



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

Please read this cover sheet carefully before you proceed with this hiring procedure.

The District and ACE have an agreement to reduce the District's reliance on "casual" employees. As you know, "casual" employees are defined in the Education Code, Section 88003 as short-term employee:

"Short-term employee," as used in this section, means any person who is employed to perform a service for the district, upon the completion of which, the service required or similar services will not be extended or needed on a continuing basis.

"Seventy-five percent of a college year" means 195 working days, including holidays; sick leave, vacation and other leaves of absence, irrespective of number of hours worked per day.

Casual employees may also include substitute employees, defined in the Education Code as follows:

"Substitute employee" as used in this section, means any person employed to replace any classified employee who is temporarily absent from duty. In addition, if the district is then engaged in a procedure to hire a permanent employee to fill a vacancy in any classified position, the governing board may fill the vacancy through the employment, for not more than 90 calendar days, of one or more substitute employees, except to the extent that a collective bargaining agreement then in effect provided for a different period of time.

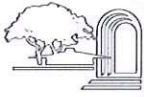
This packet is used to hire "casual" employees for:

- Short-term assignments (180 days)
- Seasonal assignments (e.g., Fall quarter only, bookstore rush, registration, cannot exceed three (3) weeks at beginning and three (3) weeks at end of quarter or summer session)
- Intermittent assignments (45 days or less per fiscal year)
- A leave replacement/substitute (180 days)
- A vacancy (90 days)

Remember we have a commitment to reduce the number of casual employees employed in this District. Therefore, before completing the attached packet carefully consider the following:

- Is the work needed on a continuing basis? If so, is it possible to combine this position with other short-term assignments to create a regular classified position?
- Is this work suitable for student employees?
- Can this work be assigned to existing classified, supervisory or administrative staff without impacting classified levels or causing overtime?
- If the work is ongoing, can it be done in less than 20 hours per week?
- Is it done during the academic year only? 10 months? 11 months?
- Can you eliminate the work? What are the consequences to students?

Please call extension 6109 if you have any questions or need assistance in meeting our goal to be in compliance with Education Code 88003.



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New Temporary Employee Packet Guidelines (for administrator/supervisor and employee):

All Temporary Employee Authorizations must be approved by the Board of Trustees. The required documentation needs to be submitted to the office of Human Resources to be included in the Board Agenda. No employee will be allowed to work before his/her assignment is approved by the Board of Trustees.

- Temporary Employee Assignment Authorization Form (TEA).
- General Employee Information - (containing Section A - Employee Information; Section B - Oath of Office; Section C - Affidavit of Designation; and, Section D - Convictions; Section E - Equal Opportunity Survey) The Employee must complete and sign each section.
- Retirement Plan Information/Election Form - Employee must complete and sign this form. The signature line for Certifying Officer is to be signed by the Human Resources Technician.
- Notice of Exclusion from CalPERS Membership - Employee must complete and sign this form. The signature line for Certifying Officer is to be signed by the Human Resources Technician.
- Federal and State Tax Forms - Employee must complete all applicable fields, sign and date each form. Employee cannot submit these forms with allowances (field 5) and EXEMPT status (field 7). Please read guidelines for "EXEMPT" status.
- Employment Eligibility Verification (Form I-9) - A copy of the Social Security card is required from every employee. Employee assignments will not be processed without a copy of the Social Security card. Employee must complete, sign and date Section 1, and submit a document from list A or one document each from Lists B and C. administrator/supervisor must complete Section 2 indicating the type of documents received, and sign certification that the documents copied appear to be genuine and related to the individual named.
- F1 Visa Student Statement - Applicable to F1 Visa Students only.
- Direct Deposit Authorization Agreement - Employee can now set up new accounts or make changes to existing accounts via MyPortal. Payroll will no longer accept the paper Direct Deposit Authorization form.
- General Safety Guidelines - The first four pages are for the employee's information. The employee must read and sign the last page.
- Drug-Free Workplace Policy - The employee must read and sign this page.
- The Notice of Asbestos, Policy on Prevention of Workplace Violence, Americans with Disabilities Act, and Sexual Harassment and Discrimination Policy and Procedure, General Safety Guidelines and Drug-Free Workplace Policy information must be kept by the employee for his/her information and reference.
- Note: Online Timesheets are due on the 5th working day of the month (for prior month).
- PAYDAY IS THE 15TH - 16TH OF EACH MONTH (payment for prior month).

All time worked must be reported on timecards. The administrator/supervisor and employee are responsible for monitoring that the employee's time does not exceed the 8 hours per day or 40 hours per week. It is your responsibility to contact District Human Resources with any change in scheduled hours (4-tens or 5-eights) or not it will result in the employee being paid incorrectly.

If you have any questions concerning this packet, please call (650) 949-6221.



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Temporary Employee Assignment Authorization Form

Job Title: _____

(Refer to Temporary Position Roster)

Hourly Rate: \$ _____ Flat Rate/Lump Sum: \$ _____ Schedule: 4 Ten hour days [] or 5 Eight hour days []

Board Approval Date (Prior to Start Date) _____

Start Date _____

End Date _____

Type of Assignment

Table with 2 columns: Assignment Type (checkboxes for T4, T2, Short-term Employees) and Description. Short-term options include Seasonal, Temporary, Intermittent, Allied Health, Interim Administrator, and Professional Expert.

