to you.
- 5) The agency will process the Request for Live Scan Service Form.
- 6) Please return a copy of the Live Scan form to the address noted below and keep a copy for your record.

**Office of Human Resources
Chabot - Las Positas Community College District
7600 Dublin Boulevard, 3rd Floor
Dublin CA 94568**

For additional information or questions please contact [Megan McClain](#), Office of Human Resources at (925) 485-5269.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0593

Full-Time Faculty Employment

ORI (Code assigned by DOJ)

Authorized Applicant Type

CC LPC DO Department working for:

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Chabot-Las Positas Community College District

00417

Agency Authorized to Receive Criminal Record Information
7600 Dublin Boulevard, 3rd Floor

Mail Code (five-digit code assigned by DOJ)

Megan McClain

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Dublin CA 94568

(925) 485-5269

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name (AKA or Alias) Last First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box City State ZIP Code

Your Number: **A0593**
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Chabot-Las Positas Community College District

00417

Employer Name

Mail Code (five digit code assigned by DOJ)

7600 Dublin Boulevard, 3rd Floor
Street Address or P.O. Box

Dublin CA 94568
City State ZIP Code

(925) 485-5506
Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



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

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

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

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

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

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

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

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

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

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

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 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



Instructions for Form I-9, 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

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) the employee may present to establish employment authorization. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, contact the Immigrant and Employee Rights Section (IER) in the Department of Justice's Civil Rights Division at <https://www.justice.gov/ier>.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands ([CNMI](#)), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. For the purpose of completing this form, the term “employer” means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An “employee” is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “Employee” does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on USCIS' Form I-9 website, [I-9 Central](#).

Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

Entering Your Employee Information

Last Name (*Family Name*): Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include: De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

First Name (*Given Name*): Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include: Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

Middle Initial: Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

Other Last Names Used: Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

Address (*Street Name and Number*): Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

Apartment: Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

City or Town: Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

State: Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

ZIP Code: Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

Date of Birth (*mm/dd/yyyy*): Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

U.S. Social Security Number: Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site.domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

Attesting to Your Citizenship or Immigration Status

You must select one box to attest to your citizenship or immigration status.

- 1. A citizen of the United States.**
- 2. A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

- 4. An alien authorized to work:** An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

Aliens authorized to work must enter one of the following to complete Section 1:

1. Alien Registration Number (A-Number)/USCIS Number; or
2. Form I-94 Admission Number; or
3. Foreign Passport Number and the Country of Issuance.

Your employer may not ask you to present the document from which you supplied this information.

Alien Registration Number/USCIS Number: Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

Form I-94 Admission Number: Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

Foreign Passport Number: Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

Country of Issuance: If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9.
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked "**A preparer(s) and/or translator(s) assisted the employee in completing Section 1**", then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. [The Form I-9 Supplement](#), Section 1 Preparer and/or Translator Certification, can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1 of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if “Individual under Age 18” or “Special Placement” is entered in lieu of the employee’s signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name (*Family Name*): Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (*Given Name*): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (*Street Name and Number*): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as “3 miles southwest of Anytown post office near water tower.” If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator’s residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien’s nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You may designate an authorized representative to act on your behalf to complete Section 2. An authorized representative can be any person you designate to complete and sign Form I-9 on your behalf. You are liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the person designated to act on your behalf.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or [I-9 Central](#) for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.everify.gov. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

List A - Identity and Employment Authorization: If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information or N/A in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

Document Title: If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg. Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I-94A 3. Form I-20 or Form DS-2019 Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I-94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I-94A	1. RMI Passport with Form I-94 2. Form I-94/I-94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019 (if presented)
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

Issuing Authority: Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S" (which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an [individual under age 18](#) or certain [employees with disabilities](#) in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. If you enter document information in List B, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities (Note: This selection does not include the driver's license or ID card issued by a State or outlying possession of the United States as described in B1 of the List of Acceptable Documents.)	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. If you enter document information in List C, you should not enter document information or N/A in List A. If you complete Section 2 using a computer, a selection in List C will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C #7 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #7 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Consular Report of Birth Abroad (Form FS-240)	Form FS-240
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (Form I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
Employment authorization document issued by DHS (List C #7) (Note: This selection does not include the Employment Authorization Document (Form I-766) from List A.)	Employment Auth. document (DHS) List C #7
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (*Street Name and Number*): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc, that applies.

State: Enter the two-character abbreviation of the state for the employer's business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer's business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "DHS Privacy Notice" below.

USCIS Forms and Information

For additional guidance about Form I-9, employers and employees should refer to the *Handbook for Employers: Guidance for Completing Form I-9 (M-274)* or USCIS' Form I-9 website at <https://www.uscis.gov/i-9-central>.

You can also obtain information about Form I-9 by e-mailing USCIS at I9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at <https://www.uscis.gov/i-9>. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at <http://get.adobe.com/reader/>. You may order paper forms at <https://www.uscis.gov/forms/forms-by-mail> or by contacting the USCIS Contact Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a web-based system that allows employers to confirm the eligibility of their employees to work in the United States, can be obtained at <https://www.e-verify.gov> or by contacting E-Verify at <https://www.e-verify.gov/contact-us>.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

DHS Privacy Notice

AUTHORITIES: The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

PURPOSE: The primary purpose for providing the requested information on this form is for employers to verify your identity and employment authorization. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States. This form is completed by both the employer and employee, and is ultimately retained by the employer.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
 Office of Human Resources
 Request for Sick Leave Transfer



Note to Employee: Complete top half of page and send to former employer, please do not send back incomplete as it will delay processing.

To: **PAYROLL DEPARTMENT**

Subject: **Verification of Sick Leave**

Re:

 Name of Employee

 SSN

 Former name in which records may be filed

This will authorize you to verify my sick leave at:

 Name of previous school district or agency

 Address

 City

 State

 Zip

 Employee Signature

The following is to be filled out by past employer:

VERIFICATION OF UNUSED SICK LEAVE

Upon separation from service on _____, the above-mentioned employee is

entitled to _____ days or _____ hours of sick leave.

I certify that this is a true and correct statement.

 Signature of Verifying Official

 Print Name of Verifying Official

 Title

 School District or Agency

 Date

Send completed form to:

Chabot-Las Positas Community College District

ATTN: Payroll Department

7600 Dublin Boulevard, 3rd Floor

Dublin CA 94568

Office: 925.485.5228 Fax: 925.485.5286



TO: New Full-time Faculty

FROM: Jennifer Druley, Human Resources

SUBJECT: Initial Place on the Faculty Salary Schedule for New Contract or Temporary Leave Replacement Faculty

RE: Faculty Collective Bargaining Agreement Article 21D.1-4

All New Contract or Temporary Leave Replacement Faculty is initially placed on the Faculty Salary Schedule at Step 1. The Faculty Salary Schedule is available on the Human Resources Website:

<http://www.clpccd.org/HR/HRContactsandSalarySchedules.php>.

Per Articles 21D.1-4 of the Faculty Collective Bargaining Agreement (CBA), it is the responsibility of the New or Temporary Leave Replacement Faculty to initiate a change from the initial step placement of Step 1. Please review Articles 21D.1-4 by visiting our website at:

<http://www.clpccd.org/HR/HRContactsandSalarySchedules.php>.

Should you have questions, please do not hesitate to contact me at 925.485.5240 or jdruley@clpccd.org.

Attachment: Initial Placement on the Salary Schedule for New or Temporary Leave Replacement Faculty Contracts



Initial Placement on the Faculty Salary Schedule For New or Temporary Leave Replacement Faculty Contracts

Newly hired Contract or Temporary Leave Replacement Faculty may be placed as high as step seven (7) on the [Faculty Salary Schedule](#). Credit for previous teaching or work experience shall, for placement purposes, be granted within one hundred and twenty (120) calendar days from the date of hire, as determined by the Chancellor or Vice Chancellor, Human Resources. Please refer to [Faculty Collective Bargaining Agreement](#), Articles 21D.1-4.

Column Placement

Placement on the Full-time [Faculty Salary Schedule](#) will be based upon receipt of official transcripts that verify all degrees.

Verification of Experience

In order to be evaluated for initial step placement, it is the responsibility of the faculty member to request from their previous or current employer submission of verification letters on company letterhead or by utilizing the [CLPCCD Verification of Work Experience Form](#). These documents should be mailed to the Chabot-Las Positas Community College District's Human Resources Office, 7600 Dublin Boulevard, 3rd Floor, Dublin CA 94568.

The [CLPCCD Verification of Work Experience Form](#), institution's letter, or any other signed documents by the appropriate authority of the verifying institution must clearly state the term of teaching or work experience. In addition, if this prior teaching or work experience was not full time and was part-time, the verification letter(s) must evidence details as to the equivalent units taught or worked for each semester or quarter.

Step credit shall be given on the following basis:

- Full-time Instructional, Counseling, Library or Special Assignments Faculty experience in an accredited school (K-12) or college, including Temporary Leave Replacement employment, shall be credited at the rate of one (1) step for each full year of experience.
- Part-time Instructional, Counseling, Library or Special Assignments Faculty experience in an accredited school (K-12) or college, including Summer Session work, and verified long-term substitute service [defined as over fifty percent (50%) of a course], shall be aggregated into full-time equivalent years up to a limited of four (4) years.
- Credit for full-time work experience in an occupation directly related to the assignment shall be allowed at the rate of one (1) step for each twelve (12) month period of experience. The applicant bears the burden of proving a nexus between his/her work experience and the proposed assignment. Please provide a copy of previous teaching and/or work experience job description(s).

- Fractional years shall be carried through as the results from the above-noted items are added. The resulting sum will be truncated to the highest whole number, in order to determine the step credit for the entering unit member.
- Experience as a teaching or laboratory assistant shall not be considered.
- For unit members teaching technical-vocational subjects, only occupational experience beyond that which is used to qualify for Column Placement may be applied towards Step Placement.

Placement Challenge Deadline

A newly hired Full-time unit member who believes he or she has been improperly placed may appeal that placement with or without assistance of the Faculty Association. A new Full-time unit member may file a challenge to his/her placement for the purposes of receiving retroactive pay to the date of hire. This challenge is subject to statutory guidelines and applicable timelines. If documentation submitted after this time results in a change of initial placement, the resulting change in the unit member's current placement shall be effective beginning with the unit member's next pay warrant. Notwithstanding, errors in placement due to factors other than the unit member's failure to provide necessary documentation shall not be subject to this timeline governing retroactivity. The District shall respond to a placement challenge within thirty (30) days of the challenge and shall have a definitive answer for the unit member within thirty (30) days of receipt of all verifying documents.



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Verification of Work Experience



(Please see Faculty Collective Bargaining Agreement's Article 21D.1-4 for New or Temporary Contracts or Article 21H.1-3 for Part-time Faculty.)

TO MY EMPLOYER (Company's Name or Educational Institution):	
EMPLOYER'S ADDRESS:	
EMPLOYEE NAME (PRINT FULL NAME): Last Name, First Name, Middle Initial	
SSN/ID#:	
EMPLOYEE SIGNATURE – AUTHORIZING RELEASE:	

The following sections are to be filled out by current or past employer and then returned back to Chabot-Las Positas CCD Human Resources:

Verification of Work Experience

I am currently teaching or applying for a teaching position with the Chabot-Las Positas College District. In order to determine my salary placement, verification of my previous or present experience is required. Verification on your official letterhead with the information listed below is requested, or you may use this form.

- A. For Non-Teaching Experience**—list all positions, percentage of full time employment, and dates of employment, [e.g. Accounts Manager (100%), Jan 1, 2011 to Dec 31, 2011], and a brief job description. If additional space is required, please attach documentation.

Position Title(s)	Percentage of Full Time	Employment Date: Beginning	Employment Date: Ending

PLEASE ATTACH JOB DESCRIPTION(S) FOR EACH POSITION LISTED ABOVE.

- B. **For Teaching Experience**—for full time (FT) [e.g., Math Instructor/teacher; 100% FT; Fall Semester 2011-Spring Semester 2012 or 2011-12 school year]. If the teaching assignment(s) is or was less than full time, list all courses taught, quarter/semester units (include summer), and unit/percentage of FT workload for each course, and dates course(s) taught [e.g., History instructor; History 1, 3 semester units; 20% of FT Workload; Fall Semester 2011]. Also list long-term substitute service if 50% or more of a course. For additional teaching experience verification, please add an attachment.

Position Title(s) <i>(e.g. History Instructor)</i>	Course(s) Title/Number <i>(e.g. History 1) [qtr or sem]</i>	Units/ Percentage of FT <i>(e.g. 3 <u>sem</u> units/ .20 FT)</i>	Employment Date: Beginning <i>(e.g. Fall 2011)</i>	Employment Date: Ending <i>(e.g. Spring 2012)</i>

By signing below, I verify that the above person was employed in the capacity listed for the time period indicated.

