



Welcome from the Office of Human Resources!

New Hire Forms for Professional Expert Employees

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:

1. [Personnel Action Form \(PAF\)](#) – *to be completed by the Hiring Administrator only*
2. [Checklist for Hiring](#) – *to be completed by the Hiring Administrator*
3. Oath of Allegiance Form – Please have the Hiring Administrator sign or designee administer the Oath or Affirmation of Allegiance. (See Board Policy 7120)
4. Tuberculosis Certificate Information Form – Please complete form and attach a copy of a current tuberculosis certificate, no older than four (4) years.
5. 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.
6. Confidential Personnel 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.
7. Retirement Information Form.
8. Salary Warrant Delivery Request Form – Please check the method you would prefer to receive your monthly salary warrant.
9. Direct Deposit Form
10. Designation of Beneficiary for Deceased Employees
11. 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.
12. [Department of Homeland Security's Employment Eligibility Verification \(I-9\) Form](#) – Complete form with Hiring Administrator or designee showing original identification for proof of eligibility to work in the United States.
13. PARS - Alternate Retirement System for Part Time Employees [mandated]
14. Chabot-Las Positas Community College District Retirement Savings Plan
15. Statement Concerning Your Employment in a Job Not Covered by Social Security
16. New Health Insurance Marketplace Coverage Options and Your Health Coverage
17. 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 or designee.

If you have any questions, please contact the Office of Human Resources, [Gweneth Murphy](#) at (925) 485-5238.



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) Certificate



LOCATION

Chabot College
 Las Positas College
 District:
 Hayward
 Livermore
 Dublin

POSITION CLASSIFICATION

| | | | |
|--|--|--|--|
| FACULTY: | CLASSIFIED: | MANAGEMENT: | OTHER: |
| <input type="checkbox"/> Full-time (Regular) | <input type="checkbox"/> Full-time/Part-time (Regular) | <input type="checkbox"/> Administrator | <input type="checkbox"/> Professional Expert |
| <input type="checkbox"/> Part-Time | <input type="checkbox"/> Confidential/Supervisory | | <input type="checkbox"/> Student Assistant |
| | <input type="checkbox"/> Substitute | | |
| | <input type="checkbox"/> Short-term On-Call | | |

SECTION 1: PERSONAL INFORMATION (please print)

Name: _____
 (Last) (First) (Middle)

SSN/W#: _____

Position Title: _____

Division/Office: _____

Employee Signature: _____

SECTION 2: TB CERTIFICATE

Have you submitted a clear/negative TB risk assessment, examination or X-ray (no later than 4 years old**) to the Office of Human Resources for work prior to this job?**

- Yes** (If you answered yes, please turn in this form to the Office of Human Resources)
- No** (If you answered no, please proceed to SECTION 3)

Return this page with TB result.

HR Use Only

| | | | |
|-------------|---------|--------|-----------|
| Date of | Next | Data | |
| Completion: | TB Due: | Input: | Initials: |



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 | First date of employment | Employer identification number (EIN) |
| | CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT 7600 DUBLIN BLVD, THIRD FLOOR DUBLIN, CA 94568 | | 94-1670563 |

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 |
|--|--|

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 \(FTB\) \(ftb.ca.gov\)](http://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 Office of Human Resources

INSTRUCTIONS FOR FINGERPRINTING – Professional Experts

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 such as the Chabot - Las Positas Community College District. As a result, 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>. As the applicant is responsible for the cost, 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.

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 the Office of Human Resources, [Gweneth Murphy](#), at 925.485.5238.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0593

Professional Expert 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)

Gweneth Murphy

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Dublin CA 94568

(925) 485-5238

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) 485-5238

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

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

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

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

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

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

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

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

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

Alternative Retirement System (ARS) For Part Time Employees

MEMBERSHIP EXCLUSION CRITERIA

Membership in the District's Alternate Retirement System, is compulsory for all part time, seasonal and temporary employees even though they may be employed full time and covered by a retirement system or Social Security through another employer.

Chabot-Las Positas Community College District has two Alternative Retirement Systems available. They are the Public Agency Retirement System (PARS), available to all part time employees, or the State Teachers Retirement System (STRS) Cash Balance Plan, available to part time instructors, counselors and librarians.