Division Name: _____ Campus Location: _____

Supervisor's Name*: _____ Supervisor's Signature: _____ Phone: _____

*Supervisor will approve online Timesheet

Budgeteer Approval: _____ FOAP or Index: _____ Phone: _____

Employee Category

- First Time Temporary Employee
Extension of Previous Assignment
Previous Temporary Employee
Current FHDA Employee

FHDA Employee Status

- Faculty/Classified Employee (X1)
Part-time Faculty (X1)
Retiree (T6)
Lump Sum (T1)

(To be completed and signed by employee to be hired for temporary assignment)

Employee Name: _____ CWID or Last Four Digits of SS #: _____
(Please print)

MUST check one of the following: (Employees are responsible to notify HR if PERS/STRS status change)

I am a current member of PERS/STRS I am not a member of PERS/STRS I am a PERS/STRS retiree

Relatives currently employed by the Foothill-De Anza Community College District:

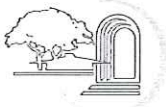
Name: _____ Dept.: _____ Campus: _____

I agree to the above assignment and pay rate:

Employee Signature: _____ Date: _____

For Human Resource use only

EID # _____ Position # _____ Copy to _____ on _____



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GENERAL EMPLOYEE INFORMATION (Temporary)

Section A – Employee Information

Name: _____
(Name as it appears on Social Security)

Address: _____ City/State/Zip: _____

Phone: _____

Person to contact in case of emergency:

Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

Relationship to employee: _____

Section B – Oath of Office (Required under Government Code Section 3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and Constitution of the State of California against all enemies, foreign or 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: _____ Date: _____

Section C – Affidavit of Designation to Receive Warrants

The text of Government Code Section 53245 is as follows:

53245. 'Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his/her 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 warrants or checks that would have been payable to the decedent had he/she survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to the section is entitled to negotiate it as if he/she were the payee.'

In the event of my death, I designate _____,

my _____ (relation, if any), of _____

(Address to receive all warrants of checks that would have been payable to me had I survived.)

Signature: _____ Date: _____

Section D - Convictions

Have you ever been convicted of a crime? You do not need to disclose conviction out of minor violations of the Vehicle Code, but you need to disclose all misdemeanor and felony convictions, even those later set aside under Penal Code Section 1203.4. Convictions are not an automatic bar to employment.

NO YES If yes, please explain: _____

Signature: _____ Date: _____

PLEASE COMPLETE OTHER SIDE



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Section E – Equal Opportunity Survey

The Foothill – De Anza Community College District is committed to diversity and actively recruits women, persons with disabilities, members of underrepresented ethnic groups, and veterans of the Vietnam era. We are required to provide demographic information to state and federal agencies to demonstrate our commitment. Therefore, please provide the information requested below so that we may have accurate data for reporting our Diversity goals. Completion of this form is voluntary. Failure to complete the form will not impact your employment and the information you provide is confidential.

Gender: Male Female

Ethnic Identification (Check only one)

Are you Hispanic or Latino?

NO YES (1)

If yes, please select all that apply:

- Mexican, Mexican American or Chicano (2)
- Central American (3)
- South American (4)
- Other Hispanic (5)

In addition to the previous answer, please select one or more of the following to describe your racial background:

- | | |
|--|--|
| <input type="checkbox"/> Asian Indian (6) | <input type="checkbox"/> Asian other (14) |
| <input type="checkbox"/> Asian Chinese (7) | <input type="checkbox"/> Black or African American (15) |
| <input type="checkbox"/> Asian Japanese (8) | <input type="checkbox"/> American Indian/Alaskan Native (16) |
| <input type="checkbox"/> Asian Korean (9) | <input type="checkbox"/> Pacific Islander Guamanian (17) |
| <input type="checkbox"/> Asian Laotian (10) | <input type="checkbox"/> Pacific Islander Hawaiian (18) |
| <input type="checkbox"/> Asian Cambodian (11) | <input type="checkbox"/> Pacific Islander Samoan (19) |
| <input type="checkbox"/> Asian Vietnamese (12) | <input type="checkbox"/> Pacific Islander Other (20) |
| <input type="checkbox"/> Filipino (13) | <input type="checkbox"/> White (21) |

Do you have a disability?

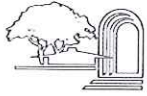
(An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more major life activities; or (2) a record of such impairment; or (3) is regarded as having such impairment.)

Yes No Specify: _____

Are you a Vietnam Era Veteran? Service Dates must be between August 5, 1964 and May 7, 1975.

Yes No I chose not to complete this portion of the form.

Signature: _____ Date: _____



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RETIREMENT PLAN INFORMATION/ELECTION FORM

It is important that you provide accurate information regarding your current retirement status. This information is used to determine appropriate payroll deductions.

Please answer the following questions:

	Yes	No
1. Are you a current member of PERS? *	<input type="checkbox"/>	<input type="checkbox"/>
(a) Please provide your CalPERS ID number: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a retiree from PERS?	<input type="checkbox"/>	<input type="checkbox"/>
(a) Please provide your CalPERS ID number: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a current member of STRS? **	<input type="checkbox"/>	<input type="checkbox"/>
(a) Please provide your CalSTRS ID number: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a retiree from STRS?	<input type="checkbox"/>	<input type="checkbox"/>
(a) Please provide your CalSTRS ID number: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you withdrawn your funds from PERS or STRS?	<input type="checkbox"/>	<input type="checkbox"/>

Current Employment Status

List other schools/districts that you are now employed by:

Full-Time Part-Time

	Full-Time	Part-Time
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: It is the employee's responsibility to notify the District of any changes in his/her retirement status.

Signature

Social Security Number (last four digits)

Name (please print)

Date

Signature of Certifying Officer

Date

Public Employees' Retirement System (PERS) *
State Teachers' Retirement System (STRS) **



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.	
2. CURRENT NAME (LAST)		(FIRST)	(MIDDLE)
3. NAME OF PUBLIC AGENCY		4. DEPARTMENT OR SCHOOL DISTRICT	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS	8. APPOINTMENT DATE MM DD YYYY
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:			

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

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).
- 5. You are an independent contractor.
- 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

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

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

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

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



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STATEMENT TO EMPLOYEES
DRUG-FREE WORK PLACE POLICY

The Foothill – De Anza Community College District, in compliance with federal law, is providing all employees including student employees with the following statement regarding the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace.

