

Checklist of Required Forms for Personnel File
(Substitute Instructional Aide)



Name: _____

Please complete & return:

___ W4

___ DE-4 (*only needed if you'd like different withholdings for state taxes than you indicated in your W4*)

___ I9

___ Edtec Employee Information Form

___ Direct Deposit Form (*optional*- include copy of a voided check; a letter from your bank will also work)

___ Fingerprint Clearance (TCOE clearance OR take our form to Sheriff's Department, County Office of Ed, Pipkin Detective Agency, Pack n Ship, or a Police Department to be scanned. Results will take a few days.)

___ TB test results- negative (Can request from former employer- results within last 4 years are valid)

___ copy of credential(s), if available

___ copy of CPR/First Aid certification, if available

___ copy of college transcripts, if available

___ Photocopy of Driver's License

___ Photocopy of Passport or Social Security Card

___ Employee Information Form (pink)

___ Confidentiality Agreement

Yours to keep:

- ✓ Academic Calendar
- ✓ School Rules
- ✓ Classified Substitute Timesheet form with instructions

Please read the school rules, which are included in this packet, and sign below indicating you understand our school rules and agree to help us enforce the rules while on assignment at our Charter Schools.

Signature _____ Date _____

Form W-4 (2019)

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

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

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	
				37-1638700	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____				
B	Enter "1" if you will file as married filing jointly	B _____				
C	Enter "1" if you will file as head of household	C _____				
D	Enter "1" if: <table border="0"> <tr> <td>• You're single, or married filing separately, and have only one job; or</td> <td rowspan="3">}</td> </tr> <tr> <td>• You're married filing jointly, have only one job, and your spouse doesn't work; or</td> </tr> <tr> <td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td> </tr> </table>	• You're single, or married filing separately, and have only one job; or	}	• You're married filing jointly, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	D _____
• You're single, or married filing separately, and have only one job; or	}					
• You're married filing jointly, have only one job, and your spouse doesn't work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"	E _____				
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-"	F _____				
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F	G _____				
H	Add lines A through G and enter the total here	H _____				

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: 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 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1 \$ _____				
2	Enter: <table border="0"> <tr> <td>\$24,400 if you're married filing jointly or qualifying widow(er)</td> <td rowspan="3">}</td> </tr> <tr> <td>\$18,350 if you're head of household</td> </tr> <tr> <td>\$12,200 if you're single or married filing separately</td> </tr> </table>	\$24,400 if you're married filing jointly or qualifying widow(er)	}	\$18,350 if you're head of household	\$12,200 if you're single or married filing separately	2 \$ _____
\$24,400 if you're married filing jointly or qualifying widow(er)	}					
\$18,350 if you're head of household						
\$12,200 if you're single or married filing separately						
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____				
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____				
5	Add lines 3 and 4 and enter the total	5 \$ _____				
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6 \$ _____				
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____				
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____				
9	Enter the number from the Personal Allowances Worksheet , line H, above	9 _____				
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____				

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

Privacy Act and Paperwork Reduction

Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2018 _____
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

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

Signature _____ Date _____

Employer's Name and Address The Academies CMO P.O. Box 1189 Visalia, CA 93278	California Employer Payroll Tax Account Number 37-1638700
--	--

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

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

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

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

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

You should complete this form if either:

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

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

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

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS — 1 — ALLOWANCES*

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

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

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

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

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

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

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

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

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B

ESTIMATED DEDUCTIONS

- | | |
|---|------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. _____ |
| 2. Enter \$8,472 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,236 if single or married filing separately, dual income married, or married with multiple employers | — 2. _____ |
| 3. Subtract line 2 from line 1, enter difference | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. _____ |
| 5. Add line 4 to line 3, enter sum | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | — 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below);
Subtract line 6 from line 5, enter difference | = 7. _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number | 8. _____ |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. _____ |
| 10. Enter amount from line 5 (deductions) | 10. _____ |
| 11. Subtract line 10 from line 9, enter difference | 11. _____ |

Complete Worksheet C

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

WORKSHEET C
TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2018 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) 2. _____
3. Add line 1 and line 2. Enter sum 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) 5. _____
6. Add line 4 and line 5. Enter sum 6. _____
7. Subtract line 6 from line 3. Enter difference 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2018 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$125.40) 9. _____
10. Subtract line 9 from line 8. Enter difference 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2018. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2018. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2018 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 15. _____