Employees who may be excluded for the Alternate Retirement System are:

1. Re-hired Annuitants who are currently receiving benefit payments from STRS or PERS.
2. Members of PERS or STRS through full time or part time employment with the Chabot-Las Positas Community College District. Part time, seasonal or temporary employees who are members of PERS or STRS as full time employees with another employer, however are not excluded.
3. Employees who have Federal income tax deductible IRA's (individual retirement accounts) and would lose this deduction if they participated in the District's Alternate Retirement System. These employees must participate in Social Security. Employees must provide appropriate documentation to payroll.

Chabot-Las Positas Community College District

Alternate Retirement System Plan

Plan Information Sheet

for Part-Time, Seasonal, and Temporary Employees

PUBLIC
AGENCY
RETIREMENT
SERVICES

PARS

TRUSTED SOLUTIONS. LASTING RESULTS.

Introduction

A federal law, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

You are enrolled in an alternate plan called the Public Agency Retirement Services Alternate Retirement System Plan (PARS ARS). PARS ARS satisfies federal requirements and provides cost savings to you and your employer when compared to Social Security. The PARS ARS plan only requires a minimum contribution of 7.5% to your retirement account.

This information is a general description of what you can expect as a participant in PARS ARS. The Plan Document provides a detailed description and contains all of the specific legal requirements of the plan. A copy of the plan document is available for review with your employer.

Enrollment in the PARS ARS Plan is automatic for eligible employees.

- 1) Each pay period, **3.75%** of your wages will be deducted from your pay and deposited into your PARS ARS account. Your contributions are made on a pre-tax basis.
- 2) Each pay period, your employer will also contribute the equivalent of **3.75%** of your wages to your PARS ARS account. Employer contributions are also made on a pre-tax basis.
- 3) Investment activity will be credited to your PARS ARS account based on your monthly account activity and will accumulate **tax-free** until your termination from the plan and the distribution of your account balance.

Designating a Beneficiary

- 1) In the event that you pass away while contributing to the PARS ARS Plan, your account balance will be distributed to your beneficiary.
- 2) If you are married at the time of your death, your spouse/registered domestic partner is automatically your beneficiary. If you wish to designate someone other than your spouse/registered domestic partner, you may do so by submitting a Designation of Beneficiary Form.

- 3) If you are unmarried at the time of your death, your account balance will be paid to your estate unless you have designated another beneficiary.
- 4) You may obtain a Designation of Beneficiary Form from your employer or from PARS.

Becoming Eligible for a Benefit

You (or your beneficiary in the event of your death) will be eligible to receive your PARS ARS account balance when one of the following events occurs:

- a. Termination of Employment
- b. Retirement
- c. Permanent and Total Disability
- d. Death
- e. Changed employment status to a position covered by another retirement system*

*If there have been no contributions into your PARS ARS account for two (2) years, you may be eligible for a distribution of your account.

Receiving Your Account Balance

- 1) When your employer notifies PARS that you are eligible for a distribution of your account, appropriate forms will be sent to you by mail. Within 90 days of PARS' receipt of all correctly completed forms, the account will be distributed.
- 2) Your distribution options are:
 - a. You may elect to receive a **one-time lump-sum cash payment**. If your account balance is greater than \$200, your distribution may be subject to federal and/or state income tax withholding. If you are under age 59½, your distribution may also be subject to an excise tax withholding.
 - b. You may defer tax withholding from your distribution by electing a **direct rollover** to an IRA or to an eligible employer plan that accepts rollovers (e.g. 403(b), 457(b), 401(k), etc.).

For further information or for questions about your account, please contact PARS.

(800) 540-6369

Monday – Friday

8:30AM – 5:00PM Pacific Time

admin@pars.org

Designation of Beneficiary Form

Public Agency Retirement Services (PARS)- Chabot-Las Positas Community College District

Instructions:

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding section 2) of this form and return it to:

**Chabot-Las Positas Community College District
Personnel Department
7600 Dublin Blvd. 3rd Floor
Dublin, CA 94568**

Rules for Designation of Beneficiary:

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse/registered domestic partner's consent must be obtained. If you are unmarried complete Section 1 only.
6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules.

Participant's Signature

Date

Section 1: Designating a Beneficiary

Participant Name: _____ Social Security # _____ - _____ - _____

Participant Address: _____

City : _____ State: _____ Zip: _____ Phone #: _____

Name of Beneficiary: _____ Relationship: _____

Beneficiary Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Participant's Signature

Date

Section 2: Spousal/Registered Domestic Partner Consent *(Do not complete this section if you are unmarried or do not have a Registered Domestic Partner)*

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

Spouse/Registered Domestic Partner's Signature

Date

Signature of Notary

Date

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

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.



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]