Any employee convicted of a violation of any federal or state criminal drug statute is required to report that conviction to the Director of Human resources within 5 days of the conviction.

Definitions:

The term “Workplace” is any location where an employee performs assigned duties on behalf of the District.

The term “Controlled Substance” means a controlled substance defined in Schedules I through V of Section 202 of the Controlled Substances Act, 21 U.S.C. 812.

The term “Controlled Substance Offense”, as used in Education Code Section 87405, means any one or more of the following offenses:

- A. Any offense in Section 11350 to 11355, inclusive, (offenses involving controlled substances formerly classified as narcotics), 11366 (opening or maintained of unlawful places), 11368 (forged or altered prescriptions), 11377 to 11382, inclusive, (offenses involving controlled substances formerly classified as restricted or dangerous drugs), and 11550 (unlawful acts) of the California Health and safety Code.
- B. Any offenses committed or attempted in any other state or against the laws of the United States, which if committed or attempted in this state, would have been punished as one or more of the above-mentioned offenses.
- C. Any offense committed under former Sections 11500 to 11503, inclusive, 11557, 11715, and 117221 of the California Health and Safety Code.
- D. Any attempt to commit any of the above-mentioned offenses.

The term “conviction” means a finding of guilt, including a plea of nolo contendere, or an imposition of sentence or both by any judicial body charges with the responsibility to determine violations of federal or state criminal drug statutes.

District Policy:

It is the policy of the District to impose appropriate disciplinary sanctions on employees for the unlawful possession, use of distribution of illicit drugs or alcohol. Appropriate disciplinary sanctions may result in the District requiring the employee to participate satisfactory in a drug-abuse assistance or rehabilitation program and may also include suspension or termination. The standards of conduct and sanctions applicable to employees are contained in the Foothill – De Anza Community College Board policy number 4500 and in the applicable collective bargaining agreements or employee handbooks.

Dangers of Drugs in the Workplace:

The use of drugs and alcohol may pose significant health risks, dependency, disability and death, and may result in apathy, impaired judgment, lack of concentration and coordination, absenteeism, injuries, illness, ineffective supervision and destruction of property.

Available Assistance:

If you are a full-time employee, drug and alcohol counseling is available to you through the District’s Employee Assistance Program. Information is available from the Human Resources Office. All employees can receive information on referrals to drug and alcohol counseling and rehabilitation programs from the Health Offices at both Foothill and De Anza Colleges.



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Please print and sign the below and return this form to the designated department as follows:

Status:

Return To:

- Full-time contract employees (Faculty, Classified, Administrative, Supervisor, Confidential) - Office of Human Resources
- Casual hourly employees - Office of Human Resources
- Part-time faculty - Administrative Services at the campus at which you were hired
- Student employees - Financial Aid Office at the campus at which you were hired

EMPLOYMENT STATUS:

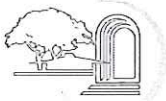
- CLASSIFIED
- FULL TIME FACULTY
- ADMINISTRATIVE
- SUPERVISOR
- CONFIDENTIAL
- PART TIME FACULTY
- CASUAL/TEMPORARY
- STUDENT EMPLOYEE

I have read the "Statement to Employees" regarding the District's Drug-Free Workplace Policy.

Print Name

Signature

Date



FOOTHILL-DE ANZA
Community College District

Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

DATE: December 11, 2007

TO: All Employees

FROM: Marsha Kelly, Director of Risk Management *Marsha Kelly*

SUBJECT: INJURY AND ILLNESS PREVENTION

General Safety Guidelines

Foothill-De Anza Community College District has an illness and injury prevention program. This program is intended to provide a safe productive work environment. Each employee receives a copy of the attached General Safety Guidelines and signs a verification that he/she understands the program and will comply with it. Please note that these general safety guidelines apply to all considerations. Please check with your supervisor concerning such requirements.

Work Injuries:

In the event of an on-the-job injury, all District employees must first report to the Campus Health Services Office. If Health Services is closed or if the injury requires further medical treatment, employees must go for initial diagnosis and treatment to:

Cupertino Medical Center (CMC) Occupational Medicine
10050 Bubb Rd
Cupertino, CA 95014-4312
Phone: (408) 996-8656 Fax: (408) 996-7465
Hours of Operation: Monday – Friday 8 a.m. to 5 p.m.

Your personal medical doctor may not treat you unless you have placed a memo in your personnel file prior to the injury denoting treatment by your named physician. In the event of a major medical emergency requiring immediate attention, please go to the nearest emergency center, hospital or clinic. Thank you for your cooperation. If you have any questions or comments, please do not hesitate to contact the Risk Management Office at extension 6131.