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2018 ONLY

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS	
\$0	\$8,223 ...	1.100%	\$0	\$0.00
\$8,223	\$19,495 ...	2.200%	\$8,223	\$90.45
\$19,495	\$30,769 ...	4.400%	\$19,495	\$338.43
\$30,769	\$42,711 ...	6.600%	\$30,769	\$834.49
\$42,711	\$53,980 ...	8.800%	\$42,711	\$1,622.66
\$53,980	\$275,738 ...	10.230%	\$53,980	\$2,614.33
\$275,738	\$330,884 ...	11.330%	\$275,738	\$25,300.17
\$330,884	\$551,473 ...	12.430%	\$330,884	\$31,548.21
\$551,473	\$1,000,000 ...	13.530%	\$551,473	\$58,967.42
\$1,000,000	and over...	14.630%	\$1,000,000	\$119,653.12

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

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

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

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

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

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



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 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 HR & Admin Manager	
Last Name of Employer or Authorized Representative Dolin		First Name of Employer or Authorized Representative Shauna		Employer's Business or Organization Name The Academies Charter Management Org.
Employer's Business or Organization Address (Street Number and Name) 6832 Avenue 280			City or Town Visalia	State CA
			ZIP Code 93277	

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.

EdTec Employee Information Form

Please complete every field



School Name: _____

Choose an option
that applies: New Hire If "other," please specify: _____

Effective Date: _____

Employee Information (Name Must Match Social Security Card)	
Last Name	
First Name & Middle Initial	
Address (Street)	
City	
State	
Zip Code	
SSN	
Birth Date	
Phone (Informational Only)	
Gender	

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF981	Classified School Employee
ORI (Code assigned by DOJ)	Authorized Applicant Type
Instructional Aide Substitute	
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

<u>The Academies Charter Management Organization</u> Agency Authorized to Receive Criminal Record Information			<u>17097</u> Mail Code (five-digit code assigned by DOJ)		
<u>P.O. Box 1189</u> Street Address or P.O. Box			<u>Shauna Dolin</u> Contact Name (mandatory for all school submissions)		
<u>Visalia</u> City	<u>CA</u> State	<u>93278</u> ZIP Code	<u>(559) 622-3236</u> Contact Telephone Number		

Applicant Information:

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

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

<p>If re-submission, list original ATI number: (Must provide proof of rejection)</p>	<p>Original ATI Number</p>
--	----------------------------

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



Direct Deposit Enrollment/Change Form

Company Name _____ Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

EMPLOYEE/WORKER: Retain a copy of this form for your records. Return the original to your employer.

EMPLOYERS: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number*	Financial Institution ("Bank") Name	I wish to change my deposit (check one):
				<input type="checkbox"/> From _____% to _____% of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay
				<input type="checkbox"/> From _____% to _____% of Net <input type="checkbox"/> From \$ _____ .00 To \$ _____ .00 <input type="checkbox"/> Remainder of Net Pay

EMPLOYEE/WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above and, if necessary, to electronically debit my account to correct erroneous credits. I certify my account(s) allow these transactions. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Employee/Worker Signature _____ **Date** _____

Note: Digital or Electronic Signatures are **not** acceptable.

One of the following is required to process this enrollment (check one):

- ☐ Voided check with name imprinted (no starter checks)
- ☐ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- ☐ Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

- ☐ Other Bank Documentation from your Financial Institution – If this box is checked the employer must sign this confirmation:

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc.

Employer Printed Name: _____

Employer Signature: _____ **Date** _____

*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION
EMPLOYEE INFORMATION

EMPLOYEE EMERGENCY CONTACT INFORMATION

Classified_____ Certificated_____

NAME:_____

HOME ADDRESS:_____

HOME PHONE:_____ CELL PHONE:_____

Voluntary Emergency Response Information:

EMERGENCY CONTACTS: (It is your responsibility to update this form A.S.A.P. if any information changes.)

Name:_____ Phone(s):_____

Name:_____ Phone(s):_____

1. Please list any health conditions, medications, and/or allergies/allergic reactions that you want to be brought to the attention of the nurse/medical provider in case of a medical emergency:_____

2. Please list the name and phone number of your doctor:

Name:_____ Phone(s):_____

If the above named physician is not available, I authorize the school authorities to transport me to a hospital or medical facility. I authorize consent to any x-ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care deemed necessary by the licensed physician.

SIGNATURE:_____ DATE:_____

EMPLOYEE RACE/ETHNICITY INFORMATION: Federal guidelines require that we gather race/ethnicity information on all employees in a two part question. Please complete the information below:

WHAT IS YOUR ETHNICITY? (Please check one.) ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) ☐ Not Hispanic or Latino

WHAT IS YOUR RACE? (Please check up to five racial categories.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be.