Your Name	
Job Title	
Signature	
Email Address	
Phone Number	
Date Completed	

Please return original form to:

Chabot-Las Positas CCD
Office of Human Resources
ATTENTION: Megan McClain
7600 Dublin Boulevard, 3rd Floor Dublin, CA 94568
(925) 485-5269

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

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Retirement System Election

ES 0372 rev 01/19

CALSTRS

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

RETIREMENT SYSTEM ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF RETIREMENT SYSTEM INFORMATION

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

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

NAME (LAST, FIRST, MIDDLE INITIAL)

FULL SOCIAL SECURITY NUMBER

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

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

I elect coverage in: (please choose one)

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

OR

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

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

I elect coverage in: (please choose one)

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

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



EMPLOYEE SIGNATURE

DATE

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

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

EMPLOYEE POSITION INFORMATION:

POSITION HIRE DATE

POSITION EFFECTIVE DATE

POSITION TITLE

SELECT ONE:

Credentialed

Classified

State Service

EMPLOYER INFORMATION:

Chabot-Las Positas Community College District

01065

CO/DIST/STATE DEPT NAME

CALSTRS REPORT UNIT CODE

SCHOOL/STATE OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF SCHOOL/STATE OFFICIAL

DATE

COUNTY OFFICIAL'S NAME

TITLE

PHONE NUMBER

SIGNATURE OF COUNTY OFFICIAL

*CalPERS Employer Code: 7539731457



ES0372

Retirement System Election – Information and Instructions

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

INFORMATION

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

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

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

SECTION 1: MEMBER INFORMATION AND ELECTION

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

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

RETIREMENT SYSTEM COVERAGE:

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

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

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

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

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

SECTION 2: EMPLOYER CERTIFICATION

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

EMPLOYER:

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

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

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

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

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

Submit the completed form to the County Office of Education.

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

COUNTY OFFICE OF EDUCATION:

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

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

SUBMIT THE FORM:

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

Mail completed forms to:

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

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

Chabot-Las Positas Faculty Association

Dave Fouquet, President ♦ (510) 723-6868 ♦ dfouquet@chabotcollege.edu

From: Dave Fouquet, CLPFA President

To: All Faculty Who Are Not Members of the Faculty Association

Subject: Union Membership

Date: August 10, 2018

Welcome to the Chabot-Las Positas Faculty Association—a proudly independent union, and the exclusive bargaining agent for all faculty at Chabot-Las Positas Community College District. As your collective bargaining representative, I strongly encourage you to join the FA, and become an active participant in an organization that stands for fairness, equity, academic freedom, competitive compensation across the board, due process, fiscal solvency, and other principles vital to our role as faculty. Aside from the advantage to all of us for increased solidarity, the individual advantages of FA membership include greater influence on the direction of collective bargaining, and the right to vote on union contract provisions, the election of union officers, and referenda pertaining to such matters as union dues, and updates to the union Bylaws and Constitution. As an FA member, you are also eligible to serve on the FA Executive Board.

To join your FA, simply fill out the Membership Enrollment and Dues Authorization form, and submit it to the FA membership chair at your campus:

Najla Abrao — *Chabot College FA Membership Chair* (nabrao@chabotcollege.edu)

Nadiyah Taylor — *Las Positas College FA Membership Chair* (ntaylor@laspositascollege.edu)

The form includes authorization for Basic Membership Dues and FACCC-EI Contributions to be collected through automatic payroll deduction. The purposes of these collections (and the amounts) are described below.

BASIC MEMBERSHIP DUES

Dues are necessary for the FA to protect and advance the professional and economic interests of the faculty employees it represents. One of the most valuable of these union services is the negotiation of contracts that govern your earnings and benefits, as well as the conditions under which you work. Dues cover much of the costs of negotiations, including the staff work, legal, economic, and educational research necessary to develop the union's program on your behalf. Collective bargaining and the protection of employees' rights under the contract require year-round activity by union officers and staff (with help from volunteer members). Basic FA dues cover a significant portion of such costs related to contract administration and grievance handling, plus the *full cost* of legal representation throughout the spectrum of the FA's work.

A note about political action: Since many of our working conditions—as well as the fiscal resources available to fund our salaries and benefits—are governed through legislation, the FA

[CONTINUED]

monitors the legislative process. When warranted, a small proportion of the FA budget (typically between 0% and 5%) may be used to engage in advocacy to protect our interests, particularly towards legislation that *directly impacts community college funding, or which otherwise relates to the terms and conditions of employment*. It is important to note that FA dues are **not** presently used to contribute to political campaigns.

The pertinent details: Basic Association dues are six tenths of one percent (0.6%) of gross earnings. We hope this feels modest, especially in comparison to the strong contract and salaries, negotiated and maintained by the FA, that we all enjoy. Did I mention we're a proudly independent union? In districts where the faculty bargaining agent is a 'big labor' affiliate (*e.g.*, to CFT CTA or AFT) dues are typically double this rate or higher. Dues on full-time pay are based on annual salary, and deducted over 10 months, August through May. Dues on part-time pay (including summer and overload) are based on your gross earnings for each pay period.

ABOUT OUR CONTRACT MEMBERSHIP IN FACCC-EI

As the result of a referendum vote by the CLPFA membership in April, 2017, the FA became a contract member of FACCC-EI. FACCC is the Faculty Association of California Community Colleges, and FACCC-Education Institute (EI) is its non-profit wing. Based in Sacramento, FACCC provides focused representation of California community college faculty in state and federal government, to advocate for funding improvements, academic freedom, and retirement benefits. While automatic contributions to FACCC-EI are an important facet of FA membership, contributions are not mandatory. FA members who want more information about FACCC-EI (including how to opt out) should contact their local FA membership chair, and/or the FA's own representative on the FACCC Governing Board: Tim Dave (tdave@chabotcollege.edu).

The pertinent details: Contributions to FACCC-EI are collected 10 months (August through May) and are supplemental to your FA dues, and fully tax deductible. (FA members are formally entered as supporters of FACCC-EI, but are conferred complementary membership in FACCC.) Contribution levels are discounted 10% from regular FACCC dues. The level for Full-time FA members is \$18.90 per month; for Part-time FA members it is \$6.30 per month when monthly earnings are \$2,200 or more, or \$0 for any month in which earnings are below \$2,200.

FOR MORE INFORMATION ABOUT THE DISTRICT AND THE CLPFA

- ◆ The current Collective Bargaining Agreement (CBA), Salary Schedule, negotiated forms, and signed MOU's can be found at the HR section of the District website, www.clpccd.org.
- ◆ General notices pertaining to CLPFA developments and activities, recent newsletters, current Executive Board officers, and other helpful information can be found at the FA's website, clpfa.com.

It is our pleasure to serve you. Please don't hesitate to contact any of us if you have questions, or if you need help sorting through the provisions of the CBA or Salary Schedule. On behalf of the FA Executive Board, I thank you for your time.

Chabot-Las Positas Faculty Association

MEMBERSHIP ENROLLMENT AND DUES AUTHORIZATION

Thank you for your support of the Chabot-Las Positas Faculty Association (CLPFA)—an independent faculty union, and exclusive bargaining agent for all faculty at Chabot and Las Positas colleges.

Basic Membership Dues: Six tenths of one percent (0.6%) of gross earnings. Dues on full-time pay are based on annual salary, and deducted over 10 months, August through May. Dues on part-time (and overload) pay are based on gross earnings for each pay period. Dues are used to cover the basic costs of contract negotiations and representing unit members, including legal costs associated with same. FA Dues are **not** used to contribute to political campaigns.

Automatic Contributions to FACCC-EI: In lieu of affiliation with a statewide or national faculty union (e.g. CFT, AFT), Chabot-Las Positas Faculty Association is a contract member of the Faculty Association of California Community Colleges *Education Institute*, the non-profit wing of FACCC. Based in Sacramento, FACCC provides focused representation of California community college faculty in state and federal government, to advocate for funding improvements, academic freedom, and retirement benefits. Automatic contributions to FACCC-EI, made August through May, are supplemental to your FA dues, but are fully tax deductible. (FA members are formally entered as supporters of FACCC-EI, but are conferred complementary membership in FACCC.) Contribution level for Full-time FA members is \$18.90 per month; contribution level for Part-time FA members is \$6.30 per month when monthly earnings are \$2,200 or more, or \$0 for any month in which earnings are less than \$2,200. Contributions are not mandatory. FA members who want more information about FACCC-EI (including how to opt out) should contact their local FA Membership Chair.

DUES DEDUCTION AUTHORIZATION

Please enroll me as a member of the Chabot-Las Positas Faculty Association. I hereby authorize the payments noted above to be collected through automatic payroll deduction from my monthly earnings. This authorization shall remain in effect, and shall automatically renew from year to year, as long as I remain a faculty member in the District, unless I revoke it by sending a written and signed notice to the Faculty Association.

Name: _____ W-ID#: **W**_____

Please print: First Last

College: (check one)

- Chabot
- Las Positas

Status: (check one)

- Full-Time (Regular/Contract/TLR)
- Part-Time

Division/Area: _____

Email: _____

Note: All FA correspondence is sent to your campus email

Signature: _____ Date: _____

Please return this form, by email or Campus Mail, to:

Najla Abrao — Chabot College FA Membership Chair (nabrao@chabotcollege.edu), **or**

Nadiyah Taylor — Las Positas College FA Membership Chair (ntaylor@laspositascollege.edu)

(FA use only) Updated to FA Database: _____ Date: _____ By: _____

Check for updates to this form at: www.clpcfca.com (click on the Membership/Dues tab)
Chabot-Las Positas Faculty Association: 4682 Chabot Drive, #11712, Pleasanton, CA 94588



OFFICE OF HUMAN RESOURCES
Memorandum

To: CLPCCD Full-Time and Part-Time Faculty
From: Jennifer Druley, Human Resources Manager
Subject: **Public Service Loan Forgiveness (PSLF) Program**

The State Chancellor's Office and the Chabot-Las Positas Community College District would like to increase your awareness of the Public Service Loan Forgiveness (PSLF) Program. Attached you will find materials that will assist you in understanding what steps you need to take in order to participate.

The PSLF application requires that CLPCCD complete Section 4: Employer Certification. The Office of Human Resources can also assist in completing Section 3: Employer Information. For assistance, please contact the Office of Human Resources at 925-485-5236.

Information on the Public Service Loan Forgiveness Program can be found here:
<https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service>

Attachments:

1. Additional detailed information regarding PSLF Program
2. Fact Sheet describing the PSLF Program
3. Frequently Asked Questions about the PSLF Program
4. PSLF Program infographic
5. PSLF Program application form

If you have questions regarding the information provided, please contact me at jdruley@clpccd.org or 925-485-5240.



PSLF Program: Additional Information

Additional Information

In general, the Public Service Loan Forgiveness (PSLF) program requires the active attention of both colleges and borrowers (employees) for an extended period of time. The borrower must establish eligibility to participate and an institution must confirm that eligibility annually for as long as it takes the borrower to 'earn' the forgiveness benefit.

The PSLF Program forgives the remaining balance on your Direct Loans after you have made 120 qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer.

The following detailed information will help you understand both the institutional responsibilities and employee/borrower responsibilities to successfully navigate through the PSLF process.

For more information, visit the [Federal Student Aid website](#).

PSLF Application

The PSLF program is a benefit targeted at Federal borrowers who are employed in 'public service'. This includes borrowers who are employed in any position (both faculty and staff) within a California community college. As part of the application process, and with the assistance of the employing institution, the PSLF program requires that a 'public service' employee 'certify' their public service employment.

The PSLF employment certification form can be found at [Public Service Employment Certification form](#).

PSLF Application Sections

Sections One and **Two** must be completed by the borrower/employee and constitutes the borrower's 'application' to participate in the PSLF program.

Section Three may be completed by either the borrower or the college. This section provides the Department with information about the college's status as a not-for-profit entity within the meaning of Section 503 (c)(3) of the Internal Revenue Code. While all California community colleges meet this requirement, this section must be completed on each borrower/employee application.

Section Four must be completed by the college. In this section, the college ‘certifies’ that the borrower is an employee of the institution. The borrower cannot complete this section of the application.

Once the institution completes Section 4, and possibly Section 3 if it is so inclined, the application must be returned to the borrower to be submitted to the Department.

Annual Certification and Submission

District Requirement

The certification process must be updated annually and submitted by the borrower to the Department. This will mean that your institution must at a minimum update/complete **Section Four** on an annual basis and return the completed form to the borrower, who must then return the completed re-certification form to the Department.