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GENERAL SAFETY GUIDELINES

1. All work related injuries and illness must be reported to the immediate supervisor as soon as possible after an employee becomes aware of the injury or illness.
2. Employees shall use extreme care and consideration in the performing of their duties to see that they do not cause injury to others or create work hazards that could cause injury to others.
3. Employees should not attempt to lift heavy or bulky objects. Doing so could cause injury to the back or other body parts. When in doubt, please seek assistance from Plant Services (Ext. 6156), or Custodial Services on your campus.
4. Personal equipment, such as extension cords, chemicals, or electrical heaters should not be brought to the school without the permission of your supervisor or Plant Services.
5. Using electrical heaters to provide warmth for extended periods of time can cause building fires. Employees are discouraged from using electrical heaters. Alternative means should be found for providing building heat over the cooler months.
6. Plant Services (Ext. 6122) must be notified as soon as possible if a fire extinguisher has been used, so that it can be recharged or replaced.
7. When a piece of equipment or a facility becomes defective, it should either be removed from service or reported to department technicians or Plant Services so that repairs can be made. Failure to report faulty conditions can result in injuries. A "Safety Report" form is included with this packet.
8. Food and liquid spills must be wiped up immediately.
9. Employees should never attempt to repair electrical equipment or appliances. Defective equipment should be removed from service and technicians notified to make the proper repairs.
10. Cabinets can be very dangerous if used improperly. Opening two drawers simultaneously can cause a file cabinet to crash to the floor. Whenever possible, cabinets should be bolted together in tandem or secured to the wall.
11. Flammable liquids should always be stored in appropriate, closed containers. Large supplies should be stored in UL-approved cabinets or by other appropriate means described by the fire department. If in doubt, call Orlando Aguon (6234). Flammable liquids should never be left out on an open counter; an earthquake could cause a spill or possible fire. All storage should be ventilated to the outside.
12. For earthquake safety, heavy objects should be stored on lower shelves while lighter and less dangerous items can be stored on middle and upper shelves.
13. Bookshelves, storage cabinets, and other elevated storage areas should be well secured, securely bolted to the wall, or secured as a unit in such a way to reduce tipping in an earthquake.
14. Defective furniture, worn carpets, defective stairs, loose handrails, and other facility defects that create accident hazards should be reported to Plant Services so repairs can be completed. If possible, remove the object from service.
15. Extension cords/electrical cords should never be run under rugs or floor mats.



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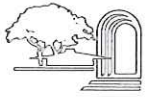
Office of Human Resources and Equal Opportunity
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GENERAL SAFETY GUIDELINES (continued)

16. All employees should take the time BEFORE an emergency to read the emergency procedures in place for responding to fires, earthquakes, or first aid emergencies. Flip charts of emergency procedures are posted in classrooms and offices throughout the district.
17. Hazard communication where individuals must use chemicals and toxic materials in the course of their work is an important responsibility dictated by CAL OSHA. The Hazard Communication law dictates that Material Safety Data Sheets (MSDS) be kept in the work area, and be easily accessible for ready reference.

All employees who work with or around hazardous materials should be familiar with the requirements and responsibilities of the management of hazardous materials as indicated in the department's Hazardous Materials Management Plan. Questions about the management of hazardous materials should be addressed to the Director of Environmental Health and Safety (Extension 6146).

18. All employees should know the location of the fire extinguishers and have some familiarity with their use. If necessary, specific training can be given by Fire Life Safety Systems Tech, Orlando Aguon (Extension 6234).
19. Employees should NEVER eat, drink or use personal items in the lab areas.



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GENERAL SAFETY GUIDELINES (continued)

I have received, read, and understand the General Safety Guidelines. I also understand that I am obligated to follow them in my work activities.

Signature _____

Print Name _____ Date _____

Campus _____ Department _____

IMPORTANT

PLEASE SIGN AND DATE HIS SIGNATURE PAGE AND RETURN IT TO PERSONNEL AT THE DISTRICT OFFICE. IT IS REQUIRED TO BE RETAINED IN YOUR PERSONNEL FILE.

Please circle one: Administrator Faculty (PT) (FT) Classified Casual Student

Form W-4 (2014)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2014
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2012 _____
 OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

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

Signature _____ Date _____

Employer's Name and Address Foothill-De Anza Comm. College District 12345 El Monte Rd Los Altos Hills, CA. 94022	California Employer Account Number
---	------------------------------------

----- cut here -----

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

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

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

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

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

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding**

allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

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

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

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

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

NOTIFICATION: Your employer is required to send a copy of your DE 4 to the Franchise Tax Board (FTB) if it meets either of the following two conditions:

- You claim more than 10 withholding allowances.
- You claim exemption from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200 per week.

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: 916-843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The FTB will limit its review to that issue. The FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your Form W-4/DE 4, you may be subject to a penalty.

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 for by Section 19176 of the California Revenue and Taxation Code.

INSTRUCTIONS — 1 — ALLOWANCES*

When determining your withholding allowances, you must consider your personal situation:
 — Do you claim allowances for dependents or blindness?
 — Are you going to itemize your deductions?
 — Do you have more than one income coming into the household?

TWO-EARNER/TWO-JOBS: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

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

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

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

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- (A) Allowance for yourself — enter 1 (A) _____
- (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B) _____
- (C) Allowance for blindness — yourself — enter 1 (C) _____
- (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D) _____
- (E) Allowance(s) for dependent(s) — do not include yourself or your spouse (E) _____
- (F) Total — add lines (A) through (E) above (F) _____

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B

ESTIMATED DEDUCTIONS

- 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB 540 form 1. _____
- 2. Enter \$7,538 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$3,769 if single or married filing separately, dual income married, or married with multiple employers - 2. _____
- 3. Subtract line 2 from line 1, enter difference = 3. _____
- 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4. _____
- 5. Add line 4 to line 3, enter sum = 5. _____
- 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) - 6. _____
- 7. If line 5 is greater than line 6 (if less, see below);
Subtract line 6 from line 5, enter difference = 7. _____
- 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number 8. _____
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
- 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 Personal Income Tax (PIT) withholding and PIT wages. This new 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 888-745-3886.

