



CERTIFICATED SUBSTITUTE PACKET

In order to work for our district, please follow the instructions below:

- Fill out the attached employment packet.
- Have your fingerprints processed at a certified Live Scan facility. This is **REQUIRED** for everyone regardless if you have had a Live Scan done for another District. There is a Live Scan form enclosed. We do not pay for this service. If you have already had your fingerprints processed for our district, do **NOT** process them again, please contact Human Resources to confirm we have your results.
- If you currently do not hold a credential or permit you will need to Live Scan for the CTC as well (form enclosed).
- You will need a current TB test or TB Risk Assessment. TB tests/assessments are good for 4 years. If you have taken a TB test in the past 4 years, your proof of a negative result is all we require. Otherwise, please visit your physician or clinic and request a TB Test/Risk Assessment.
- Please read and sign the **ANNUAL EMPLOYEE NOTIFICATION** (in the packet).
- Provide proof of Child Abuse Mandated Reporter Training per California Education Code 44691(b) (2). Please print the certificate and submit with your packet.
- If you do not already hold a California credential or substitute permit, please also submit a copy of your CBEST results and OFFICIAL transcripts with Bachelor's degree posted.

After you have filled out the forms and taken care of the requirements above, come in to the District Office so your paperwork can be processed.

Regards,

Krista Anderson
Human Resources Development
Phone: (909) 971-8200 x5403
Email: kanderson@bonita.k12.ca.us



BONITA UNIFIED SCHOOL DISTRICT CERTIFICATED SUBSTITUTE REQUIREMENTS

Name: _____ Date: _____

How did you hear about this substitute position?: _____

All items below must be completed before you are eligible for hire.

FORMS TO COMPLETE:

- | | |
|---|--|
| <input type="checkbox"/> Data Collection | <input type="checkbox"/> Oath of Allegiance |
| <input type="checkbox"/> Form 41-4: Credential Application
<i>only for non-credentialed subs</i> | <input type="checkbox"/> Reasonable Assurance |
| <input type="checkbox"/> Warrant Designation | <input type="checkbox"/> CALSTRS - Election Form |
| <input type="checkbox"/> W-4 & DE-4 | <input type="checkbox"/> Sub Info Sheet |
| <input type="checkbox"/> SSA-1945: Alternative SS Form | <input type="checkbox"/> Direct Deposit (optional) |
| <input type="checkbox"/> Annual Employee Notification | |

DOCUMENTATION:

- | | |
|---|---|
| <input type="checkbox"/> I-9 | <input type="checkbox"/> Driver's License / Photo ID |
| <input type="checkbox"/> Contact Data | <input type="checkbox"/> Social Security ID |
| <input type="checkbox"/> Physician Pre-Designation (optional) | <input type="checkbox"/> Passport (in lieu of DL & SS card) |

OTHER REQUIREMENTS:

- ☐ Official Transcripts and Original CBEST
For non-credentialed subs ONLY; subs who have not applied for permit/credential with CTC
- ☐ Fingerprint Clearance Date (CTC): _____
Required for non-credentialed subs who do not have a Certificate of Clearance on file with the CTC
- ☐ Fingerprint Clearance Date (DISTRICT): _____
Required unless already submitted for Bonita USD
- ☐ TB Test Date: _____
Copy of Negative TB/Risk Assessment - must have been completed in last 4 years to be valid
- ☐ Child Abuse Mandated Reporter Training Completion Certificate: _____
Print certificate - Must have been completed in last year to be valid

COMPLETE THIS PACKET AND RETURN IN PERSON TO HUMAN RESOURCES DEVELOPMENT



HUMAN RESOURCES DEVELOPMENT

BONITA UNIFIED SCHOOL DISTRICT

115 W. Allen Avenue
San Dimas, CA 91773
(909) 971-8340

APPLICATION FOR CERTIFICATED EMPLOYMENT

PRINT LEGIBLY IN BLUE OR BLACK INK.

Date available: _____

Name: _____		
Last	First	Middle
Address: _____		
Number		Street

City	State	Zip
SS#	Telephone #:	

Email Address: _____		

Experience: Please list your last three positions starting with the most recent.

Total Yrs.	Mos.	Employer Name/Address	Phone
Dates From	To		Supervisor
Job title			Salary
Duties			Reason for leaving
Total Yrs.	Mos.	Employer Name/Address	Phone
Dates From	To		Supervisor
Job title			Salary
Duties			Reason for leaving
Total Yrs.	Mos.	Employer Name/Address	Phone
Dates From	To		Supervisor
Job title			Salary
Duties			Reason for leaving

Education: Circle highest year completed or appropriate certificate.

	HIGH SCHOOL	COLLEGE/UNIVERSITY	CURRENT CERTIFICATIONS:
SCHOOL NAME			
YEARS COMPLETED	9 10 11 12	1 2 3 4	
DIPLOMA/DEGREE	Yes - No	Yes - No	
COURSE OF STUDY			

Applicant must complete both sides of application

Bilingual Skills (Circle appropriate ability)

Language:	Speak	Read	Write
Language:	Speak	Read	Write

Please answer all questions below with explanations, if requested. An adverse answer does not disqualify you from consideration, but may be discussed with you by the Assistant Superintendent of Human Resources.