Eligible Employees/Borrowers

Must initially and continue to meet the PSLF’s definition of ‘full time.’ The PSLF defines this as an annualized average of 30 hours per week during the contractual period (for faculty) and receive credit by the institution for a full year’s worth of employment. It is this arrangement that the school is certifying in Section Four of the Certification/Recertification form ([Public Service Employment Certification form](#)).

A borrower may be employed at more than one qualifying institution, and that combined part-time employment may qualify the borrower as ‘full time’ within the PSLF definition of ‘full time’. It is the borrower’s responsibility to provide initial documentation of this arrangement on the certification form, and it must be addressed by the borrower during the annual recertification process.

Qualifying institutions must also make the full time or part time status part the initial certification process and any subsequent annual re-certifications submitted by the borrower to the Department. (Note: Vacation or leave time taken under the FMLA are equivalent to hours worked in establishing qualifying employment.)



Employee/Borrower Initial and Continuing Attention

We think it will be helpful if our Districts understand some of the initial and continuing requirements for their employees under the PSLF program. The PSLF program does not rely on a one-time application process. The PSLF program requires both initial and continuing attention by community college faculty and staff who seek to or have previously been approved to participate in the PSLF program.

The following are elements of the program/process that will require initial and/or continuing attention by the employee/borrower:

Initial Task: Loan Debt Eligibility

The PSLF program only affords borrowers the 'forgiveness benefit' for Federal Direct Loans and Federal Direct Consolidation Loans. Some community college faculty and staff may also have outstanding FFELP and Federal Perkins loan debt. Perkins and FFELP loan debt are not eligible for the forgiveness benefit. Perkins and FFELP loan debt must first be made part of a Federal Direct Consolidation Loan before they can be considered for the forgiveness benefit.

Initial Task: Selecting the right repayment plan

While a borrower is free to participate in any of the available Federal repayment programs, including Standard Repayment, only the Pay As You Earn (PAYE), the Revised Pay As You Earn (REPAYE), the Income-based Repayment plan (IBR) and the Income Contingent Repayment Plan (ICR) will place the borrower in a position to receive the forgiveness benefit. *** IBR and ICR may require that the borrower/employee provide the Department/Service with an annual update of qualifying circumstances.

Ongoing Task: Annual 'recertification'

The PSLF program requires that that a borrower/employee participating in the PSLF continues to be employed in an eligible program. Using the PSLF Certification Form, the borrower must provide documentation of continuing employment by an eligible institution. This will, of course, require the participation of the college to complete this step.

Ongoing Task: Eligible Payments

The borrower must make 120 eligible payments before qualifying for the loan forgiveness benefit. Payments must be made within 15 days of the established monthly due date (although increments totaling the full amount can be submitted during that 15 day period). Any payment received after the

due date will not be considered as an ‘eligible payment’ and will not count against the 120 payment requirement (even though they will be credited against the outstanding loan balance).

Warning

Advance or lump sum payments may result in a borrower not receiving proper ‘credit’ for future payments against the 120-payment requirement. Borrowers who choose to make lump sum or advance payment should only do so in collaboration with the Federal loan servicer’s knowledge and agreement.

Ongoing Task: Continuing Employment Eligibility

While AB 463 does ask institutions to provide employees with a notice of renewal and a copy of an employment certification form (Part 4 of the certification/recertification form completed), an individual institution may not have full knowledge of an employee’s use of two or more part time arrangements to meet the ‘full-time’ requirement. Institutions can only certify/recertify circumstances they can confirm. It is the employee/borrower’s responsibility to collect what may be multiple institutional certifications as part of the initial certification or annual recertification process, and submit that documentation to the Department.

Additional things to keep in mind

- While the PSLF program does offer significant and substantive benefit to certain eligible community college employees, the PSLF program requires, however, an elevated and ongoing attention to detail by both institutions and employees for a minimum of ten (10) years before an employee can even become eligible for the forgiveness benefit. Moreover, even then, when the employee applies for the forgiveness benefit, the Federal servicer may, in its audit of the borrower’s PSLF history, determine that additional ‘eligible payments’ will be required before the benefit has been earned. Colleges and borrowers/employees should understand from the outset that long-term engagement and attention to detail will be necessary for the employee/borrower to successfully achieve the promises of the program.
- The Chancellor’s office is seeking assistance from the Department of Education for additional and separate guidance for both the institutions and the borrowers to clarify their respective responsibilities within the PSLF program. We anticipate that this guidance will be delivered via webinar and it will be recorded and made available to college districts and faculty.



Public Service Loan Forgiveness (PSLF) Program Fact Sheet

What is the Public Service Loan Forgiveness Program?

Congress created the Public Service Loan Forgiveness Program (PSLF) in 2007 to encourage individuals to enter and continue to work full time in public service jobs. Under this program, borrowers may qualify for forgiveness of the remaining balance due on their eligible federal student loans after they have made 120 payments on those loans under certain repayment plans while employed full time for at least 10 years by certain public service employers.

What loans qualify for forgiveness?

Only loans received under the William D. Ford Federal Direct Loan (Direct Loan) Program are eligible for PSLF. Loans received under the Federal Family Education Loan (FFEL) Program, the Perkins Loan Program, or any other student loan programs are not eligible for PSLF.

If you have FFEL and/or Perkins loans, you may consolidate them into a Direct Consolidation Loan to take advantage of PSLF. However, only payments made on the new Direct Consolidation Loan will count toward the 120-month payment requirement for PSLF. Payments made on your FFEL or Perkins loans, even if made under a qualifying repayment plan, do not count as qualifying PSLF payments.

What payment plans qualify for forgiveness?

Payments made under one or more of the following Direct Loan Program repayment plans count toward the 120-month payment requirement provided all other criteria are met:

- Income Based Repayment (IBR) Plan
- Income Contingent Repayment (ICR) Plan
- 10-Year Standard Repayment Plan
- Any other repayment plan where the monthly payment amount equals or exceeds what would be paid under a 10-Year Standard Repayment Plan.

You must have made 120 separate monthly payments after October 1, 2007, on the Direct Loan Program loans for which forgiveness is requested. Earlier payments do not



count toward meeting this requirement. Each of the 120 monthly payments must be made for the full scheduled installment amount within 15 days of the due date.

IMPORTANT NOTE: *The PSLF Program provides for forgiveness of the remaining balance of a borrower's eligible loans after the borrower has made 120 qualifying payments on those loans. In general, only borrowers who are making reduced monthly payments through the Direct Loan Income Contingent or Income Based repayment plans will have a remaining balance after making 120 payments on a loan. Since the 10-Year Standard Repayment Plan requires you to fully pay off your loan within ten years (120 monthly payments), you will not have any remaining loan balance to be forgiven if you make all of your 120 required payments under a 10-Year Standard Repayment Plan. The 10-year Standard Plan is included as an eligible repayment plan for PSLF purposes so that borrowers may receive credit toward the required 120 PSLF payments for payments they may have made under this plan before switching to either IBR or ICR plans or after leaving IBR or ICR plans.*

What kinds of employment qualify?

Qualifying employment is any full time employment (generally, as determined by the employer) with a federal, state, or local government agency, entity, or organization or a non-profit organization that has been designated as tax-exempt by the Internal Revenue Service. The type or nature of employment with the organization does not matter for PSLF purposes. Additionally, the type of services that these public service organizations provide does not matter for PSLF purposes.

When may I apply?

Borrowers may not apply for loan forgiveness until after they have made 120 separate monthly qualifying loan payments while being employed full time at a qualifying public service organization, and only payments made after October 1, 2007, count toward the required 120 separate, monthly payments. The earliest date that any borrower will be eligible to apply for PSLF is October 2017.

What are the application requirements?

Prospective applicants must meet and maintain the following requirements for loan forgiveness under the PSLF Program:

- You must not be in default on the loans for which forgiveness is requested.



- You must be employed full time by a public service organization when making each of the required 120 monthly loan payments at the time you apply for loan forgiveness; and at the time the remaining balance on your eligible loans is forgiven.

How can I track my progress?

The U.S. Department of Education has created the Employment Certification for Public Service Loan Forgiveness form www.studentaid.ed.gov/publicservice and a process to help you monitor your progress toward making the 120 qualifying payments necessary to apply for PSLF. You should complete the form, including your employer's certification of employment, and submit it to FedLoan Servicing, the PSLF servicer, at the address listed in Section 6 of the Employment Certification form.

The form allows you to get your employer's certification of employment while you are still employed at that organization or shortly after leaving. The process allows you to receive confirmation of qualifying employment and Direct Loan payment eligibility. You may also submit the form less frequently than annually to cover more than one year's employment or for more than one employer.

Is the Employment Certification for Public Service Loan Forgiveness form required?

While use of the form and process is not required, it will help you keep track of your progress toward meeting the PSLF eligibility requirements. If you do not periodically submit the form, you will still be required to submit a form for each qualifying employer at the time you apply for forgiveness and when forgiveness is granted.

Frequently Asked Questions

Q1: If an individual has been making payments since 'before' 2007 (e.g. 2005) can she/he count those payments toward the 120 required payments?

A1: No. Only payments made on or after October 1, 2007, when the program began may be counted towards the required 120 payments.

Scenario 1: Bob started making payments on his student loan in October 2005 while working for Metropolitan Life Insurance Company. Bob was hired by FSIS in October 2009. He made 48 payments while employed with Metropolitan but none of those



payments will count toward the PSLF. Bob's payments toward the 120 required payments will start in October 2009 when his employment with FSIS, a public service agency, began.

Q2: If an individual, previously employed by a non-qualifying employer has been making monthly payments since October 2007 and started working for FSIS in January 2008, can she/he get credit for those payments made before employment with FSIS?

A2: No. The PSLF requires that the individual be employed with a public service agency in order to apply and qualify for PSLF. However, if the employee transferred from another federal agency, then the payments would qualify for PSLF.

Scenario 2: Jane started making her required monthly payments in October 2007 while directly employed at Perdue Farms. In January 2008 she began her employment with FSIS. Jane's payments toward the 120 required payments will start in January 2008 when her employment with FSIS, a public service agency, began.

Q3: Must the 120 separate, monthly required payments for PSLF be consecutive?

A3: No. The payments do not have to be consecutive payments; but you must be employed by a qualifying public service organization at the time you make each of the 120 qualifying payments.

Scenario 3: Paul made monthly payments from January 2009 to December 2009 while working at FSIS. He resigned for one year but continued making monthly payments. In January 2011, he was re-employed by FSIS. Although Paul made payments during 2010, they do not count toward PSLF because he was not employed by a qualified public service employer.

For more information on the Public Student Loan Forgiveness Program, please visit:

<http://studentaid.ed.gov/PORTALSWebApp/students/english/PSF.jsp>



Do you have unanswered questions about the Public Service Loan Forgiveness (PSLF) Program?

The source for the entirety of the information presented in this document comes from the [Federal Student Aid website](#).

Get in-depth information about the PSLF Program

Our [Public Service Loan Forgiveness](#) page has basic information and answers to common questions about the program. Here you will find more detailed questions and answers.

[General Information](#)

[Eligible Loans](#)

[Qualifying Repayment Plans](#)

[Qualifying Payments](#)

[Qualifying Employment](#)

[Application Process](#)

General Information

Are loan amounts forgiven under PSLF considered taxable by the IRS?

No. According to the Internal Revenue Service (IRS), student loan amounts forgiven under PSLF are not considered income for tax purposes. For more information, check with the IRS or a tax advisor.

Does my income level determine my eligibility for PSLF?

There is no income requirement to qualify for PSLF. However, since your required monthly payment amount under most of the qualifying PSLF repayment plans is based on your income, your income level over the course of your public service employment may be a factor in determining whether you have a remaining loan balance to be forgiven after making 120 qualifying payments.

Can I be certain that the PSLF Program will exist by the time I have made my 120 qualifying payments?

We can't make any guarantees about the future availability of PSLF. The PSLF Program was created by Congress, and Congress could change or end the PSLF Program.



Eligible Loans

I made qualifying PSLF payments on my Direct Loans and then consolidated those loans. Do the payments I made before consolidation still count toward PSLF?

No. If you make qualifying PSLF payments on a Direct Loan and then consolidate that loan, you'll lose credit for the PSLF payments. You'll need to start over and make 120 qualifying payments on the new Direct Consolidation Loan. For this reason, if you've made qualifying PSLF payments on your Direct Loans and you're thinking of consolidating those loans into a Direct Consolidation Loan along with loans you received under other federal student loan programs, you should leave your Direct Loans out of the consolidation and consolidate only your loans from other federal student loan programs.

Are private education loans eligible for PSLF?

No. Private education loans aren't eligible for PSLF and can't be consolidated into a Direct Consolidation Loan.