WORKSHEET C

TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2012 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 2012 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$112.20) 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 2012. 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 2012. 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 2012 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 2012 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$7,316	1.100%	\$0	\$0.00
\$7,316	\$17,346	2.200%	\$7,316	\$80.48
\$17,346	\$27,377	4.400%	\$17,346	\$301.14
\$27,377	\$38,004	6.600%	\$27,377	\$742.50
\$38,004	\$48,029	8.800%	\$38,004	\$1,443.88
\$48,029	\$1,000,000	10.230%	\$48,029	\$2,326.08
\$1,000,000	and over	11.330%	\$1,000,000	\$99,712.71

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$14,632	1.100%	\$0	\$0.00
\$14,632	\$34,692	2.200%	\$14,632	\$160.95
\$34,692	\$54,754	4.400%	\$34,692	\$602.27
\$54,754	\$76,008	6.600%	\$54,754	\$1,485.00
\$76,008	\$96,058	8.800%	\$76,008	\$2,887.76
\$96,058	\$1,000,000	10.230%	\$96,058	\$4,652.16
\$1,000,000	and over	11.330%	\$1,000,000	\$97,125.43

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$14,642	1.100%	\$0	\$0.00
\$14,642	\$34,692	2.200%	\$14,642	\$161.06
\$34,692	\$44,721	4.400%	\$34,692	\$602.16
\$44,721	\$55,348	6.600%	\$44,721	\$1,043.44
\$55,348	\$65,376	8.800%	\$55,348	\$1,744.82
\$65,376	\$1,000,000	10.230%	\$65,376	\$2,627.28
\$1,000,000	and over	11.330%	\$1,000,000	\$98,239.32

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

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

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

*marginal tax

The DE 4 information is collected for purposes of administering the Personal Income Tax law and under the authority of Title 22 of the California Code of Regulations and the 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 income tax return.



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

SAFETY REPORT

NOTE TO THE USER: The purpose of this report is to facilitate the reporting of hazards and correct them. This form will be circulated to those persons who have authority and responsibility for safety within the District. Your suggestions and recommendations are valued and appreciated! You may also use the Safety hotline (anonymously, if you wish) by calling (650) 949-6229.

CONCERN OR HAZARD:

LOCATION: (Be as specific as possible)

SUGGESTED REMEDY:

REPORTED BY: _____ (Optional)

Send to Risk Manager, District Plant Services

FOR PLANT SERVICES USE: (Send copy of action plan to originator if name included)

DATE RECEIVED:

FINDINGS:

ACTION:

- Work Order
- Plant Services:
- Other: _____

Camino Healthcare Map of Urgent Care/Walk-in Care Sites

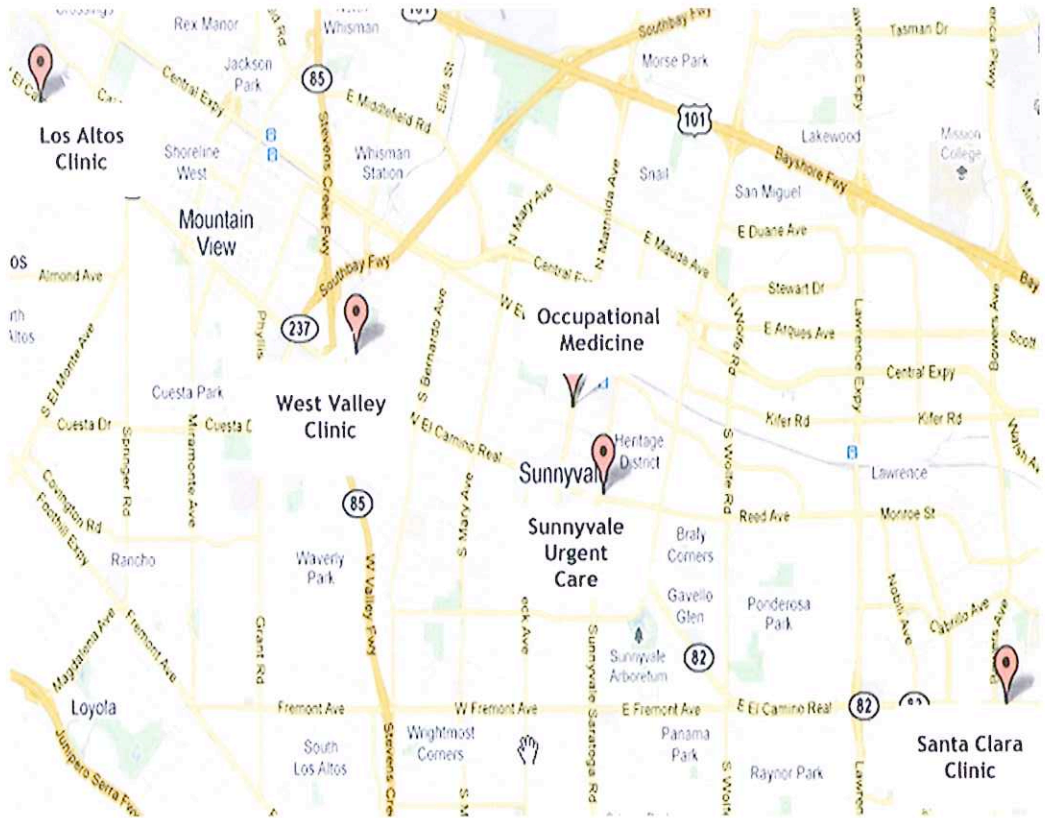
Sunnyvale Urgent Care
201 Old San Francisco Rd.
(408) 730-4300
M-F 8:00 a.m.-10:00 p.m.
Weekend & Most Holidays
9:00 a.m.-9:00p.m.

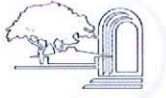
Los Altos Clinic
4906 El Camino Real
(650) 968-7524
M-F 8:00 a.m.-8:00 p.m.
Weekend & Most Holidays
10:00 a.m.-5:00p.m.

Santa Clara Clinic
2734 El Camino Real
(408) 241-3038
M-F 8:00 a.m.-8:00 p.m.
Weekend & Most Holidays
10:00 a.m.-5:00p.m.

West Valley Clinic
7225 Rainbow Drive
(408) 524-5780
M-F 8:00 a.m.-8:00 p.m.
Sat. 10:00 a.m.-5:00p.m.

Occupational Medicine
325 N. Mathilda Ave
(408) 733-4380
M-Th 7:30 a.m.-5:00 p.m.
F 7:30 a.m.-4:00p.m.