A. As an adult, have you ever been convicted of an offense other than a minor traffic violation?

If yes, give date, place, offense, and fine or sentence in each instance:

YES

NO

B. Have you ever been discharged or forced to resign from a job?

If yes, give name of employer and explain situation:

YES

NO

C. Are you related to or know any present employee of this district?

If yes, state name and relationship:

YES

NO

D. Have you ever been employed by this district?

If yes, give job title, location and dates employed:

YES

NO

E. May we contact your present employer?

YES

NO

F. Can you provide documents to verify your identity and authorization to work in the United States?

YES

NO

Documents may include, but are not limited to: Birth Certificate or Social Security Card and Driver's License; Citizenship or Naturalization certificate; Passport or Alien registration card; other approved documents.

G. Do you know of any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodations?

YES

NO

Please describe any accommodations required below.

If you require special accommodation for testing or interviews due to a disability, please inform us by the end of the filing period so we may meet your needs.

Applicant's Declaration

I declare that the information in this application is true and correct to the best of my knowledge and I authorize the investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that I will be subject to disqualification or dismissal if any statement in this application is found to be untrue.

Note: Employees are required to have their fingerprints processed, take a Mantoux TB test and file the results with the school district.

Offers of employment may be made contingent upon the passage of a physical examination.

Signature

Date



BONITA UNIFIED SCHOOL DISTRICT RACE & ETHNICITY DATA COLLECTION

Schools and Districts are now required to collect this data per California Government Code 8310.5. Final guidance issued in the Federal Register on October 19, 2007 (72 Fed. Reg. 59267) on the collection and reporting of racial and ethnic data by educational institutions and other grantees now allows individuals to self-identify their ethnicity and race, and select more than one race and/or ethnicity. This change permits individuals to more accurately reflect their racial and ethnic background by not limiting responses to only one racial or ethnic category.

Name: _____
Last First Middle

Section A

ETHNICITY (Select only one):

_____ No, not Hispanic or Latino

_____ Yes, Hispanic or Latino

Section A of this questionnaire is about ethnicity, not race. No matter your selection above, please continue to Section B and mark one or more choices to indicate what you consider your race to be.

Section B

RACE (Select one or more):

_____ American Indian/Alaskan Native

_____ Japanese

_____ Asian Indian

_____ Korean

_____ Black/African American

_____ Laotian

_____ Cambodian

_____ Other Asian

_____ Chinese

_____ Other Pacific Islander

_____ Filipino

_____ Samoan

_____ Guamanian

_____ Tahitian

_____ Hawaiian

_____ Vietnamese

_____ Hmong

_____ White

APPLICATION FOR CREDENTIAL AUTHORIZING PUBLIC SCHOOL SERVICE

(For Privacy Act Notification see Application Instructions)

Mail application and payment
(check or money order) to:
Commission on Teacher Credentialing
Certification Division
1900 Capitol Avenue
Sacramento, California 95811-4213

Appeal: _____

Route to: _____

Commission Use Only: Fee Information

APP	FP	Other
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IHE/County/District Use Only

Issuance

Date: _____

Email: _____

1. PERSONAL INFORMATION (type or print)

CTC Use Only

*Social Security or Individual Tax Identification Number: _____		*Date of Birth: (mm/dd/yyyy) _____	
*My Full Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>			
All Former/Maiden Name(s): _____		County/District of Employment (CA only): _____	
*Address: _____			
*City: _____		*State: _____	*Zip: _____
Home Phone: _____	Work Phone: _____	Mobile Phone: _____	
*Email Address: _____			

* = Required Information

2. APPLICATION TYPE REQUESTED: (select only one option)

☐ New Credential/Permit
 ☐ Extension by Appeal
 ☐ Upgrade (Clear Credential or Child Development Permit)
 ☐ Renewal
☐ Add Subject/Authorization to Existing Document
☐ Change of Restriction
☐ Other: _____

3. CHOOSE DOCUMENT TYPE: (make only one selection in this section)

* = Available at the request of a California Local Education Agency (LEA) only. Documents in bold font require you to select from Section 4 below a Subject or Authorized Area of Service to be listed on the document.

TEACHING CREDENTIALS:	SERVICES CREDENTIALS:	EMERGENCY PERMITS*:	SUBSTITUTE PERMITS:	CHILD DEVELOPMENT PERMITS:
Single Subject Multiple Subject Education Specialist Career Technical (CTE) Adult Education Other: _____	Administrative Pupil Personnel Speech-Language Pathology Teacher Librarian School Nurse Other: _____	Limited Assignment* Short-Term Staff* Provisional Internship* EM CLAD* EM Bilingual* EM Teacher Librarian* EM Resource Specialist*	30-Day Substitute Career Substitute* Prospective Substitute Teaching Permit for Statutory Leave* 30-Day CTE Substitute	Assistant Associate Teacher Teacher Master Teacher Site Supervisor Program Director Children's Center Permit School-Age Emphasis

4. SELECT AUTHORIZATION/SUBJECT AREA(S): (to choose additional subject areas, see page 5 "Comments" box)

Multiple Subject (Elementary Teaching) Single Subject (Secondary Teaching): (Specify World Language-if applicable) Special Education Specialty Areas: CTE Industry Sector: Adult Education Subjects:	English Learner Authorization CLAD Certificate Bilingual Authorization: (Specify Language) _____ Pupil Personnel Services:	Supplementary Authorization/ Subject Matter Authorization: <hr/> <p style="text-align: center;">CTC Use Only</p>
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5. CHILD DEVELOPMENT PERMIT RENEWAL SELF-VERIFICATION

As the holder of a Child Development Permit (any level except the Associate Teacher Permit) you must complete a specific number of planned and approved professional growth activities for each five-year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. As the holder of a Child Development Permit choosing to self-verify completion of these requirements, you may be subject to an audit. The Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of this application. If the Commission determines through its audit that you did not complete the professional growth requirements, your permit will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your *Professional Growth Plan and Record* form for one year following the submission of this application.