Are Direct Loans that are in default eligible for PSLF?

No. Defaulted Direct Loans are not eligible for PSLF. However, a defaulted loan may become eligible for PSLF if you resolve the default. [Learn how to get your loan out of default.](#)

Can my and my spouse's joint consolidation loan from the Federal Family Education Loan (FFEL) Program be consolidated into a Direct Consolidation Loan so that one or both of us can qualify for PSLF?

No. The law no longer permits joint consolidation loans to be made, so joint FFEL Consolidation Loan borrowers can't jointly reconsolidate their FFEL Consolidation Loan into a Direct Consolidation Loan. Also, you can't individually reconsolidate your joint FFEL Consolidation Loan into a new Direct Consolidation Loan to take advantage of PSLF.

I have a joint Direct Consolidation Loan that I obtained with my spouse. Can we receive PSLF?

Yes, but to receive forgiveness of the entire remaining balance of the loan—after making 120 qualifying payments—both you and your spouse must have been employed full-time by a qualifying employer at the time each payment was made. If only one of you met the employment requirement, only the portion of the remaining balance attributable to the original loans of that individual would be forgiven.

For example, if you were employed full-time by a qualifying employer when each of the required 120 payments was made, but your spouse never worked for a qualifying employer or worked for a



qualifying employer only when some of the payments were made, the amount forgiven after the 120th qualifying payment would be the remaining balance of the loan attributable to the loans you originally received that were paid off by the joint consolidation loan. Both you and your spouse would remain responsible for repaying the remaining balance of the loan that is attributable to the loans your spouse originally received.

You can't receive forgiveness of a joint Direct Consolidation Loan by combining payments made when only you met the employment requirement with payments made while only your spouse met the employment requirement. For example, if only you were working for a qualifying employer when 80 payments were made and only your spouse was working for a qualifying employer when 40 payments were made, the payments cannot be combined to count as 120 qualifying payments that would make the loan eligible for PSLF.

Are Direct PLUS Loans eligible for PSLF?

Yes. Direct PLUS Loans are made to graduate or professional students and to parents of dependent undergraduate students. Like other Direct Loans, Direct PLUS Loans are eligible for PSLF. However, there are additional factors to consider if you are a parent who has taken out a PLUS loan.

First, your PSLF eligibility is based on your qualifying employment, not on the employment of the dependent student on whose behalf you borrowed.

Second, PLUS loans made to parents may not be repaid under any of the income-driven plans, the repayment plans that are best for borrowers seeking PSLF. However, if you consolidate a PLUS loan that you took out on behalf of your child, you may then repay the new Direct Consolidation Loan under an income-driven repayment plan called the Income-Contingent Repayment Plan. You can't repay under the Revised Pay As You Earn, Pay As You Earn, or Income-Based Repayment plans.

Note: PLUS loans made to graduate and professional students (as well as Direct Consolidation Loans that repaid PLUS loans made to graduate and professional students) may be repaid under any of the income-driven plans.



Qualifying Repayment Plans

I'm repaying my Direct Consolidation Loan under the Standard Repayment Plan. Does that plan qualify for PSLF?

Generally, no. The Standard Repayment Plan for Direct Consolidation Loans is not the same repayment plan as the 10-Year Standard Repayment Plan, and payments made under the Standard Repayment Plan for Direct Consolidation Loans do not usually qualify for PSLF purposes.

Under the Standard Repayment Plan for Direct Consolidation Loans, the maximum repayment period varies from 10 years to 30 years, depending on the amount of the consolidation loan and the amount of your other education loan debt. This longer repayment period generally results in a lower monthly payment than the monthly payment amount required under the 10-Year Standard Repayment Plan. Payments made under the Standard Repayment Plan for Direct Consolidation Loans would qualify for PSLF purposes only if the maximum repayment period was set at 10 years, and that would be the case only if the total amount of the consolidation loan and your other education loan debt was less than \$7,500.

If you are seeking PSLF, the best option would be to repay your Direct Consolidation Loan under an income-driven repayment plan.

What other Direct Loan repayment plans would give me a monthly payment that is at least equal to the payment that would be required under a 10-Year Standard Repayment Plan?

Under the Graduated Repayment Plan, payments start out lower and then gradually increase, generally every two years. Therefore, payments made during the later portion of the repayment period under the Graduated Repayment Plan may in some cases equal or exceed the payment amount that would be required under a 10-Year Standard Repayment Plan, and these payments would count for PSLF.

If I'm repaying my Direct Loans under the PAYE or IBR Plan and my monthly payments are no longer based on my income, will my payments continue to count for PSLF?

Yes. Although you will always initially have a payment based on your income in the PAYE and IBR plans, under certain circumstances your monthly payment under those plans may no longer be based on income. However, your monthly payments will continue to qualify for PSLF if you remain on the Pay As You Earn or Income-Based Repayment plan.

I'm in the process of rehabilitating a defaulted Direct Loan. Will my rehabilitation payments count toward PSLF?



No. Payments made to rehabilitate a defaulted Direct Loan do not qualify for PSLF.

Qualifying Payments

Do I need to make consecutive payments to qualify for PSLF?

No. The 120 payments do not have to be consecutive payments. For example, if you have a period of employment with a non-qualifying employer, you will not lose credit for prior qualifying payments you made. However, a payment can be counted only if you are employed full-time by a qualifying employer at the time you make the payment.

If I pay more than my scheduled monthly student loan payment amount, can I get PSLF sooner than 10 years?

No. You must make 120 separate monthly payments. Paying extra won't make you eligible to receive PSLF sooner.

If you make a payment for more than the scheduled payment amount, the excess amount may be applied to cover all or part of one or more future payments, unless you request otherwise. Depending on how much extra you pay, it's possible that your next due date could be a month or more in the future from the date you made the extra payment amount. This is called being "paid ahead." If you make subsequent payments during a period when you are paid ahead, those payments won't count toward PSLF.

If you request that your extra payment amount not be applied to future scheduled payments, the excess amount won't advance the due date of your next scheduled payment, and any subsequent monthly payments you make can count toward the required 120 payments.

If I return to school and qualify for an in-school deferment on my Direct Loans that are in repayment, can I decline the deferment and make qualifying PSLF payments while I'm in school?

Yes. You can decline an in-school deferment on your loans that are in repayment status and make qualifying payments on those loans while you are in school. Remember, in order for your payments to qualify for PSLF, you must be employed full-time by a qualifying employer while you attend school.
Note: If you receive new Direct Subsidized Loans or Direct Unsubsidized Loans when you return to school, you won't be able to make qualifying PSLF payments on those loans while you are in school. Any new Direct Subsidized Loans or Direct Unsubsidized Loans you receive won't enter repayment until the end of the six-month grace period after you leave school. Although you could voluntarily make payments on



your new Direct Subsidized Loans and Direct Unsubsidized Loans while you are in school or during your grace period, those payments wouldn't count toward PSLF.

Can I waive the six-month grace period on my Direct Subsidized Loans and Direct Unsubsidized Loans and begin making qualifying PSLF payments early?

No. The law that governs the Direct Loan Program does not allow borrowers to waive the grace period on Direct Subsidized Loans and Direct Unsubsidized Loans. You cannot begin making qualifying PSLF payments until after your loans have entered repayment at the end of the grace period. Any payments you make on a loan during the grace period will not count toward PSLF. However, if you want to immediately begin making qualifying payments on your federal student loans as soon as you leave school, you may consolidate your loans into a Direct Consolidation Loan during your grace period and enter repayment right away.

I'm thinking of serving as a Peace Corps or AmeriCorps volunteer and plan to request a deferment or forbearance on my Direct Loans. If I'm not making payments during my service period, can I receive credit toward PSLF?

If you receive a deferment or forbearance during your volunteer service, you can use the transition payment you receive after completing your Peace Corps service—or the Segal Education Award you may receive after AmeriCorps service—to make a lump-sum payment on your Direct Loans. If you use some or all of your Peace Corps transition payment or AmeriCorps Segal Education Award to make a lump-sum payment on your Direct Loans, you'll receive credit for up to 12 qualifying payments for PSLF. The number of payments for which you receive credit is determined by dividing the amount of your lump-sum payment by your scheduled full monthly payment amount, but you may not receive credit for more than 12 qualifying monthly payments. This benefit is available to you only one time for Peace Corps service and one time for AmeriCorps service. However, instead of receiving a deferment or forbearance during your volunteer service and then using your Peace Corps transition payment or Segal Education Award to make a lump-sum payment on your loans, you could choose to make qualifying PSLF payments during your volunteer service. If you repay your Direct Loans under an income-driven plan, your required monthly payment is likely to be an amount that you can afford even while you are performing volunteer service and receiving very little income. For some borrowers, the required monthly payment amount under one of these repayment plans may be \$0.

If you do not request a deferment or forbearance and instead make payments under an income-driven plan during your Peace Corps or AmeriCorps service, you could possibly receive credit for a larger number of qualifying PSLF payments than you would if you received a deferment or forbearance and then used your Peace Corps transition payment or Segal Education Award to make a lump-sum payment on your Direct Loans. This is because you can receive credit for a maximum of only 12



qualifying payments if you make the lump-sum payment, but each payment you make under the income-driven plan (including a scheduled payment amount of \$0) while you are serving as a full-time Peace Corps or AmeriCorps volunteer counts as a qualifying PSLF payment if it meets all of the requirements described elsewhere in this document.

I'm receiving student loan repayment benefits through one of the U.S. Department of Defense's Student Loan Repayment programs. Do those payments count toward PSLF?

If the U.S. Department of Defense (DOD) makes a lump-sum payment toward your Direct Loans after a year of service as part of one of the student loan repayment programs it administers, you will receive credit for up to 12 qualifying payments for PSLF. The number of payments for which you receive credit is determined by dividing the amount of the lump-sum payment by your scheduled full monthly payment amount, but you may not receive credit for more than 12 qualifying monthly payments for each lump-sum payment. You may receive credit each time you receive a lump-sum payment through one of the DOD's student loan repayment programs. This benefit is available only for lump-sum payments made on or after July 1, 2016.

If my scheduled monthly payment under an income-driven plan is \$0, does each month during which my payment is \$0 count toward the required 120 separate, monthly payments?

Yes. Any month when your scheduled payment under an income-driven plan is \$0 will count toward PSLF if you also are employed full-time by a qualifying employer during that month.

If I make payments more frequently than monthly (for example, twice each month, when I get paid), will my payments count toward PSLF?

If you make multiple partial payments that total at least your monthly payment amount, and you make those payments no later than 15 days after the scheduled payment due date for that month's payment, the series of partial payments will count as a one qualifying payment for PSLF.

For example, if your required monthly payment is \$200 and you make two \$100 payments no later than 15 days after your due date, you would receive credit for one qualifying payment.

Qualifying Employment

What counts as a government employer for the PSLF Program?

Any federal, state, local, or tribal government agency is considered a government employer for the PSLF Program. This includes employers such as the U.S. military, public elementary and secondary schools, public colleges and universities, public child and family service agencies, and special



governmental districts (including entities such as public transportation, water, bridge district, or housing authorities).

A government contractor is not considered to be a government employer.

[View a listing of most government agencies and departments.](#)

Note: Service as an elected member of the U.S. Congress is not qualifying employment for PSLF.

What not-for-profit organizations qualify as eligible employers for the PSLF Program?

Eligible not-for-profit organizations include:

- an organization that is tax-exempt under section 501(c)(3) of the Internal Revenue Code, and
- an organization that is not tax-exempt under section 501(c)(3) of the Internal Revenue Code but provides a qualifying public service.

However, if the organization is a labor union or a partisan political organization, it is not an eligible PSLF employer. In addition, if you perform religious activities as part of your job, there are limitations on your ability to have your employment qualify for PSLF.

Eligible not-for-profit organizations include most private elementary and secondary schools, private colleges and universities, and thousands of other organizations. Your employer can tell you if it is a not-for-profit organization and what its tax status is, or you can [use the IRS's searchable database of tax-exempt organizations.](#)

A not-for-profit organization that is not exempt under section 501(c)(3) of the Internal Revenue Code must provide one of the following public services:

- Emergency management
- Military service: service on behalf of the U.S. armed forces or the National Guard
- Public safety
- Law enforcement: crime prevention, control or reduction of crime, or the enforcement of criminal law
- Public interest law services: legal services provided by an organization that is funded in whole or in part by a local, state, federal, or tribal government
- Early childhood education: includes licensed or regulated childcare, Head Start, and state-funded prekindergarten
- Public service for individuals with disabilities and the elderly
- Public health: includes nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in health care practitioner occupations and health support occupations, as such terms are defined by the Bureau of Labor Statistics



- Public education
- Public library services
- School library or other school-based services

I'm employed full-time by a qualifying not-for-profit organization, but my job duties include religious activities. Does my employment qualify for PSLF?