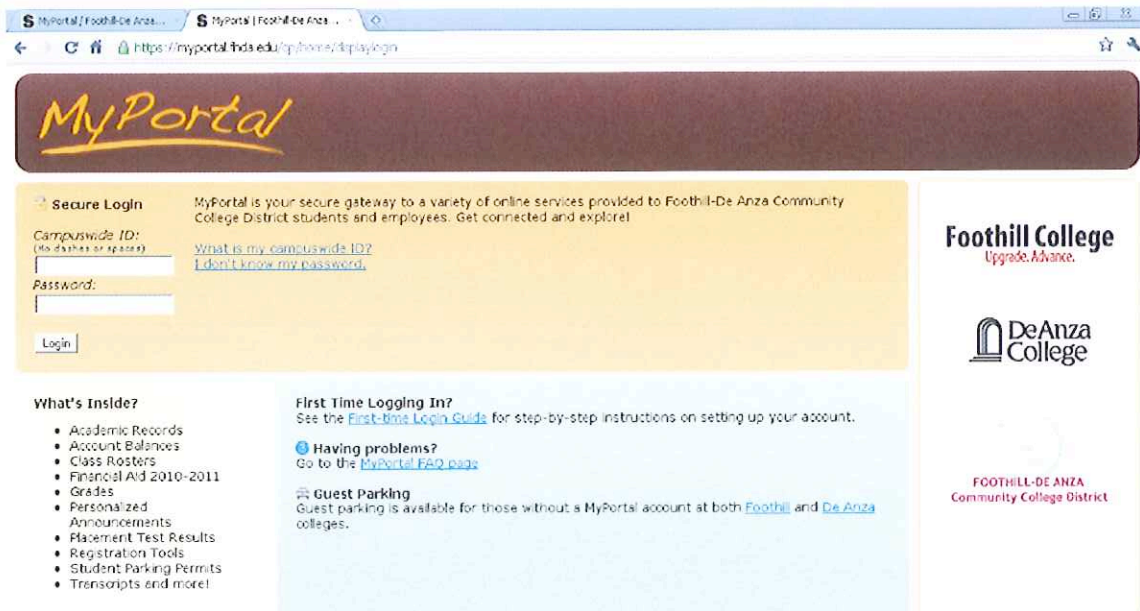
Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

FOOTHILL-DE ANZA
Community College District
Payroll Services
12345 El Monte Road
Los Altos Hills, CA 94022
<http://business.fhda.edu/payroll>
Phone# 650-949-6115
Email: payrolltimesheets@fhda.edu

Date: June 16, 2010
To: New Employees
From: District Payroll

Please be advised that [MyPortal.fhda.edu](https://myportal.fhda.edu) is your secured gateway to a variety of online services. It is available 24/7 and is accessible on and off campus.

To access [MyPortal.fhda.edu](https://myportal.fhda.edu), you will need your Campus-Wide ID (8 digit number that is) and your password. Please follow the hyperlinks on [MyPortal.fhda.edu](https://myportal.fhda.edu) home page or go to https://reports.fhda.edu:446/php/forgot_cwidpin_new.php to reset your forgotten pw.



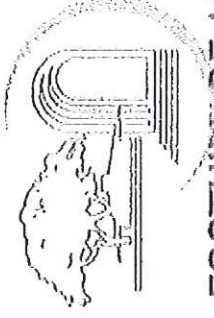
Current online services under the EMPLOYEES tab and within the Employee Web Services channel are:

- View and update your permanent address and phone number
- View your pay stubs and Classified timesheets
- Setup new and update your existing direct deposit allocation
- View earning and deductions history
- View your leave balances
- View your job assignments

Timeline:

You must file a complaint involving employment within 180 days (six months) of the date of the alleged unlawful harassment or discrimination occurred, except that this period will be extended by no more than 90 days if you first obtained knowledge of the facts of the alleged violation after the expiration of 180 days.

In any complaint not involving employment you must file the complaint within one year of the date of the alleged unlawful discrimination or within one year of the date on which you knew or should have known of the facts underlying the allegation of unlawful discrimination.



FOOTHILL-DE ANZA
Community College District

**HARRASSMENT,
SEXUAL HARASSMENT
AND
DISCRIMINATION**

**INFORMATION
FOR
STUDENTS, STAFF,
FACULTY AND
ADMINISTRATORS**

Updated 6/1/10

Foothill College Coordinator is the
Dean of Student Affairs and
Activities, 12545 El Monte Road,
Los Altos Hills, CA 94022,
(650) 949-7389.

De Anza College Coordinator is the
Dean of Student Development and
EO/PS, 27250 Stevens Creek
Boulevard, Cupertino, CA 95014,
(408) 864-8218.

**Central Services/District Office
Coordinator** is the Director of
Human Resources, Office of Human
Resources and Equal Opportunity,
(650) 949-6210.



FOOTHILL-DE ANZA
Community College District

What is Harassment and Discrimination?

The policy of the Foothill-De Anza Community College District is to provide an educational and employment environment in which no person shall be unlawfully subjected to harassment or discrimination in whole or in part on the basis of ethnic group identification, race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or gender, age, sexual orientation or any other legally protected status, or on the basis of these perceived characteristics or based on association with a person or group with one or more of these actual or perceived characteristics. or be unlawfully denied full and equal access to or the benefits of, any program or activity.

For Employee Policy Information see:

- District Board Policies 4640 – (Procedures to Resolve Complaints regarding Harassment and Discrimination)
- District Board Policies 5320 – (Student Due Process and Discrimination) and on the website: <http://hr.fnda.edu/diversity/harassmentpolicies>.

What is Sexual Harassment?