DECLARATION:

I certify (or declare) that I have read the above and completed the following for this renewal of my Child Development Permit:

I have completed _____ hours of professional growth activities

My Professional Growth Advisor is _____
Advisor's Name Advisor's Phone Number

6. PROFESSIONAL FITNESS QUESTIONS

Answers to the following questions are required. If you answer yes to any question, you must complete the corresponding [Professional Fitness Explanation Form](#).

Before granting your application, the Commission will review, at a minimum:

- Federal Bureau of Investigation criminal history (rap sheet)
- California Department of Justice criminal history (rap sheet)
- International database of teacher misconduct maintained by the National Association of State Directors of Teacher Education and Certification (NASDTEC)
- Previous reviews by the Commission
- Complaints from others
- Notifications from school districts
- Teacher preparation test score violations

You must disclose misconduct, even if:

- It happened a long time ago
- It happened in another state, federal court, military or jurisdiction outside the United States
- You did not go to court and your attorney went for you
- You did not go to jail or the sentence was only a fine or probation
- You received a certificate of rehabilitation
- Your conviction was later dismissed (even if under Penal Code section 1203.4), expunged, set aside or the sentence was suspended



WARNING: You will be required to sign your application under penalty of perjury; by doing so you are also stating that you understand:

- That the information you provide is true and correct;
- That you understand any and all instructions related to your application;
- Failure to disclose any information requested is falsification of your application and the Commission may reject or deny your application or take disciplinary action against your credential;
- The Commission may reject your application if it is incomplete and it will be delayed.



a. Have you ever been:

- dismissed or,
- non-reelected or,
- suspended without pay for more than ten days, or
- retired, or
- resigned from, or otherwise left school employment

because of **allegations of misconduct** or while **allegations of misconduct** were pending?

Yes

No

b. Have you ever been convicted of any felony or misdemeanor in California or any other place?

You must disclose:

- all criminal convictions
- misdemeanors and felonies
- convictions based on a plea of no contest or nolo contendere
- convictions dismissed pursuant to Penal Code Section 1203.4
- driving under the influence (DUI) or reckless driving convictions
- no matter how much time has passed

You do not have to disclose:

- misdemeanor marijuana-related convictions that occurred more than two years prior to this application, except convictions involving concentrated cannabis, which must be disclosed regardless of the date of such a conviction.
- infractions (DUI or reckless driving convictions are not infractions)

Yes

No

c. Are you currently the subject of any inquiry or investigation by any law enforcement agency or any licensing agency in California or any other state?

Yes

No

d. Are any criminal charges currently pending against you?

Yes

No

e. Have you ever had any credential, including but not limited to, any Certificate of Clearance, permit, credential, license or other document authorizing public school service, revoked, denied, suspended, publicly reprovved, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No



- f. Have you ever had any professional or vocational (not teaching or educational) license revoked, denied, suspended, and/or otherwise subjected to any other disciplinary action (including an action that was stayed) in California or any other state or place?

Yes

No

7. CHILD ABUSE AND NEGLECT MANDATED REPORTING

As a documentholder authorized to work with children, it is part of my professional and ethical duty to report every instance of child abuse or neglect known or suspected to have occurred to a child with whom I have professional contact.

I understand that I must report immediately, or as soon as practicably possible, by telephone to a law enforcement agency or a child protective agency, and will send a written report and any evidence relating to the incident within 36 hours of becoming aware of the abuse or neglect of the child.

I understand that reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person is not a substitute for making a mandated report to a law enforcement agency or a child protective agency.

I understand that the reporting duties are individual and no supervisor or administrator may impede or inhibit my reporting duties.

I understand that once I submit a report, I am not required to disclose my identity to my employer.

I understand that my failure to report an instance of suspected child abuse or neglect as required by the Child Abuse and Neglect Reporting Act under Section 11166 of the Penal Code is a misdemeanor punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

I acknowledge and certify that as a documentholder, I will fulfill all the duties required of a mandated reporter.

I agree

8. EMPLOYING AGENCY INFORMATION

This section must be completed for all credential, certificate, and permit types where service is restricted to an employing agency.

County CDS Code _____ School District CDS Code _____

Charter School/Non-Public School or Agency/Statewide Agency Name _____

Applications for One-year Nonrenewable Credentials, Provisional Internship Permits, Short-Term Staff Permits, Limited Assignment Permits, and Emergency Permits (except 30-Day or Prospective Substitute Teaching Permits), must be filed through the employing agency. Employers must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications for Limited Assignment or Emergency Permits.

Before submitting, please review the application for completeness:

- 1) Personal information with correct SSN, date of birth, and email address filled in on page 1
- 2) Type of credential clearly marked on page 1 (use box below for additional subject/authorization requests)
- 3) All Professional Fitness Questions marked Yes or No on pages 3 and 4
- 4) Read and agreed to your responsibilities as a mandated reporter
- 5) Payment (check or money order attached to the front of this form). See [Credential Leaflet CL-659](#) for fee schedule.



Checks or money orders may be made payable to the Commission on Teacher Credentialing. The Commission *does not* accept cash payments. All application fees are non-refundable.