It depends on how much of your job is related to religious activities. When determining whether you are a full-time employee for PSLF, your employer may not include the time you spend participating in religious instruction, worship services, or any form of proselytizing.

What determines whether I am considered to be an employee of a qualifying employer?

You are an employee if the qualifying employer hired you and pays you, and sends you a Form W-2 (Wage and Tax Statement) at the end of each tax year. For example, if you were hired by a government contractor and the contractor issues your Form W-2, you are employed by the contractor. Although you may be doing work for a qualifying employer (a government agency), you are not an employee of the qualifying employer.

What types of public service jobs will qualify me for loan forgiveness under the PSLF Program?

The specific job that you perform doesn't matter, as long as you're employed by a qualifying employer. For example, if you're a full-time employee of a public school system, your employment would meet the requirements for PSLF, regardless of your position (teacher, administrator, support staff, etc.).

I am a teacher who does not teach over the summer break. If I make payments during the summer, do those payments count toward PSLF?

Payments you make during the summer will count if you have a contract for an employment period of at least eight months and you work an average of 30 hours per week during that period, and if your employer still considers you to be employed full-time during the summer break. Of course, the payments must otherwise meet all PSLF requirements. In this circumstance, your employer should include the dates of the summer break when reporting your dates of employment on the PSLF Employment Certification Form, even though you aren't actually teaching during that period.

I'm working for more than one employer during the same period of time, but I'm not employed by either on a full-time basis. Will my combined employment be considered full-time for PSLF?

Yes, as long as the combined number of hours you work for each employer equals at least 30 hours per week. Each employer must be a qualifying employer for the employment to be included in determining whether you are employed on a full-time basis. For example, if you worked for one



qualifying employer for 10 hours per week and you concurrently worked for a second qualifying employer for 20 hours per week, this would meet the 30 hours per week requirement.

I'm employed full-time by a company that is doing work for a qualifying PSLF employer under a contract. However, the company that I work for is not a qualifying PSLF employer. Does this employment qualify for PSLF?

No. You must be employed full-time by a qualifying employer. This means that many government contractors won't qualify for PSLF.

I know that employment with a public school qualifies for PSLF. What about employment with a private school?

Most private elementary and secondary schools, and private colleges and universities, are not-for-profit organizations. If a private school has this status, it would qualify as a qualifying employer. However, a private school, college, or university that operates for profit is not a qualifying employer.

Can I receive PSLF if I have more than one employer over the course of 10 years?

Yes. However, you must submit a PSLF Employment Certification Form showing that you were employed full-time by a qualifying employer at the time you made each of the required 120 payments.

If I'm employed by a 501(c)(3) organization, but I work outside the United States, would the employment qualify under the PSLF program?

Yes. Full-time employees of 501(c)(3) organizations may perform their work anywhere. I'm a full-time employee of a foreign not-for-profit organization that is not a 501(c)(3) organization, but it provides a qualifying public service.

Will my employment with this not-for-profit organization qualify for PSLF?

It depends on whether the organization operates in the United States. If the organization operates in the U.S., your employment would qualify for PSLF purposes. If the organization does not operate in the U.S., your employment does not qualify.

Does employment by a foreign government or international, intergovernmental organization (such as the United Nations, Organization for Economic Cooperation and Development, Organization of American States, North Atlantic Treaty Organization) qualify for PSLF?

No. Only U.S. federal, state, local, and tribal government organizations, agencies, or entities are qualifying employers for purposes of PSLF. However, if you work for a U.S. delegation to an international, intergovernmental organization, such as the U.S. mission to the United Nations, your employment qualifies because your employer is the U.S. government.



I'm employed full-time by a qualifying employer in one of the islands that have a legal relationship with the U.S. Will that employment qualify for PSLF purposes?

Yes. American Samoa, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau are considered part of the U.S. for PSLF.

Does full-time volunteer service for a qualifying employer count toward PSLF?

No. Unless you are an AmeriCorps or Peace Corps volunteer, you must be a full-time employee who is hired and paid by a qualifying employer.

I am serving a fellowship with a qualifying employer. Does this qualify for PSLF?

It depends on the terms of your fellowship. It would qualify only if you are considered an employee who is hired and paid by the qualifying employer where you are serving the fellowship.

Are vacation and leave periods considered when determining whether I am a full-time employee?

Vacation or leave time provided by your employer is counted as hours worked in determining whether you are a full-time employee. This includes leave taken for a qualifying condition under the Family and Medical Leave Act of 1993.

I'm the only official who can certify my employment. Can I certify my own qualifying employment?

Yes, you may certify your own employment if you are the only employee of the organization who can do so. However, we will request additional documentation concerning your employment, such as earnings statements, IRS W-2 forms, your application for tax-exempt status, or any other documentation required to be filed with the IRS on a periodic basis regarding the activities of the organization.

What if I make my last qualifying payment while working for a qualifying employer, but then leave that job to work for a for-profit corporation before applying for the PSLF benefit. Am I still eligible for PSLF?

No. To be eligible for forgiveness after making 120 qualifying payments, you must be employed full-time by a qualifying employer at the time you make each qualifying payment, at the time you apply for loan forgiveness, and at the time you receive loan forgiveness. Therefore, if you leave your job at a qualifying employer after meeting the PSLF eligibility requirements but before you apply for loan forgiveness, you will not be eligible for forgiveness since you must be working for a qualifying



employer at the time you apply for and receive forgiveness. However, you could regain eligibility if you later find full-time employment at another qualifying employer and then apply for loan forgiveness.

Application Process

After I submitted the PSLF Employment Certification Form, I was notified that I now have a new servicer for my federal student loans. Why did my servicer change?

One of the federal loan servicers, FedLoan Servicing, is administering PSLF for all Direct Loan borrowers. As a result, if you submit a PSLF Employment Certification Form and FedLoan Servicing determines that your employment qualifies, all of your Direct Loans as well as any of your FFEL Program loans that are held by the U.S. Department of Education will be transferred to FedLoan Servicing.

What kind of documentation do I need to keep to show that I worked for a qualifying PSLF employer while making the required 120 payments on my Direct Loan(s)?

The PSLF servicer will confirm that your employer is a qualifying employer based on the information provided on the PSLF Employment Certification Form that you submit. In some cases, the PSLF servicer may require additional documentation about your qualifying employment. Therefore, you should keep records that identify your employer, show your dates of employment with that employer, confirm that you were a full-time employee, and demonstrate that your employer meets the definition of a qualifying employer. For example, documents that would support your employment are IRS W-2 forms and pay stubs. You should retain as many documents supporting your qualifying employment as possible.

When I'm ready to submit my loan forgiveness application, do I need to submit any other documents to the PSLF servicer?

Yes. Even if you submitted PSLF Employment Certification Forms to the PSLF servicer during the entire period when you were making your 120 qualifying payments, you will need to show that you are employed full-time with a qualifying employer at the time you submit your PSLF application. The PSLF application will include an employment certification section that must be completed by the qualifying employer where you are employed at the time you submit the application.

If you did not submit any PSLF Employment Certification Forms prior to submitting your PSLF application, or if you submitted forms for only some of your employers or for only a portion of your period of qualifying employment, you will need to provide one or more PSLF Employment



Certification Forms, as necessary, to cover your entire period of qualifying employment (including your current employment) at the time you submit your loan forgiveness application.

I made some qualifying payments, but I no longer work for a qualifying employer and do not think I will work in qualifying employment again. Can I receive partial forgiveness based on the number of qualifying payments that I made?

No. There is no partial loan forgiveness. To receive PSLF, you must make all 120 qualifying payments while working for a qualifying employer.

When I submit my application for loan forgiveness after making the required 120 qualifying payments, how long will it take to process my application and forgive my remaining loan balance?

Processing times will vary depending on factors such as whether you previously submitted documentation of employment for review or submitted documentation only at the time you applied for loan forgiveness, the number of your employers, any gaps in your employment or payment history, and any required follow-up.

If you periodically submitted the PSLF Employment Certification Form so that your eligibility could be tracked while you were making the required 120 payments, your application for loan forgiveness will likely be processed more quickly.

Once the PSLF servicer has received all of the documentation needed to determine whether you qualify for loan forgiveness, you will be notified. You are not required to continue making payments on your loans during the period when your loan forgiveness application is being processed. However, if you want to continue making payments, you may indicate this on your PSLF application.

What will happen if my PSLF application is approved?

If your PSLF application is approved, then you will be notified that the entire remaining balance of your eligible Direct Loans will be forgiven, including all outstanding interest and principal. If you made payments after your 120th qualifying payment, those payments will be treated as overpayments and refunded to you.

What will happen if my PSLF application is denied?

If we determine that you are not eligible for loan forgiveness, you will be notified of this determination and will be provided with the reason(s) you were determined to be ineligible. You will then be required to resume making payments on your loans.



If you do not qualify for forgiveness, interest that accrued (accumulated) during the period when your application was being evaluated (and you were not required to make payments on your loans) may be capitalized.

Capitalization means that we add accrued interest to the unpaid principal amount of your loan. Capitalization increases the unpaid principal balance of your loan, and we will then charge interest on the increased principal amount.

I received a letter from FedLoan Servicing saying that my loans, employment, or some or all of my payments don't qualify toward PSLF. What do I do if I think my loans, employment, or payments do qualify?

Carefully read the letter, including the description of the eligibility requirements, to understand why your loans, employment, or payments didn't qualify for PSLF. Review the relevant sections of our PSLF page, and these questions and answers. If you still have questions, contact FedLoan Servicing at 1-855-265-4038.

After you understand why FedLoan Servicing believes that your loans, employment, or payments don't qualify for PSLF, you can always submit additional information showing that your loans, employment, or payments do in fact qualify for PSLF.

FedLoan Servicing will reconsider its decision based on that additional information.

If I receive loan forgiveness under the federal Teacher Loan Forgiveness Program after completing five years of qualifying teaching service, will I also be able to qualify for PSLF?

Yes. However, you may not receive a benefit under both the Teacher Loan Forgiveness Program and PSLF for the same period of teaching service. For example, if you make payments on your loans during your five years of qualifying employment for Teacher Loan Forgiveness and then receive loan forgiveness for that service, the payments you made during that five-year period will not count toward PSLF.

If I'm employed by a qualifying employer and receive a student loan repayment benefit from my employer under the Federal Student Loan Repayment Program or under another employer-based student loan repayment program, can I also receive PSLF based on the same employment?

Yes. You may receive benefits under both an employer loan repayment plan, including the Federal Student Loan Repayment Program and the PSLF Program for the same period of qualifying public service.



Unless you are receiving student loan repayment benefits under one of the student loan repayment programs administered by the U.S. Department of Defense, if your employer makes a single lump-sum payment that covers multiple monthly student loan payments, the lump-sum payment will count as only one qualifying monthly payment and may result in your loan being paid ahead. If you make subsequent payments during a period when you are paid ahead, those payments will not count toward PSLF.

If you're receiving student loan repayment benefits under a program other than one of the programs administered by the U.S. Department of Defense and you're working toward PSLF, ask your employer if the repayment benefit can be paid monthly, instead of being paid as a lump sum; you can receive credit for multiple scheduled monthly payments instead of just one.

[Learn more about the Federal Student Loan Repayment Program.](#)

HOW TO GET YOUR STUDENT LOANS FORGIVEN (NO, REALLY)

Federal Student Aid
OFFICE OF THE
ASSISTANT SECRETARY FOR
PUBLIC SERVICE
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Public Service Loan Forgiveness (PSLF) is a program that could eliminate some of your student loan debt—as long as you meet all the requirements, that is. Sound interesting? Here's what you should know.

01 WHAT IS PSLF, EXACTLY?

IT'S A FEDERAL PROGRAM THAT FORGIVES THE REMAINING BALANCE ON YOUR DIRECT LOANS IF YOU MEET ALL OF THESE REQUIREMENTS:

- ✓ Make 120 qualifying payments under qualifying repayment plans
- ✓ Work full-time for a qualifying employer

That's the basic gist, but keep reading for details about each of these requirements.

02 REQUIREMENT: WHO YOU WORK FOR

02 REQUIREMENT: WHO YOU WORK FOR

IT'S NOT ABOUT YOUR SPECIFIC JOB TITLE. IT'S ABOUT WHO YOUR EMPLOYER IS.