In general, sexual harassment means any unwelcome sexual advances, requests for sexual favors, and unwelcome verbal or physical conduct of a sexual nature. Sexual harassment can be verbal, physical, written or environmental. Federal and state laws prohibit two generally recognized forms of sexual harassment: quid pro quo and hostile environment.

“Quid pro quo” harassment occurs when submission to, or rejection of, the conduct by the individual is used as the basis of employment or academic decision affecting the individual.

“Hostile environment” sexual harassment entails unwelcome sexual conduct that unreasonably interferes with an employee’s work performance or creates an

intimidating, hostile, or offensive work environment. Generally, for such conduct to be sexual harassment, it must be sufficiently severe or pervasive to alter the conditions of the victim’s employment or academic environment and create an abusive working or academic environment. Continuous expressions of sexual jokes, vulgar or obscene language, and suggestive innuendo or touching-all might characterize a hostile environment.

What do I do to File a Complaint?

If you have personally suffered harassment, sexual harassment and/or discrimination, or would like assistance in determining whether or not you have been or are a victim of harassment, sexual harassment and/or discrimination in the work or academic environment, you should contact the designated Campus or Central Services Coordinator (as listed below) to discuss your concerns.

Foothill College Coordinator is the Dean of Student Affairs and Activities, 12345 El Monte Road, Los Altos Hills, CA 94022, (650) 949-7389;

De Anza College Coordinator is the Dean of Student Development and EOPS, 21250 Stevens Creek Boulevard, Cupertino, CA 95014, (408) 864-8218;

Central Services/District Office Coordinator is the Director of Human Resources, Office of Human Resources and Equal Opportunity (650) 949-6210.

Informal Complaint Procedure

The purpose of the informal complaint procedure is to allow you to resolve an issue through a mediation process rather than a more formal procedure. *If you are able to resolve the issue informally, it is not necessary to pursue a formal complaint.*

At any time during the informal process, you may initiate a formal complaint by completing and signing the District’s *Unlawful Discrimination Complaint* form or an approved form obtained from the California State Chancellor’s Office.

At any time you may file a complaint with the following agencies: when the complaint is within the jurisdiction of these a

If non-employment related, with the Office for Civil Rights/San Francisco, U.S. Department of Education, www.ed.gov/ocr. Filing a complaint with the Office of Civil Rights may be made before, during or after use of the District complaint process.

If employment related, with: 1) the Department of Fair Employment and Housing (DFEH) at www.dfeh.ca.gov; and/or 2) the U.S. Equal Employment Opportunity Commission (EEOC) at www.eeoc.gov.

Formal Complaint Procedures

You may also file a formal complaint by mailing or returning a completed and signed *Unlawful Discrimination Complaint Form* to the Human Resources Office, to the attention of the Vice Chancellor of Human Resources and Equal Opportunity, Foothill-De Anza Community College District, 12345 El Monte Road, Los Altos Hills, CA 94022.

A copy of these procedures, and the District’s *Unlawful Discrimination Complaint* forms, are available in the:

- The Office of Student Affairs and Activities (Foothill)
- The Office of the Dean of Student Development and EOPS (De Anza)
- Office of the Vice President for Student Services (De Anza)
- Central Services/District Human Resources Office

Complaint procedures and forms are also available online and can be accessed via the District’s Web site at <http://hr.fnda.edu/diversity/policies>



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

*- Board of Trustees
Board Policy Manual*

Prevention of Workplace Violence

4515

The Foothill – De Anza Community College District is committed to providing and maintaining a respectful environment that is conducive to working and learning for all members of the educational community. The District will make every reasonable effort to provide a safe and healthy working environment for its employees and a safe and healthy learning environment for students and visitors, in accordance with local, state and federal laws and regulations.

In keeping with this commitment, it is the District's policy to strictly prohibit acts and threats of violence. This includes acts and threats that are intended to damage property or to intimidate, harass and/or coerce others. The prohibition of acts and threats of violence also includes any act, behavior or communication that is abusive, threatening or disruptive to the work, education or well-being of any individual or group of individuals employed by, enrolled in or visiting the District.

Workplace violence is cause for disciplinary action including, but not limited to, termination of employment or expulsion from District premises. Violators may also be subject to criminal prosecution. Foothill – De Anza Community College District seeks to provide a safe work environment to the full extent required by law and does not intend to create an obligation on the part of the District to take any actions beyond those required by law.

Persons who commit violent acts or threats on District premises shall be removed from the premises as quickly as safety permits. The District reserves the right to refuse entry to District premises to such individuals, pending the outcome of an investigation into a reported incident.

Once a threat has been substantiated, the District will notify the person responsible that he or she will be held accountable for the action. The District will implement timely and appropriate responses, as necessary.

Existing District policies and procedures may not be used in any manner that interferes with a timely and appropriate response.

Approved 10/21/96
Amended 11/5/01



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

September 28, 2004

TO: All Employees, Occupants, Vendors, & Contractors
Of the Foothill – De Anza Community College District

FROM: John Schulze
Executive Director of Facilities, Operations
& Construction Management

RE: Notice of Asbestos Containing Building Materials.

When the Foothill and De Anza campuses were constructed, Asbestos Containing Building Materials (ACBM) were used in some areas. After a thorough investigation and testing program, we have discovered that the most common uses of asbestos in the buildings were in pipe insulation, floor tiles, and ceilings.

The ACBM has been inspected and is currently in a stable condition; however, any remodeling, which may take place, will be done in conjunction with proper asbestos abatement methods.

Contrary to widely held public perceptions; the presence of asbestos containing building materials has rarely been found to pose a significant risk to building occupants. In fact, a consensus appears to be developing among scientists and public policymakers that removal of ACBM, particularly those in good condition, is not the action most protective of health, since removal often heightens risk of exposure to asbestos fibers.