Applications submitted that are incomplete or without the appropriate fee included will not be processed and will be returned.

9. OATH AND AFFIDAVIT *

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date _____ City _____ County _____ State _____
(mm/dd/yyyy) (where you sign the form)

SIGNATURE OF APPLICANT _____

* You must complete all portions of this section.

Comments/Additional Subject Requests:





BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 FAX (909) 971-3849

WARRANT RECIPIENT DESIGNATION

In the event of your death, money may be owed to you as an employee of our district. The form below permits immediate release of any warrants (pay check or other monies) to a person you designate. This can often greatly assist in time of family stress or financial need. Please complete the form and return it to Human Resources Development.

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me:

(Please print legibly)

Name of Designee _____

Relationship _____

Address _____

City _____ State _____ ZIP _____

This designation form revokes and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in my writing. It is understood and agreed that the school district/agency is not obligated to deliver said warrants to the designee unless the designated person claims such warrants from the school district and provides proof of identity. A person so designated may negotiate the warrant(s) as if the payee.

(Please print legibly)

School District/Agency _____

Employee Name _____

Date _____

Employee Signature _____

(Signature Required)

Employee's Withholding Certificate

OMB No. 1545-0074

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2022**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

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

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

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

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

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

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

Employers
Only

Employer's name and address Bonita Unified School District 115 W. Allen Avenue San Dimas, CA. 91773	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

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

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

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

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,900 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$19,400 \text{ if you're head of household} \\ \bullet \$12,950 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Employees's Withholding Allowance Certificate

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

- 1a. Number of Regular Withholding Allowances (Worksheet A) _____
 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) _____
 1c. Total Number of Allowances you are claiming _____

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**) _____
 OR

Exemption from Withholding

3. I claim exemption from withholding for 2022, and I certify I meet both of the conditions for exemption. (Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
--	--

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

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

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

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

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

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

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

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

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

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

The *California Employer's Guide (DE 44)* (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting Payroll Taxes - Forms and Publications (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return (FTB Form 540)*, visit the FTB (ftb.ca.gov).

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

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

Worksheets

Instructions — 1 — Allowances*

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

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

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

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

Married But Not Living With Your Spouse: You may check the “Head of Household” marital status box if you meet all of the following tests:

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

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

Worksheet A

Regular Withholding Allowances

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

Instructions — 2 — (Optional) Additional Withholding Allowances

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

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

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

Worksheet B

Estimated Deductions

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

- | | |
|---|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$9,606 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,803 if single or married filing separately, dual income married, or married with multiple employers | 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | - 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. |

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

Worksheet C

Additional Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2022. 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 2022 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$141.90). 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 2022. 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 2022. 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 2022. 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 2022 Only

**Single Persons, Dual Income
Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$9,325	1.100%	\$0	\$0.00
\$9,325	\$22,107	2.200%	\$9,325	\$102.58
\$22,107	\$34,892	4.400%	\$22,107	\$383.78
\$34,892	\$48,435	6.600%	\$34,892	\$946.32
\$48,435	\$61,214	8.800%	\$48,435	\$1,840.16
\$61,214	\$312,686	10.230%	\$61,214	\$2,964.71
\$312,686	\$375,221	11.330%	\$312,686	\$28,690.30
\$375,221	\$625,369	12.430%	\$375,221	\$35,775.52
\$625,369	\$1,000,000	13.530%	\$625,369	\$66,868.92
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$18,650	1.100%	\$0	\$0.00
\$18,650	\$44,214	2.200%	\$18,650	\$205.15
\$44,214	\$69,784	4.400%	\$44,214	\$767.56
\$69,784	\$96,870	6.600%	\$69,784	\$1,892.64
\$96,870	\$122,428	8.800%	\$96,870	\$3,680.32
\$122,428	\$625,372	10.230%	\$122,428	\$5,929.42
\$625,372	\$750,442	11.330%	\$625,372	\$57,380.59
\$750,442	\$1,000,000	12.430%	\$750,442	\$71,551.02
\$1,000,000	\$1,250,738	13.530%	\$1,000,000	\$102,571.08
\$1,250,738	and over	14.630%	\$1,250,738	\$136,495.93

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$18,663	1.100%	\$0	\$0.00
\$18,663	\$44,217	2.200%	\$18,663	\$205.29
\$44,217	\$56,999	4.400%	\$44,217	\$767.48
\$56,999	\$70,542	6.600%	\$56,999	\$1,329.89
\$70,542	\$83,324	8.800%	\$70,542	\$2,223.73
\$83,324	\$425,251	10.230%	\$83,324	\$3,348.55
\$425,251	\$510,303	11.330%	\$425,251	\$38,327.68
\$510,303	\$850,503	12.430%	\$510,303	\$47,964.07
\$850,503	\$1,000,000	13.530%	\$850,503	\$90,250.93
\$1,000,000	and over	14.630%	\$1,000,000	\$110,477.87

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

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

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

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ Date _____

Memorandum

BONITA UNIFIED SCHOOL DISTRICT

Human Resources Development

TO: All Employees
FROM: Assistant Superintendent, Human Resources Development
DATE: August 1, 2022
SUBJECT: Mandated Annual Employee Notification

Once a year, the District has a legal mandate to provide all employees with Annual Notifications. The Governing Board believes that providing clear communications to staff is essential to establishing a professional, positive work environment and enhancing their job performance. The Superintendent or designee shall provide district employees all notifications required by law and any other notifications he/she believes will promote staff knowledge of the district's policies, programs, activities, and operations.