You could qualify for PSLF if you work for any of these types of not-for-profit organizations:

- Government organizations at any level (federal, state, local, or tribal)
- 501(c)(3) not-for-profit organizations that are tax exempt
- Other types of not-for-profit organizations if their primary purpose is to provide certain types of qualifying public services
- AmeriCorps or Peace Corps (if you work as a volunteer)

03

REQUIREMENT: FULL-TIME EMPLOYMENT

You must work full-time to be eligible for PSLF. But the definition of "full-time" is flexible.

IF YOU HAVE ONE JOB

You have to meet your employer's definition of "full-time" OR work at least 30 hours per week, whichever is greater.

IF YOU HAVE PART-TIME JOBS

You have to work a combined average of 30 hours per week, and all your part-time jobs must meet the eligibility requirements.

04

REQUIREMENT: FEDERAL DIRECT LOANS ONLY

A FEDERAL DIRECT LOAN IS THE ONLY TYPE OF LOAN THAT'S ELIGIBLE FOR PSLF.

HOWEVER...

If you received a Federal Family Education Loan (FFEL) Program loan or Perkins Loan, it's possible for that loan to become eligible too—if you consolidate it into a Direct Consolidation Loan. If you received parent PLUS loans, you will need to consolidate them, even if you have Direct Loans, in order to be considered for Income Contingent Repayment plans.

THE FINE PRINT

Only qualifying payments you make on the new Direct Consolidation Loan get counted toward your 120 required payments.

ARE YOUR LOANS FEDERAL DIRECT LOANS?

If you borrowed before 2011, there's a good chance that some or all of your federal student loans are not Direct Loans and would need to be consolidated to qualify. To check, log in to the StudentAid.gov site and look for the word "Direct" in the name of your loan.

05

REQUIREMENT: QUALIFYING MONTHLY PAYMENTS

YOUR PAYMENT QUALIFIES IF YOU MAKE IT...

- ✓ after Oct. 1, 2007;
- ✓ under a qualifying repayment plan;
- ✓ for the full amount due as shown on your bill;
- ✓ no later than 15 days after your due date;
- ✓ and while you're employed full-time by a qualifying employer.

If any payment doesn't check all these boxes, it won't count toward your 120 qualifying payments needed. So stay on top of it.

SIDE NOTES:

You can't make a qualifying payment while your loans are in any of these statuses:

- in-school status
- the grace period
- delinquent
- forbearance

Also, your 120 qualifying payments don't have to be consecutive.

Example:

If there's a period when you're working for a nonqualifying employer, you won't lose credit for the qualifying payments you made before that period.

06

REQUIREMENT: YOUR REPAYMENT PLAN

ALL OF THE INCOME-DRIVEN REPAYMENT PLANS ARE ELIGIBLE:

REPAYE Plan, PAYE Plan, IBR Plan, ICR Plan

What about the Standard Repayment Plan?

This plan qualifies for PSLF too, but if you're on the 10-year Standard Repayment Plan the entire time you're working toward PSLF, you'll have no balance left to forgive after you've made 120 qualifying PSLF payments. So we recommend entering one of the income-driven repayment plans above.

07

HERE ARE YOUR NEXT STEPS

WHAT YOU SHOULD DO NOW

If you're working toward PSLF, complete and submit the Employment Certification Form annually or when you change employers. We use the information you provide to let you know if you're on the right track. You can download the form and get more info on the PSLF program at StudentAid.gov/publicservice.

WHAT YOU SHOULD DO LATER

Once you've made 120 qualifying payments—it'll take a few years, obviously—only then should you apply for Public Service Loan Forgiveness.



GET MORE DETAILS AT

StudentAid.gov/publicservice



PSLF APP

PUBLIC SERVICE LOAN FORGIVENESS (PSLF): APPLICATION FOR FORGIVENESS

William D. Ford Federal Direct Loan (Direct Loan) Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

OMB No. 1845-0110
Form Approved
Exp. Date 5/31/2020
PSFAP - XBCR

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN _____

Date of Birth _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone - Primary _____

Telephone - Alternate _____

Email (Optional) _____

For more information on PSLF, visit StudentAid.gov/publicservice. Use this form only if you **(1)** have Direct Loans, **(2)** made 120 qualifying payments on the Direct Loans for which you are seeking forgiveness, and **(3)** worked, and continue to work, full-time at a qualifying employer when you made the qualifying payments. If the employment certified in this application and/or prior approved Employment Certification Forms does not cover all 120 qualifying payments, you must submit an employment certification for each qualifying employer that covers the rest of your qualifying payments.

SECTION 2: BORROWER REQUEST, UNDERSTANDINGS, CERTIFICATION, AND AUTHORIZATION

I request (1) that the U.S. Department of Education (the Department) forgive the remaining balance of my Direct Loans and **(2)** if I submit employment certification covering 10 years of qualifying employment after October 1, 2007, a forbearance on my Direct Loans while the Department determines my eligibility for forgiveness, unless I indicate otherwise below.

By checking this box, I am indicating that I **do not want a forbearance** while my application is being processed.

I understand that:

- To qualify for PSLF, I must have made 120 qualifying payments on my Direct Loans while employed full-time by a qualifying employer or employers. Neither the 120 qualifying payments nor employment have to be consecutive.
- To qualify for PSLF, I must be employed full-time by a qualifying employer when I apply for and receive PSLF.
- By submitting this form, my student loans held by the Department may be transferred to FedLoan Servicing.
- If the Department determines that I appear to be eligible for forgiveness, the Department may contact my employer before granting forgiveness to ensure that I continue to work for the employer.
- If I am eligible for forgiveness, the amount forgiven will be the principal and interest that was due on my eligible Direct Loans when I made my final qualifying payment. Any amount that I pay on those loans after I have made my final qualifying payment will be treated as an overpayment. I must continue to make payments on any of my other loans.
- If I am not eligible for forgiveness, I will be notified of the determination and why it was made, my forbearance will end, and unpaid interest may be capitalized (added to my loan's principal balance).

I certify that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief and that if I cease to be employed by a qualifying employer after I submit this application, but before forgiveness is granted, I will notify the Department (see Section 7) immediately.

I authorize my employer or other entity having records about the employment that is the basis of my request to make information from those records available to the U. S. Department of Education (the Department) or its agents or contractors.

Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment. **Complete Section 3, but do not complete Section 4.**

Borrower's Signature _____

Date _____

Borrower Name _____

Borrower SSN _____

SECTION 3: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)

1. Employer Name: _____

2. Federal Employer Identification Number (FEIN) _____

Your employer's Federal EIN may be found on your Wage and Tax Statement (W-2).

3. Employer Address:

4. Employer Website (if any): _____

5. Employment Begin Date: _____

6. Employment End Date: _____ **OR** Still Employed

7. Employment Status: Full-Time Part-Time

8. Hours Per Week (Average) _____

Include vacation, leave time, or any leave taken under the Family Medical Leave Act of 1993. If your employer is a 501(c)(3) or a not-for-profit organization, do not include any hours you spent on **religious instruction, worship services, or proselytizing.**

9. Is your employer a **governmental** organization?

A governmental organization is a Federal, State, local, or Tribal government organization, agency, or entity, a public child or family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps.

- Yes - Skip to Section 4.
- No - Continue to Item 10.

10. Is your employer tax-exempt under Section **501(c)(3)** of the Internal Revenue Code (IRC)?

If your employer is tax-exempt under another subsection of 501(c) of the IRC, such as 501(c)(4) or 501(c)(6), check "No" to this question.

- Yes - Skip to Section 4.
- No - Continue to Item 11.

11. Is your employer a **not-for-profit** organization that is **not** tax-exempt under Section 501(c)(3) of the Internal Revenue Code?

- Yes - Continue to Item 12.
- No - Your employer does not qualify.

12. Is your employer a partisan political organization or a labor union?

- Yes - Your employer does not qualify.
- No - Continue to Item 13.

13. Which of the following services does your employer provide as its primary purpose? Check all that apply and then continue to Section 4. If you check "None of the above", do not submit this form.

- Emergency management
- Military service (See Section 6)
- Public safety
- Law enforcement
- Public interest legal services (See Section 6)
- Early childhood education (See Section 6)
- Public service for individuals with disabilities
- Public service for the elderly
- Public health (See Section 6)
- Public education (See Section 6)
- Public library services
- School library services
- Other school-based services
- None of the above - the employer does not qualify.

SECTION 4: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)

By signing, I **certify (1)** that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, **(2)** that I am an authorized official (see Section 6) of the organization named in Section 3, and **(3)** that the borrower named in Section 1 is or was an employee of the organization named in Section 3.

Note: If any of the information is crossed out or altered in Section 3, you must initial those changes.

Official's Name _____

Official's Phone _____

Official's Title _____

Official's Email _____

Authorized Official's Signature _____

Date _____

SECTION 5: INSTRUCTIONS FOR COMPLETING THE FORM

When completing this form, type or print using dark ink. Enter dates as month-day-year (mm-dd-yyyy). Use only numbers. Example: March 14, 2016 = 03-14-2016. For more information about PSLF and how to use this form, visit StudentAid.gov/publicservice. **Return the completed form to the address shown in Section 7.**

SECTION 6: DEFINITIONS

QUALIFYING PAYMENT DEFINITIONS

Qualifying payments are separate, on-time, full monthly payments made on an eligible loan after October 1, 2007 under a qualifying repayment plan while employed full-time by a qualifying employer.

An **on-time payment** is a payment made no more than 15 days after the due date for the payment.

Eligible loans are loans made under the William D. Ford Federal Direct Loan (Direct Loan) Program that are not in default.

Qualifying repayment plans include the Revised Pay As You Earn (REPAYE) plan, the Pay As You Earn (PAYE) plan, the Income-Based Repayment (IBR) plan, the Income-Contingent Repayment (ICR) plan, the Standard Repayment plan with a maximum 10-year repayment period, and any other Direct Loan repayment plan if payments are at least equal to the monthly payment amount that would be required under the Standard Repayment plan with a 10-year repayment period.

QUALIFYING EMPLOYMENT DEFINITIONS

A **Qualifying employer** includes the government, a not-for-profit organization that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code, or a private not-for-profit organization that provides certain public services. Serving in an AmeriCorps or Peace Corps position is also qualifying employment.

Government includes a Federal, State, local or Tribal government organization, agency or entity; a public child or family service agency; or a Tribal college or university.

A **private not-for-profit organization** is an organization that is not organized for profit, is not a labor union, is not a partisan political organization, and provides at least one of the following public services as its primary purpose: **(1)** emergency management, **(2)** military service, **(3)** public safety, **(4)** law enforcement, **(5)** public interest legal services, **(6)** early childhood education, **(7)** public service for individuals with disabilities and the elderly, **(8)** public health, **(9)** public education, **(10)** public library services, **(11)** school library services, or **(12)** other school-based services.

AmeriCorps position means a position approved by the Corporation for National and Community Service under Section 123 of the National and Community Service Act of 1990 (42 U.S.C. 12573).

Peace Corps position means a full-time assignment under the Peace Corps Act as provided for under 22 U.S.C. 2504.

QUALIFYING EMPLOYMENT DEFINITIONS (CONTINUED)

An **employee** means an individual who is hired and paid by the qualifying employer.

Full-time means working for one or more qualifying employers for the greater of: **(1)** An annual average of at least 30 hours per week or, for a contractual or employment period of at least 8 months, an average of 30 hours per week; or **(2)** Unless the qualifying employment is with two or more employers, the number of hours the employer considers full time.

An **authorized official** is an official of a qualifying employer who has access to the borrower's employment or service records and is authorized by the employer to certify the employment status of the organization's employees or former employees, or the service of AmeriCorps or Peace Corps volunteers.

Early childhood education includes licensed or regulated child care, Head Start, and State funded pre-kindergarten.

Law enforcement means crime prevention, control or reduction of crime, or the enforcement of criminal law.

Military service means service on behalf of the U. S. Armed Forces or the National Guard.

Public education includes services that provide educational enrichment or support directly to students or their families in a school or a school-like setting.

Public interest legal services refers to legal services that are funded in whole or in part by a local, State, Federal, or Tribal government.

Public health includes nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in [health care practitioner occupations](#) and [health support occupations](#), as such terms are defined by the Bureau of Labor Statistics.

OTHER DEFINITIONS

A **forbearance** is a period during which you are allowed to postpone making payments temporarily, allowed an extension of time for making payments, or temporarily allowed to make smaller payments than scheduled. A forbearance can be a mandatory forbearance, meaning that your loan holder must grant the forbearance if you qualify for the forbearance and supply all supporting documentation. A forbearance can also be a discretionary forbearance, meaning that your loan holder may grant the forbearance, but is not required to do so.

SECTION 7: WHERE TO SEND THE COMPLETED FORM

Return the completed form and any documentation to:

Mail to: U.S. Department of Education, FedLoan Servicing, P.O. Box 69184, Harrisburg, PA 17106-9184.