According to the United States Environmental Protection Agency (EPA), "The presence of asbestos in a building does not mean that the health of the building occupants is necessarily endangered. As long as ACBM remains in good condition and is not disturbed, exposure is unlikely. When building repair, maintenance, renovation, or other activities disturb ACBM, or if it is damaged, asbestos fibers are released, creating a potential hazard to building occupants. Although not required to do so by federal law, the prudent building owner will take steps to limit building occupants' exposure to airborne asbestos."

The district is taking the most aggressive approach possible in our ongoing responsibility to protect the health of our employees.

Recognizing that, when all is said and done, people may still need a person to talk to. I have designated a member of my staff – Frank Nunez – to help with any individual questions or concerns you may have. Frank can be reached on the Foothill campus at extension 6153. We especially ask that you call him before you make any ceiling or wall penetration to hang things or install equipment. He can then help out to prevent the disturbance of ACBM if present.

I realize this has been a long memorandum, and I appreciate your reading it through. However, this is such an important issue that I felt it deserved thorough treatment. Please expect more information to follow this subject.



Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022

THIS FORM MUST BE COMPLETED BY ALL INTERNATIONAL STUDENTS ON F1 VISA

Please provide the date that you first entered the United States as an F1 Visa holder. This statement is required to be filed in your Temporary Employment Personnel file.

Date First Entered the US _____

Print Name _____

Signature _____

Date _____



Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, 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) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

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. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. 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).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. 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. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons 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: A lawful permanent resident is any person 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. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their 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, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. 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 contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:
 - a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee 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 issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee 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.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date 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 chose 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.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

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 "**USCIS Privacy Act Statement**" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

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

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available 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. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

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

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized 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 employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

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, 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.**



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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 []-[]-[]		E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				3-D Barcode 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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Foothill De Anza CCD	
Employer's Business or Organization Address (Street Number and Name) 12345 El Monte Rd		City or Town Los Altos Hills	State CA	Zip Code 94022

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

**Patient Protection and Affordable Care Act
Notification of Health Insurance Marketplace Coverage (the "Exchange")**

To All New Employees,

Pursuant to federal statute, the enclosed Notice is to inform you of the existence of the health care exchange, describe the services the exchange provides, and how you can contact the exchange. In addition, the Notice is to advise you that you may be eligible for a premium tax credit if the total allowed costs of benefits provided under the employer's plan is less than 60 percent of such costs, that an employee who purchases exchange coverage may lose the employer's contribution toward the cost of coverage (if one was otherwise provided) and that the employee's payment for exchange coverage will be on an after-tax basis.

Under the federal Affordable Care Act, (ACA), also known as "health care reform," every state will open health insurance exchanges for the first time in 2014. In California, the state health insurance exchange options will become available January 1, 2014.

The Act includes many benefits for young adults between ages 19-26, who are part of the young adult demographic being targeted by this health care reform. First, as many families are aware, since January 2012 dependent children can remain under their parent's employer-based health coverage until they turn 26. Second, the Act strengthened insurance plans by requiring that everyone have access to a minimum set of benefits, such as specific preventive care services without a patient copay, and mental health coverage that is on par with medical coverage. Finally, beginning January 2014, many members will have access to additional health plans through each state's health insurance exchange. The Affordable Care Act, however, may also mean higher costs for certain established health care plans.

To explore coverage options provided through the Marketplace including eligibility, cost, an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area, please visit HealthCare.gov for more information.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Modeled After DOL Form
OMB No. 1210-0149

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 individuals find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Some individuals may also be eligible for a new kind of tax credit that lowers their 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 Foothill-De Anza Community College District does not offer 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 Foothill-De Anza Community College District, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in Foothill-De Anza Community College District's health plan. **The coverage offered by Foothill-De Anza Community College District in 2014 will provide qualified and affordable plan options to all full time employees eligible to enroll.** For plans to be qualified and affordable the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent and premium contributions are no more than 9.5% of your annual household income.

However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if Foothill-De Anza Community College District does not offer coverage to you at all.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Foothill-De Anza Community College District, you will pay 100% of the cost of coverage and your payments for coverage through the Marketplace will be made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by Foothill-De Anza Community College District, please check your summary plan description or contact the Benefits Unit at (650) 949-6224 or via email to MyBenefits@fhda.edu.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. If you reside within the state of California, please visit www.coveredca.com or if you reside outside of the state of California please visit www.healthcare.gov for more information on your options, including an online application for health insurance coverage.

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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by Foothill-De Anza Community College District. 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 Foothill-De Anza Community College District		4. Employer Identification Number (EIN) 94-1597718	
5. Employer Address 12345 El Monte Road		6. Employer Phone Number (650) 949-6224	
7. City Los Altos Hills		8. State CA	9. Zip Code 94022
10. Who can we contact about employee health coverage at this job? Christine Vo, Benefits Manager			
11. Phone Number (if different from above) Click here to enter text.		12. E-mail Address vochristine@fhda.edu	

Here is some basic information about health coverage offered by Foothill-De Anza Community College District:

- ❖ As your employer, we offer a health plan to
 - Contract and reduced Contract employees who have met the District requirements
 - Hourly Classified employees who have met the District requirements
 - Part-Time Faculty who have met the District requirements (this coverage is not subject to affordability)
- ❖ With respect to dependents, we offer coverage to:
 - ✓ Legal spouse (regardless of gender)
 - ✓ Domestic partner of the same sex who have met the District requirements
 - ✓ Children (natural, legally adopted, step-children, child for which employee or domestic partner has been appointed legal guardian by a court of law) up to the age of 26
 - ✓ Disabled children of any age if they were enrolled prior to age 26

If you decide to shop for coverage in the Marketplace, please visit www.coveredca.com if you reside within the state of California or www.healthcare.gov if you reside outside of the state of California and those sites will guide you through the process.

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 (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)