When required by law, Board policy, or administrative regulation, district employees shall be asked to sign an acknowledgment indicating receipt of the notification. Such acknowledgments shall be retained in each employee's personnel file.

Below is a list of the notifications pursuant to Board Policy 4110.9:

- [Nondiscrimination in District Programs and Activities-Board Policy 0410](#)
- [Uniform Complaint Procedure-Board Policy 1312.3](#)
- [Tobacco Free School-Board Policy 3513.3](#)
- [Environmental Safety-Board Policy 3514](#)
- [Integrated Pest Management-Administrative Regulation 3514.2](#)
- [Employee Letter – Pesticides](#)
- [Drug and Alcohol-Free Workplace-Board Policy 4020\(a\)](#)
- [Nondiscrimination in Employment-Board Policy 4030](#)
- [Employee Use of Technology-Board Policy 4040](#)
- [Sexual Harassment Employees Administrative Regulations 4119 .1l \(a\), 4219.11, 4319.11](#)
- [Sexual Harassment Students-Administrative Regulation - 5145 .7\(a\)](#)
- [Universal Precautions-Administrative Regulation 4119.43](#)
- [Non-school Employment-Board Policy 4136](#)
- [Health and Welfare Benefits-Administrative Regulation 4154](#)
- [Work Related Injuries-Board Policy 4157.1](#)
- [Family Care and Medical Leave-Administrative Regulation 4161.8](#)
- [Appointment and Conditions of Employment-Administrative Regulation 4212](#)
- [Bullying-Board Policy 5131.2](#)
- [CDE Training Module on Bullying](#)
- [Administering Medication and Monitoring Health Conditions Administrative Regulation 5141.21](#)
- [Child Abuse Reporting-Board Policy 5141.4](#)
- [Student Use of Technology-Administrative Regulation 6163.4](#)
- [Oath of Allegiance Disaster Workers-Government Codes 3100, 3101, 3102, 3103, 3104, 3105, 3106, 3107, 3108, 3109;](#)
- [School Bus Drivers-Administrative Regulation 3542](#)
- [Drug and Testing for Bus Drivers-Board Policy 4112.42](#)

The aforementioned items can be accessed by clicking the hyperlink to each item or they can be accessed through the District's website. Upon request, the Human Resources Department will provide you with a hard copy.

I acknowledge that I have read, understand, and agree to comply with the above policies, regulations and codes.

Print Name

Signature

Date

Student Progress Is Our Business



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

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

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

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

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

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

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

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

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

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

Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<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 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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 FAX (909) 971-3829

CONTACT DATA

(Please print legibly)

Social Security Number _____ - _____ - _____

Prefix _____
(Mr., Mrs., Miss)

Suffix _____
(Jr., Sr.)

Last Name _____ First Name _____ MI _____

Current Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Name of Emergency Contact _____

Relationship _____

Emergency Contact Phone Number _____



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

PERSONAL PHYSICIAN PRE-DESIGNATION FORM (OPTIONAL)

Date Employee was provided Pre-Designation Form: _____

Employee: _____

Department: _____

Pursuant to Labor Code 4600 (d), the definition of "personal Physician" means:

- ✓ The employee's regular physician and surgeon,
- ✓ Who, prior to the injury, has directed medical treatment of the employee, and
- ✓ Retains the medical records and medical history of the employee.

Name of Physician: _____

Specialty: _____

Address: _____

Telephone: _____

Employee Name: (print) _____

Employee Signature: _____

Date of Request: _____

If this form and the attached Certification is not completed and returned to your employer prior to an industrial injury, the employee is to seek medical treatment from the employer-designated medical facility as noted on the posted notices regarding workers' compensation.

Your personal physician is required to adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician and Labor Code 4610. Your personal physician must agree to be your pre-designated physician and that they will accept payment for services in accordance with the California Official Medical Fee Schedule.

Please have your personal physician sign and return this form to your employer with the attached Certification acknowledging their responsibility as your treating physician Should you sustain and industrial injury.

Date: _____

Physician: _____

Employee: _____

CERTIFICATION

This is to certify that (employee) _____ is a patient of mine. I have treated him/her for non-work related medical problems and I maintain his/her medical records in my office.

I am willing to take responsibility for following rules required of a Treating Physician, per the California Code of Regulations, Title 8, Section 9785, when treating this employee for work-related injuries or illnesses. I acknowledge all requests for medical care will be governed by Labor Code 4610 outlining mandatory utilization review under the guidelines of the American College of Occupational and Environment Medicine (ACOEM).

Physician's Signature: _____

Print Name: _____

Date: _____

I decline the request of (employee) _____ to be his/her Treating Physician for work-related injuries.

Physician's Signature: _____

Print Name: _____

Date: _____



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 FAX (909) 971-3829

OATH OF ALLEGIANCE

"I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter."

Signature of Employee _____
(Payroll Name)

Subscribed and affirmed to before me this _____ day of _____, 20_____

Signature of Employer

Position

Memorandum

BONITA UNIFIED SCHOOL DISTRICT

Human Resources Development

Re: NOTIFICATION OF REASONABLE ASSURANCE

The Bonita Unified School District hereby notifies you that you have reasonable assurance of returning to work in the next school year, after the summer recess period. You also have reasonable assurance of returning to work in your usual capacity at the close of all holiday and recess periods during the year. During the recess periods there will be no need for your services, unless you are notified.