Fax to: 717-720-1628.

Upload to: [MyFedLoan.org/FileUpload](https://myfedloan.org/FileUpload), if FedLoan Servicing is already your servicer.

SECTION 8: IMPORTANT INFORMATION ABOUT PSLF

You may receive loan forgiveness under this program only after you have made 120 qualifying payments (see "Payment Eligibility") on eligible loans (see "Loan Eligibility" on page 5) while working full-time in qualifying employment (see "Employment Eligibility" on page 5).

PAYMENT ELIGIBILITY

To receive PSLF, you must make 120 on-time, full, scheduled, separate monthly payments on your Direct Loans under a qualifying repayment plan after October 1, 2007.

On-time payments are those that are received by your servicer no later than 15 days after the scheduled payment due date.

Full payments are payments on your Direct Loan in an amount that equals or exceeds the amount you are required to pay each month under your repayment schedule. If you make a payment that is less than what you are required to pay for that month, that month's payment will not count as one of the required 120 qualifying payments. If you make multiple, partial payments in a month and the total of those partial payments equals or exceeds the required full monthly payment amount, those payments will count as one qualifying payment.

Scheduled payments are those that are made while you are in repayment. They do not include payments made while your loans are in an in-school or grace status, or in a deferment or forbearance period.

You must make separate monthly payments. Except as explained below, lump sum payments or payments you make as advance payments for future months do not count as more than one qualifying payment. If you want to pay more than your scheduled monthly payment amount, follow the instructions on your bill to let your servicer know that your payment is not intended to cover future installments. Otherwise, you may not receive credit for future qualifying payments.

If you were an AmeriCorps or Peace Corps volunteer, you may receive credit for making qualifying payments if you make a lump sum payment by using all or part of a Segal Education Award or Peace Corps transition payment.

You may also receive credit for qualifying payments if a lump sum payment is made on your behalf through a student loan repayment program administered by the U.S. Department of Defense (DOD).

If you need help completing this form, call:

Domestic: 855-265-4038.

International: 717-720-1985.

TTY: dial 711, then enter 800-699-2908.

Website: [MyFedLoan.org](https://myfedloan.org).

PAYMENT ELIGIBILITY (CONTINUED)

If you make a lump sum payment by using an AmeriCorps Segal Education Award or a Peace Corps transition payment, or if a lump sum payment is made on your behalf through a DOD student loan repayment program, the Department will give you credit for qualifying payments equal to the lesser of **(1)** the number of payments resulting after dividing the amount of the lump sum payment by the monthly payment amount you would have made under one of the qualifying repayment plans listed below; or **(2)** 12 payments.

If you make an eligible lump sum payment using a Peace Corps transition payment, you must do so within 6 months of the Employment End Date, as reported in Section 3.

You may only use an AmeriCorps Segal Education Award or Peace Corps transition payment one time to receive credit for more than one qualifying payment towards PSLF. However, lump sum payments made on your behalf under a DOD student loan repayment program may be counted as up to 12 qualifying payments for each year that a lump sum payment is made.

Your payments must be made under a qualifying repayment plan. Qualifying repayment plans include the REPAYE plan, the PAYE plan, the IBR plan, the ICR plan, the 10-Year Standard Repayment plan, or any other Direct Loan repayment plan, but only payments that are at least equal to the monthly payment amount that would be required under the 10-Year Standard Repayment plan.

Though repayment plans other than the REPAYE, PAYE, IBR, and ICR plans are qualifying repayment plans for PSLF, you must enter REPAYE, PAYE, IBR, or ICR to have a remaining balance to forgive after becoming eligible for PSLF. Otherwise, your loans will be fully repaid within 10 years. To apply for these plans, visit [StudentLoans.gov](https://studentloans.gov).

IMPORTANT: The Standard Repayment Plan for Direct Consolidation Loans made on or after July 1, 2006 has repayment periods that range from 10 to 30 years. Monthly payments you make under this plan are qualifying payments only if the repayment period is 10 years, which would be the case only if the total amount of the consolidation loan and your other eligible student loans is less than \$7,500.

SECTION 8: IMPORTANT INFORMATION ABOUT PSLF (CONTINUED)

LOAN ELIGIBILITY

Only Direct Loan Program loans that are not in default are eligible for PSLF. Loans you received under the Federal Family Education Loan (FFEL) Program, the Federal Perkins Loan (Perkins Loan) Program, or any other student loan program are not eligible for PSLF.

If you have FFEL Program or Perkins Loan Program loans, you may consolidate them into a Direct Consolidation Loan to take advantage of PSLF. However, payments made on your FFEL Program or Perkins Loan Program loans before you consolidated them, even if they were made under a qualifying repayment plan, do not count as qualifying PSLF payments. In addition, if you made qualifying payments on a Direct Loan and then consolidate it into a Direct Consolidation Loan, you must start over making qualifying payments on the new Direct Consolidation Loan.

If you are planning to consolidate your FFEL Program or Perkins Loan Program loans into a Direct Consolidation Loan to take advantage of PSLF and do not have any Direct Loans, do not submit this form until you have consolidated your loans. The online application for Direct Consolidation Loans contains a section that allows you to indicate that you are consolidating your loans for PSLF. If you plan to consolidate Perkins Loan Program loans, first understand that Perkins Loan Program loans may be cancelled for certain types of public service. If you consolidate a Perkins Loan Program loan, you will no longer be eligible for Perkins cancellation. The online application is available at [StudentLoans.gov](https://studentloans.gov). If you don't know whether you have Direct Loans, go to [StudentAid.gov/login](https://studentaid.gov/login).

EMPLOYMENT ELIGIBILITY

To qualify for PSLF, you must be an employee of a qualifying employer. An employee is someone who is hired and paid by the employer. You may physically perform your work at a qualifying or non-qualifying organization, as long as you are an employee of a qualifying employer. If you are working at the location of or with an organization under contract with your employer, the organization that hired and pays you must be a qualifying employer, not the organization where you perform your work.

A qualifying organization is a government organization, a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code, or a private not-for-profit organization that provides certain public services. Service in an AmeriCorps or Peace Corps position is also qualifying employment.

EMPLOYMENT ELIGIBILITY (CONTINUED)

A private not-for-profit organization that is not a tax-exempt organization under Section 501(c)(3) of the IRC may be a qualifying organization if it provides certain specified public services. These services include emergency management, military service, public safety, or law enforcement services; public health services; public education or public library services; school library and other school-based services; public interest legal services; early childhood education; public service for individuals with disabilities and the elderly. The organization must not be a business organized for profit, a labor union, or a partisan political organization.

Employment as a member of the U.S. Congress is not qualifying employment.

You must be employed full-time by your employer.

Generally, you must meet your employer's definition of full-time. However, for PSLF purposes, that definition must be at least an annual average of 30 hours per week. For purposes of the full-time requirement, your qualifying employment at a 501(c)(3) organization or a not-for-profit organization does not include time spent participating in religious instruction, worship services, or any form of proselytizing.

If you are a teacher or in another position under contract for at least eight out of 12 months, you meet the full-time standard if you work an average of at least 30 hours per week during the contractual period and receive credit by your employer for a full year's worth of employment.

If you are employed in more than one qualifying part-time job simultaneously, you may meet the full-time employment requirement if you work a combined average of at least 30 hours per week with your employers.

Vacation or leave time provided by the employer or leave taken for a condition that is a qualifying reason for leave under the Family and Medical Leave Act of 1993, 29, U.S.C. 2612(a)(1) and (3) is equivalent to hours worked in qualifying employment.

OTHER IMPORTANT INFORMATION

Your servicer will determine how many qualifying payments you made during the period of qualifying employment within the dates provided in Section 3. If you submit this form and your employer qualifies, all of your loans held by the Department may be transferred to FedLoan Servicing as you approach the date that you may qualify for forgiveness.

You are not permitted to apply the same period of service to receive PSLF and the Teacher Loan Forgiveness and Civil Legal Assistance Attorney Student Loan Repayment programs.

SECTION 9: IMPORTANT NOTICES

Privacy Act Notice. The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., or §461 of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., or 20 U.S.C. 1087aa et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the William D. Ford Federal Direct Loan (Direct Loan) Program, Federal Family Education Loan (FFEL) Program, or Federal Perkins Loan (Perkins Loan) Program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, or Federal Perkins Loan Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0110. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 685.219. If you have comments or concerns regarding the status of your individual submission of this form, please contact your loan holder directly (see Section 7).

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

COMPLIANCE NOTICE

Chabot-Las Positas Community College District is an equal opportunity institution in its policies, procedures, and practices relating to access, admission, and employment in its programs, services and activities.

In compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 Sections 503 and 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1974, Americans with Disabilities Act, Fair Employment and Housing Authority, and other relevant legislation in regards to fair employment practices and equal opportunities, its own statements of philosophy and objectives, and with the regulations affecting community colleges in the State of California, Chabot-Las Positas Community College District does not discriminate on the basis of race, color, national origin, religion, sex, marital status, sexual preference, age, or disability. We encourage individuals of both sexes, ethnic minorities, Vietnam Era Veterans and the disabled to attend our institution and to file applications for employment.

INQUIRIES ON

1. Equal Opportunity, Student Policies and Procedures (for student matters).
2. Equal Opportunity, Faculty/Staff Policies and Procedures (for faculty, classified staff and public employment).
3. Non-Compliance with Section 504 Provisions (Policy of Non-Discrimination on the Basis of Disability) and (Coordinator of Section 504) The Americans with Disabilities Act.
4. Alleged Discrimination per Government Code 11135 (code which prohibits unlawful discrimination on the basis of ethnic group identification, religion, age, sex, color or disability, in programs or activities receiving state assistance) and Non-compliance with Title IX Provisions (Policy of Non-Discrimination on the Basis of Sex).

CONTACT

Vice President, Student Services
Chabot College, 25555 Hesperian Blvd., Hayward CA 94545
Telephone: (510) 723-6744

Vice President, Student Services
Las Positas College, 3000 Campus Hill Drive, Livermore CA 94551
Telephone: (925) 424-1405

Vice Chancellor, Human Resources; or
Director of Employee and Labor Relations
7600 Dublin Boulevard, 3rd Floor, Dublin, CA 94568
Telephone: (925) 485-5261 or (925) 485-5513

Vice President, Student Services
Chabot College, 25555 Hesperian Blvd., Hayward CA 94545
Telephone: (510) 723-6744; or

Dean, Student Services – Enrollment
Las Positas College, 3000 Campus Hill Drive, Livermore CA 94551
Telephone: (925) 424-1542; or

Office of Civil Rights – U.S. Department of Education
50 Beale Street, Suite 7200, San Francisco CA 94105-1813
Telephone: (415) 486-5555; or

Department of Fair Employment and Housing
Telephone: (800) 884-1684; or

The U.S. Equal Employment Opportunity Commission
Telephone: (800) 669-4000

Vice President, Student Services
Chabot College, 25555 Hesperian Blvd., Hayward CA 94545
Telephone: (510) 723-6744

Vice President, Academic Services
Las Positas College, 3000 Campus Hill Drive, Livermore CA 94551
Telephone: (925) 424-1103

Vice Chancellor, Human Resources; or
Director of Labor and Employee Relations
(District Unlawful Discrimination Complaint Officer, Coordinator Title IX).
Chabot-Las Positas Community College District
7600 Dublin Boulevard, 3rd Floor, Dublin, CA 94568
Telephone: (925) 485-5261 or (925) 485-5513

General Institution

BP 3430 PROHIBITION OF HARASSMENT

References:

Education Code Sections 212.5, 44100, 66252, and 66281.5;
Government Code Section 12950.1;
Title 2 Sections 10500 et seq.;
Title VII of the Civil Rights Act of 1964, 42 U.S. Code Annotated Section 2000e;
Title 5 Sections 59300 et seq.

All forms of harassment are contrary to basic standards of conduct between individuals and are prohibited by state and federal law, as well as this policy, and will not be tolerated. The District is committed to providing an academic and work environment that respects the dignity of individuals and groups. The District shall be free of sexual harassment and all forms of sexual intimidation and exploitation including acts of sexual violence. It shall also be free of other unlawful harassment, including that which is based on any of the following statuses: race, ethnicity, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, or sexual orientation of any person, or because he or she is perceived to have one or more of the foregoing characteristics.

The District seeks to foster an environment in which all employees and students feel free to report incidents of harassment without fear of retaliation or reprisal. Therefore, the District also strictly prohibits retaliation against any individual for filing a complaint of harassment or for participating in a harassment investigation. Such conduct is illegal and constitutes a violation of this policy. All allegations of retaliation will be swiftly and thoroughly investigated. If the District determines that retaliation has occurred, it will take all reasonable steps within its power to stop such conduct. Individuals who engage in retaliatory conduct are subject to disciplinary action, up to and including termination or expulsion.