We are required by the Unemployment Insurance (UI) Code to inform you that you may file a UI claim. If you choose to file a claim, your entitlement to benefits will be determined by the Employment Development Department (EDD) and not by this school district or its unemployment claims administrator, TALX. If you are not offered an opportunity to perform services in the next academic year/term, you may be entitled to UI benefits retroactive to the date you filed an initial claim, if you file a claim for retroactive benefits within 30 days after the start of the next academic year/term, if you filed a claim for each week benefits are claimed, and if you are otherwise eligible.

The official mailing address provided below should be given to the EDD when filing a claim for UI benefits:

**Bonita Unified School District
c/o TALX
P.O. Box 23020
Oakland, CA 94623-2302**

This letter is the only official and authorized notification you should rely on when determining your employment status for the next academic year or term.

Signature

Date

Permissive Membership
ES 0350 REV 03/20

[For CalSTRS' Official Use Only]



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

**PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT
OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION**

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

Section 1: Employee Information (to be completed by employee)

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Employee Election (to be completed by employee)

Check One:

- ☐ **I elect membership in the CalSTRS Defined Benefit Program as of:**

MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

- ☐ **I decline membership in the CalSTRS Defined Benefit Program at this time**

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
--------------------	-------------------

Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE	POSITION HIRE DATE
----------------	--------------------

Section 5: Employer Information and Certification (to be completed by employer) Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
EMPLOYER NAME	COUNTY AND DISTRICT CODE
EMPLOYER OFFICIAL'S NAME AND TITLE	

SUB INFORMATION SHEET

Certificated Substitutes

Name _____

Address _____

Cell Phone _____

Email Address _____

Credentials you **currently** hold:

- ☐ Single Subject Credential: _____
- ☐ Multiple Subject Credential
- ☐ 30 Day Emergency Substitute Permit
 - ☐ Expiration Date: _____

Grades of Interest:

- ☐ K-5 (Elementary)
- ☐ 6-8 (Middle School)
- ☐ 9-12 (High School)

Special Education

- ☐ Yes
- ☐ No

Do you work in more than one district? _____ YES _____ NO

What days of the week are you available? *(Please circle)* M T W Th F

Are you currently or have you been a member of STRS? _____ YES _____ NO

Payroll Unit
Direct Deposit Authorization

PLEASE CHECK <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel
--

PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL		SOCIAL SECURITY NUMBER
NAME OF SCHOOL DISTRICT (IF EMPLOYED WITHIN THE OFFICE, PUT YOUR ROOM NUMBER HERE)		WORK TELEPHONE NUMBER ()
NAME OF BANK/CREDIT UNION/SAVINGS & LOAN	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	BRANCH TELEPHONE NUMBER ()
ACCOUNT NUMBER	ADDRESS OF BANK/CREDIT UNION/SAVINGS & LOAN (NUMBER, STREET, CITY AND ZIP CODE)	

I hereby authorize the district and the Los Angeles County Office of Education (LACOE) and/or its agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to my account.

I understand:

- Direct deposit status is not activated until 10 days following a \$0 test transaction for new or change authorization.
- I must submit a new *Employee's Direct Deposit Authorization*, if I change my account (name, institution, branch, type account, etc.).
- Direct deposit status will be temporarily suspended if wages are garnished.
- Direct deposit will also be suspended if a a certificated employee's credential expires.
- Direct deposit status may be suspended or rescinded by the district or LACOE and payment made by county warrant, if necesasry, to meet payroll deadlines or under extreme conditions.

I agree to hold harmless and indemnify the district and Los Angeles County Office of Education and its officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of LACOE and its officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new *Employee's Direct Deposit Authorization*.

ATTACH BELOW A VOIDED CHECK SHOWING THE INSTITUTION ROUTING NUMBER AND ACCOUNT NUMBER.	SIGNATURE OF EMPLOYEE X	DATE SIGNED
---	---------------------------------------	-------------

ATTACH VOIDED CHECK HERE

FOR COUNTY OFFICE USE ONLY

Refer to the Direct Deposit Reference Guide

FINANCIAL INSTITUTION ROUTING NO.											
■											■
■											■

EMPLOYEE'S DEPOSIT ACCOUNT NO.															
															■

INPUT BY (PRINT NAME)

GR 9/2007



Child Abuse Mandated Reporter Training

As a condition of employment, every year each employee is required to provide proof of Child Abuse Mandated Reporter Training per California Education Code 44691 (b) (2).

To complete the trainings go to *ASCIP Online Learning Center*. To access the link please go to <https://do.bonita.k12.ca.us/index.html> then to the Human Resources page.

If this is your first time on the ASCIP Online Learning Center please click on Register in the top right, next to the Log In box. When you register you can use your **PERSONAL EMAIL**. Once you've registered save your login information for future trainings.

To find courses click Catalog, click search and type in **AB1432 for the Mandated Reporter training**. Once you have completed the courses you will need to save or print your certificate of completion to submit with your packet. Click my Training, click Transcript, click the certificate icon on the right hand side for the correct training, save or print, and submit.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3279

ORI (Code assigned by DOJ)

Credentialed School Employee

Authorized Applicant Type

Certificated Substitute

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

Contributing Agency Information:

BONITA UNIFIED SCHOOL DISTRICT

Agency Authorized to Receive Criminal Record Information

01551

Mail Code (five-digit code assigned by DOJ)

115 W. Allen Ave

Street Address or P.O. Box

Krista Anderson

Contact Name (mandatory for all school submissions)

San Dimas

City

CA

State

91773

ZIP Code

9099718200

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing
Number

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0281		License/Certification/Permit	
ORI (Code assigned by DOJ)		Authorized Applicant Type	
TEACHER CRED 44340 EC			
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)			
Contributing Agency Information:			
CASM TEACHER CREDENTIALING		03294	
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)	
1900 Capitol Avenue			
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)	
Sacramento	Ca	95811-4213	
City	State	ZIP Code	Contact Telephone Number

Applicant Information:

Last Name		First Name		Middle Initial	Suffix
Other Name (AKA or Alias) Last		First			Suffix
Date of Birth	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Eye Color	Hair Color	Billing Number	
				(Agency Billing Number)	
Place of Birth (State or Country)		Social Security Number		Misc. Number	
				(Other Identification Number)	
Home Address		City		State	ZIP Code
Street Address or P.O. Box					

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

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

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name		Mail Code (five digit code assigned by DOJ)	
Street Address or P.O. Box			
City	State	ZIP Code	Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator		Date	
Transmitting Agency	LSID	ATI Number	Amount Collected/Billed

Live Scan Fingerprinting

Post Masters Plus Of La Verne

1 Advanced Live Scan
1407 Foothill Blvd
La Verne, CA 91750
(909) 596-0039

Hours

Monday - Friday: 9:00 a.m. - 6:00 p.m.
Saturday: 10:00 a.m. - 5:00 p.m.

NO APPOINTMENT NECESSARY

Accept cash and credit.



This location is only a suggestion.

You can have your fingerprints processed at any LiveScan facility.



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

Superintendent

Matthew Wien – Interim Superintendent

Assistant Superintendents

Sonia Gomez Eckley – Business Services

Kevin Lee, Ed.D. – Human Resources Development

Board of Education

Derek Bahmanou

Chuck Coyne

Glenn Creiman

Jim Elliot

Greg Palatto

Substitute COVID Vaccine Verification

Per the August 11, 2021, State Public Health Officer Order, all school employees, **including substitutes**, must have their vaccination status verified or undergo weekly diagnostic COVID-19 testing.

To verify proof of vaccination, you may 1) attach a copy of your covid vaccine card to your substitute packet or 2) report to the District Office and have your record verified by Human Resources.

The vaccination record must include your name, type of vaccine provided, and date of last dose and may be contained in any of the records listed below:

1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided and date last dose administered); OR
2. a photo of a Vaccination Record Card as a separate document; OR
3. a photo of the client's Vaccination Record Card stored on a phone or electronic device; OR
4. documentation of COVID-19 vaccination from a health care provider; OR
5. digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type; OR
6. documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.

If you choose not to have your vaccination record verified or provide a copy of your vaccination record, you will be considered to be unvaccinated and will be required to participate in weekly diagnostic testing.

Any record collected will be stored in a secured location in Human Resources.

Thank you!

Kevin Lee, Ed. D.

Assistant Superintendent, Human Resources Development

NON-DISCRIMINATION INFORMATION

It is the policy of the Bonita Unified School District to comply with the following:

TITLE VI COMPLIANCE - TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

"No person...shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving Federal financial assistance from the department of Education."

TITLE IX COMPLIANCE - TITLE IX OF THE EDUCATION AMENDMENTS OF 1972

"No person... shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance."

SECTION 504 COMPLIANCE - SECTION 504 OF THE REHABILITATION ACT OF 1973

"No otherwise qualified individual with a disability...shall, solely by reason of his or her disability, be excluded from the participation, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

TITLE II OF THE ADA COMPLIANCE - TITLE II OF THE AMERICAN WITH DISABILITIES ACT (ADA) OF 1990

"No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination of any such entity."

STATE LAW/DISTRICT POLICIES COMPLIANCE

State laws and District policies further provide that the District does not discriminate on the basis of religion ancestry, marital status, sexual orientation, medical condition (cancer related), political belief or affiliation, or in retaliation.

Students, parents, employees/applicants and/or community members who feel they have a grievance against the Bonita Unified School District, which concerns a matter of unlawful discrimination, should contact:

Assistant Superintendent Human Resources
BONITA UNIFIED SCHOOL DISTRICT
115 WEST ALLEN AVENUE
SAN DIMAS, CALIFORNIA 91773
TELEPHONE: (909) 971-8200 FAX: (909) 971-8349



BONITA UNIFIED SCHOOL DISTRICT

115 West Allen Avenue San Dimas, California 91773 (909) 971-8200 Fax (909) 971-8329

Risky Behaviors - Red Flags

The best way staff members can protect themselves from false accusations is to avoid behaviors that can be misconstrued. The following risky behaviors are not absolute prohibitions, indisputable indicators of wrongdoing, or a substitute for common sense; they are intended as risk management guidelines.