Any student or employee who believes that he/she has been harassed or retaliated against in violation of this policy should immediately report such incidents by following the procedures described in AP 3435 titled Discrimination and Harassment Complaint Procedures. Supervisors are mandated to report all incidents of harassment and retaliation that come to their attention.

This policy applies to all aspects of the academic environment, including but not limited to classroom conditions, grades, academic standing, employment opportunities,

scholarships, recommendations, disciplinary actions, and participation in any community college activity. In addition, this policy applies to all terms and conditions of employment, including but not limited to hiring, placement, promotion, disciplinary action, layoff, recall, transfer, leave of absence, training opportunities and compensation.

To this end the Chancellor shall ensure that the institution undertakes education and training activities to counter discrimination and to prevent, minimize and/or eliminate any hostile environment that impairs access to equal education opportunity or impacts the terms and conditions of employment.

The Chancellor shall establish procedures that define harassment on campus. The Chancellor shall further establish procedures for employees, students, and other members of the campus community that provide for the investigation and resolution of complaints regarding harassment and discrimination, and procedures for students to resolve complaints of harassment and discrimination. All participants are protected from retaliatory acts by the District, its employees, students, and agents.

This policy and related written procedures (including the procedure for making complaints) shall be widely published and publicized to administrators, faculty, staff, and students, particularly when they are new to the institution. They shall be available for students and employees in all administrative offices, and shall be posted on the District's website.

Employees who violate the policy and procedures may be subject to disciplinary action up to and including termination. Students who violate this policy and related procedures may be subject to disciplinary measures up to and including expulsion.

Date Adopted: June 16, 2015;
Edited November 20, 2017

EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division



403(b) and 457(b) PLAN HIGHLIGHTS

Chabot-Las Positas Community College District, CA

We are pleased to offer the 403(b) Tax Sheltered Annuity Plan and the 457(b) Deferred Compensation Plan to eligible employees in order to help save for retirement. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered. Plan administration services for the 403(b) and 457(b) Plans are provided by Envoy Plan Services, Inc. (Envoy). Visit the Envoy website (www.envoyplanservices.com) for information about enrollment in the Plan, investment product providers available, distributions, exchanges or transfers, loans, and rollovers.

Employees may make voluntary pre-tax elective deferrals to the 403(b) and/or 457(b) Plans. Participants are fully vested in their voluntary contributions and earnings at all times. The IRS imposes a limit on the amount a participant may contribute each year. See the chart below for the maximum contribution limits.

Year	403(b) TSA	457(b) DCP	Total
2020 Basic Limit	\$19,500.00	\$19,500.00	\$39,000.00
*Age 50+ Catch-up	\$6,500.00	\$6,500.00	\$13,000.00
Total	\$26,000.00	\$26,000.00	\$52,000.00

*Participants who are age 50 or older any time during the year qualify to make an additional contribution to their 403(b) and/or 457(b) accounts.

Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan, you are limited by the overall 415(c)(1)(A) limit for all plans including 403(b), 401(a), and 401(k). If you are a participant in another retirement plan (excluding your State Retirement Program), please advise Envoy Plan Services, Inc.

Eligibility and Entry Date: Most employees are eligible to participate in the 403(b) and 457(b) Plans immediately upon employment; however, private contractors, appointed/elected trustees, and/or school board members and student workers may not be eligible to participate. Eligible employees can participate and enroll in either or both Plans upon employment or at any time after. **Note: If you have a 403(b) or 457(b) account with a previous employer, you must establish a new account to enroll in these Plans. Your salary deferral contribution into this Plan cannot be invested in the 403(b) or 457(b) Plan of a previous employer.**

Getting Started:

- Logon to www.envoyplanservices.com
- Click onto Client Center; then Click onto your State, County, and Employer.
- You are now on your Employer's home page on the Envoy website.
 - **403(b) and 457(b) Plan Providers** and Forms – A complete list of Approved Providers and forms currently available in the Plans are listed on the Employer's home page.

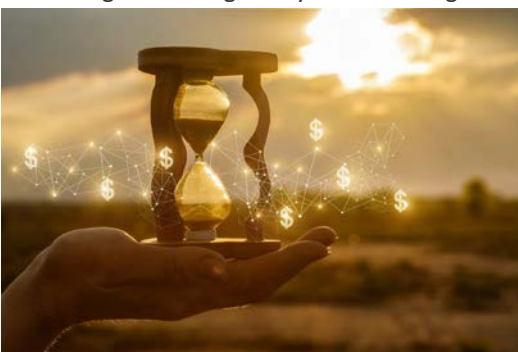
Step 1: Enrolling with a 403(b) and 457(b) Provider

- Locate the provider of your choice from the list on your Employer's home page. (Contact information is listed for each approved provider.)
- Contact the provider directly to request enrollment forms and instructions and work directly with the provider to complete their enrollment process. (**Envoy Plan Services will not accept Provider enrollment forms.**)

Step 2: Establish Salary Reduction Agreement (SRA)

- After you have established your 403(b) and/or 457(b) account, you will need to submit a completed SRA to Envoy in order to begin your payroll deduction contributions.

Online: To submit an online SRA, go to Envoy's website at www.envoyplanservices.com, and click on the Online SRA button at the top right of the page. This user-friendly system will guide you through the process of submitting a new Salary Reduction Agreement or amending an existing Salary Reduction Agreement.



Paper: See the Getting Started section above for instructions to obtain a paper SRA form.

Plan Distributions: Withdrawals from the Plan(s) are considered Distributions from the Plan(s). Distribution transactions may include any of the following dependent on the Employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals, or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and Envoy as required. All completed forms should be submitted to Envoy for processing.

LOANS: Participants may be eligible to borrow from their 403(b) and/or 457(b) Plan accumulations dependent on the provisions of the account contract with the investment provider and the Employer's Plan Documents. If loans are available, they are generally granted for a term of five years or less. Loans taken to purchase a principal residence can extend the term of the loan beyond five years dependent on the provisions of the account contract and the Plan Documents. Participants must repay their loans through monthly payments. Prior to taking a loan, participants should consult a tax advisor.

TRANSFERS: A Plan-to-Plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous Employer's Plan with an authorized investment provider under the new Employer's Plan.

ROLLOVERS: Participants may move funds from one qualified Plan account, i.e. 403(b) account, 457(b) account, 401(k) account, or an IRA, to another qualified Plan account at age 59 ½ or when separated from service. Rollovers do not create a taxable event.

EXCHANGES: Within each Plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the Plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to the exchange. Exchanges can only be made from one 403(b) Provider to another 403(b) Provider or from one 457(b) Provider to another 457(b) Provider of the same Employer's Plan.

HARDSHIP WITHDRAWALS: Participants may be eligible to take a Hardship Withdrawal from their 403(b) account in the event of an immediate and heavy financial need. The eligibility requirements to receive a Hardship Withdrawal are provided on the Hardship Withdrawal Disclosure form at www.envoyplanservices.com.

UNFORESEEN EMERGENCY: Participants may be able to take a withdrawal from their 457(b) account in the event of an Unforeseen Financial Emergency. The eligibility requirements to receive an Unforeseen Financial Emergency withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at www.envoyplanservices.com.

Instructions for Submission of Distributions/Transactions: To submit a distribution request to Envoy for approval, follow the steps below:

Online: Go to Envoy's website at www.envoyplanservices.com and click on the Online Distribution button. This user-friendly system will guide you through a series of questions designed to help you obtain immediate approval certification. If your request is not eligible for immediate approval, the system will guide you through the process of submitting your distribution documents for further review.

Paper: Contact your provider and request their specific paperwork. Go to Envoy's website and obtain the Transaction Information Form available on the Employer's home page. Complete and mail all of the paperwork to Envoy at the address below, or you can fax the paperwork toll-free to 877-513-2272.

EMPLOYEE INFORMATION STATEMENT: Participants in a 403(b) and/or 457(b) Plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The Plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

Envoy's services are provided in conjunction with TSA Consulting Group (TSACG).



Transactions
P.O. Box 4037
Fort Walton Beach, FL 32549
Toll-free: 1-800-248-8858
Toll-free fax: 1-877-513-2272
Email: info@envoyplanservices.com
Website: www.envoyplanservices.com

For overnight deliveries
73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-800-248-8858
Toll-free fax: 1-877-513-2272
Email: info@envoyplanservices.com
Website: www.envoyplanservices.com

Health Reimbursement Arrangement

Plan Highlights

for

Chabot-Las Positas Community College District

Effective Date: The effective date of the Plan is January 1, 2013.

Plan Year: The Plan Year ends on December 31.

Eligibility: Participation in this Plan is mandatory for all Employees of the class or classes as determined by the Employer:

- Regular/Contract Faculty Employees hired after January 1, 2013.

Contribution Types: All funds for the Plan shall come exclusively from the Employer and shall be a specified dollar amount as the Employer shall from time to time determine.

- \$200 per month for 12 months. If .5 FTE or more, but less than 1.0 FTE, the District HRA contribution shall be prorated each month.

Contribution Frequency: Monthly

Investments: Funds are invested in a guaranteed fixed annuity with American United Life Insurance Company, a OneAmerica Financial Partner. The interest rate may change on a quarterly basis, but is guaranteed never to fall below the standard NAIC rate. The guarantee is based on the claims paying ability of AUL. All earnings in the account are tax-free!

Reimbursements: Participants may request reimbursements from their accounts upon retirement or separation from service, but only for medical expenses incurred subsequent to becoming eligible to participate in the Plan. Participants must exhaust any funds available in a flexible spending arrangement ("FSA") prior to receiving reimbursement from this Plan. Funds in a participant's account at the end of each year shall be rolled into the following year.

Vesting Schedule: Participants shall own their account balance in accordance with the following vesting schedule:

- After Five (5) Academic years of service

Death Benefit: If a Participant dies prior to exhausting his vested account balance, the Participant's surviving spouse and/or dependents are eligible to be reimbursed under this Plan for their eligible medical expenses until the vested account balance is exhausted. In the event of the death of the Participant, the Participant's spouse, and all of the Participant's qualifying dependants, any funds remaining in the account shall be forfeited in accordance with the Plan's provisions. Forfeited funds shall reduce future Employer contributions.

Administrative Fees: Participants will be charged a reimbursement processing fee of \$7.00 for each claim processed, up to a maximum annual reimbursement processing fee of \$42.00.

Reports: Each quarter, Plan Participants will receive statements of account activity.

Agent: Dan Keenan, Keenan and Associates

Contact: To access account information, request forms, or for plan related questions, please contact MidAmerica toll-free at (800) 430-7999 or visit our website at www.midamerica.biz.

Please mail all forms to: MidAmerica Administrative & Retirement Solutions, Inc., Attn: HRAADMIN,
402 South Kentucky Avenue, Suite 500, Lakeland, FL 33801

Keenan
Financial Services


AUL
a ONEAMERICA®
financial partner


MidAmerica
Administrative & Retirement Solutions, Inc.

Securities offered through GWN Securities, Inc.
11440 Jog Road • Palm Beach Gardens, FL 33418 • 561/472-2700 • Member FINRA, SIPC



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:
Chabot-Las Positas Benefits Office
<http://www.clpccd.org/HR/benefits.php>.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Chabot-Las Positas Community College District		4. Employer Identification Number (EIN) 94-1670563	
5. Employer address 7600 Dublin Boulevard, 3rd Floor		6. Employer phone number (925) 485-5513	
7. City Dublin		8. State CA	9. ZIP code 94568
10. Who can we contact about employee health coverage at this job? David Betts			
11. Phone number (if different from above) (925) 485-5513		12. Email address dbetts@clpccd.org	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees.

Some employees. Eligible employees are:

- Faculty as covered in the collective bargaining agreement, including:
 - Tenured and Tenure-track
 - Temporary Leave Replacement (TLR) and Temporary Sabbatical Replacement(TSR)
 - Part-time faculty meeting eligibility requirements outlined in the collective bargaining agreement
- Regular and Probationary classified employees who work 9 or more months/year, work at least 20 hours/week, and are Confidential/Supervisory employees or members of the SEIU collective bargaining unit
- Management and Executive employees.
- Elected Board of Trustee Members
- Retirees as covered under the collective bargaining agreements and board policy
- Employees who have been determined to work an average of 30 or more hours/week during the established measurement period

•With respect to dependents:

We do offer coverage. Eligible dependents are:

- Qualified dependents, legal spouse/domestic partner of covered employees in the categories that are listed above.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a **Supplemental Job Displacement Voucher**, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]