1. Never be alone with a student in a classroom/office with the door closed or where you are not able to be seen by others.
2. Do not meet students outside of school for a meal, a drink, etc. Regardless of the motivation, there is seldom justification for such conduct. (School sanctioned events with parental involvement excluded)
3. In general, staff members should not counsel students in nonacademic matters. Although a bond of trust can form between students and staff, only trained and qualified counselors should provide mental health counseling and other "life" advice. Staff must consider the potential risk in discussing personal matters with students. If they believe that a student is in danger or some type of trouble, they should refer the student to the school's counseling team or administrator.
4. Do not transport students in your vehicle or allow students to have access to your vehicle.
5. Do not give students hall passes to come to a classroom on non-school related business.
6. Do not allow students to engage you in conversations regarding their romantic or sexual activities and do not discuss your own personal life with students.
7. Do not entertain students in your home.
8. Do not make sexual comments/innuendos, comment about students' bodies, tell sexual jokes, or share sexually oriented material with students.
9. Do not place your hands on students in a manner that is inappropriate, including, but not limited to, brush against their bodies; touch their hair; rub their necks, shoulders or backs; embrace them too tightly; or allow them to sit on your lap. Do not tickle, wrestle, poke, pat, pinch, or punch students.
10. Do not ask / allow students to give you a neck rub, back rub, etc.
11. Do not photograph or videotape students unless clearly related to instruction or at a sanctioned school activity/event with parental permission.
12. All staff should maintain separate professional and personal social media pages. They should not e-mail, "friend" or otherwise communicate via staff or students' personal pages. Staff should use privacy settings to control access to their personal social media sites.
13. Do not give nicknames to your students. Avoid "sweetie", "honey", etc.
14. Do not let students call you by affectionate or inappropriate nicknames.
15. Use discretion in attending a student's social function such as a birthday party; this could be construed as favoritism.
16. Do not babysit for students.
17. Use discretion when tutoring students. This could be construed as favoritism. If you do tutor, do not be alone with the student, either at their house, in your home, or a classroom.
18. Do not bully students verbally or physically (i.e. refrain from sarcastic comments, ridicule, etc.).
19. Do not exchange cell phone numbers with students.



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PART-TIME, SEASONAL AND TEMPORARY CLASSIFIED EMPLOYEE

The District is implementing a change in federal law which requires all part-time, seasonal and temporary employees, not previously covered by Social Security, to participate in a retirement plan. The District and California School Employees Association, Local Chapter 21 met, shared materials and information regarding various alternative plans and mutually agreed to recommend the LARISA Social Security Alternative Plan. This retirement plan is an alternative to Social Security. The employee shall contribute 3.75% per pay period and the employer will contribute an equal amount. Additional details are outlined on the attached sheet. The employees covered by this alternative will commence with a mandatory reduction from all earned salary effective January 1, 1992. If you have not previously signed the forms for the mandatory retirement reduction you will be instructed to do so when you pick up your pay warrant. Additional information will be available at that time. Please call if you would like additional consultation on this matter.

SUBSTITUTE CERTIFICATE EMPLOYEES

State Teacher's Retirement System (STRS)

This is the other choice you have. The employee's contribution in this plan is 8% and your participation will count toward retirement. The funds deposited into your account from your 8% deduction belong to you and may be withdrawn if you terminate your employment as a substitute teacher with all public school districts in the state of California. If this is the plan you elect it is necessary to complete the application for STRS and this form is available in the Personnel Office. This needs to be done as soon as possible. Once you sign up for STRS in one district you become a member of the STRS system. There is no need to sign up in other districts.

Memorandum

BONITA UNIFIED SCHOOL DISTRICT

Human Resources Development

RE: AB1522 HEALTHY FAMILIES ACT OF 2014

Effective July 1, 2015, AB 1522 Healthy Workplaces, Healthy Families Act provides sick leave to California employees who work 30 days or more per year and who do not currently earn sick leave.

- This affects non-permanent part time employees (i.e. substitutes, student workers, temporary hourly and seasonal employees) whose positions are not represented by a collective bargaining unit.
- Sick leave will be accrued at the rate of one hour for every 30 hours worked, retroactive to the first day worked, or July 1, 2015, whichever is later.
- An employee is eligible to begin accruing sick leave after having worked at least 30 days in a fiscal year (July-June). Sick leave earned cannot be used until the 90th day of employment.
- Unused sick leave carries over year to year. The maximum that can be accrued in any year is 48 hours or 6 days.
- The use of sick leave is limited to 24 hours (3 days) per year of employment.

Employees who qualify for the Healthy Workplace, Healthy Families Act (provided they work the required number of hours) include, but are not limited to:

- Certificated Substitute Teachers
- Classified Substitutes
- Noon Duty Assistants
- Intervention Specialists/Hourly Teachers
- Home Hospital Teachers
- Walk-on Coaches/Advisors
- Retirees who return to work
- Student Workers
- ASB extra-duty assignments if non-District employees
- Stage Crews

Using Sick Leave

Once an employee has worked 30 days, any accrued sick leave earned will appear on his/her check stub. This information will inform the employee of sick hours available for applicable use.

Sick leave can be used for the diagnosis, care or treatment of an existing health condition, as well as preventative care for the employee or family member. A "family member" is defined in AB1522 as:

- Child (biological, adoptive, foster, step, legal ward) regardless of age or dependency statutes
- Parent (biological, adoptive, foster, step, legal guardian)
- Spouse or registered domestic partner
- Grandparent
- Grandchild
- Sibling

In addition, sick leave can be used for an employee who is a victim of domestic violence, sexual assault, or stalking.

Other Provisions

There is no requirement to pay out unused sick leave upon separation of employment. If an employee returns to the employer within one year, the sick leave balance is restored. The employee is eligible to use the sick leave balance and also begins accruing additional sick leave upon rehire.

Additional FAQs can be found www.dir.ca.gov.