☐ American Indian or Alaskan Native (100)
(Person having origins in any of the original people of North, Central or South America)

☐ Chinese (201)

☐ Japanese (202)

☐ Korean (203)

☐ Vietnamese (204)

☐ Asian Indian (205)

☐ Laotian (206)

☐ Cambodian (207)

☐ Hmong (208)

☐ Other Asian (299)

☐ Hawaiian (301)

☐ Guamanian (302)

☐ Samoan (303)

☐ Tahitian (304)

☐ Other Pacific Islander (399)

☐ Filipino/Filipino American (400)

☐ African American or Black (600)

☐ White (700)

(Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)

**THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION
CONFIDENTIALITY AGREEMENT**

During employment, Employees may have access to and/or become aware of information of a confidential, proprietary, or private nature ("Confidential Information"). For purposes of this policy, "Confidential Information" includes but is not limited to: information and data relating to SVA/BOA students; non-public information data relating to donors, donor prospects, and donations; non-public SVA/BOA budget or financial information; and payroll and personnel information relating to current or former Employees.

At all times during and after employment with SVA/BOA, Employees are required to hold all Confidential Information in trust and keep Confidential Information confidential. During employment with SVA/BOA, Employees may use Confidential Information or disclose Confidential Information to a third party only: (1) as reasonably required in the course of employment with SVA/BOA; (2) as permitted with the prior written consent of SVA/BOA; or (3) as may otherwise be required by law. Employees should act responsibly with respect to materials containing Confidential Information, and, if disposing of materials containing Confidential Information, must do so properly and completely.

Employees who are in doubt about whether information should be disclosed or used should discuss the situation with the Principal, Superintendent or the Board Chairperson before disclosing or using the information.

Employees' obligations under this Confidentiality of Information policy remain in effect even after their employment relationships with SVA/BOA ends. After separation of employment, Employees may not use or disclose Confidential Information to any third party unless required to do so by law. Upon separation of employment, Employees must immediately return to SVA/BOA any and all computers, documents, computer or electronic files, cellular phones, print-outs, copies, or other information containing Confidential Information in their possession, custody or control. If the Employees are requested to disclose Confidential Information to a third party in a subpoena or similar type of request, Employees shall give SVA/BOA notice of such request as soon as is reasonably possible.

By signing this agreement, I acknowledge and agree that the Confidentiality Agreement is a material condition of my employment with SVA/BOA. Furthermore, I acknowledge that nothing contained herein shall limit or otherwise alter the fact that my employment and the terms thereof can be terminated, with or without cause, and with or without notice, at any time, at my option or at the option of SVA/BOA.

Employee's Signature: _____

Date: _____

Employee's Printed Name: _____

cc: Personnel File

PLEASE DETACH & RETURN THIS ACKNOWLEDGEMENT WITH YOUR HIRE PAPERWORK.



AUGUST 2019 (13)

MON	TUES	WED	THU	FRI
			1	2
5	6	7 X	8 X	9 X
12 X	13 X	14 E	15	16
19	20	21 E	22	23
26	27	28 E	29	30

SEPTEMBER 2019 (20)

MON	TUES	WED	THU	FRI
2 H	3	4 E	5	6
9	10	11 E	12	13
16	17	18 E	19	20
23	24	25 E	26	27
30				

OCTOBER 2019 (22)

MON	TUES	WED	THU	FRI
	1	2 E	3	4
7 X	8	9 E	10	11
14	15	16 E	17	18
21	22	23 E	24	25
28	29	30 E	31	

NOVEMBER 2019 (13)

MON	TUES	WED	THU	FRI
				1
4	5	6 E	7 C	8 C
11 H	12	13 E	14	15
18	19	20 E	21	22
25 L	26 L	27 L	28 H	29 L

DECEMBER 2019 (15)

MON	TUES	WED	THU	FRI
2	3	4 E	5	6
9	10	11 E	12	13
16	17	18 E	19	20 L
23 L	24 L	25 H	26 L	27 L
30 L	31 L			

JANUARY 2020 (13)

MON	TUES	WED	THU	FRI
		1 H	2 L	3 L
6 L	7 L	8 L	9 L	10 L
13	14	15 E	16	17
20 H	21	22 E	23	24
27 X	28	29 E	30	31

FEBRUARY 2020 (19)

MON	TUES	WED	THU	FRI
3	4	5 E	6	7
10	11	12 E	13	14
17 H	18	19 E	20	21
24	25	26 E	27	28

MARCH 2020 (19)

MON	TUES	WED	THU	FRI
2	3	4 E	5	6
9	10	11 E	12 C	13 C
16 X	17	18 E	19	20
23	24	25 E	26	27
30	31			

APRIL 2020 (16)

MON	TUES	WED	THU	FRI
		1 E	2	3
6 L	7 L	8 L	9 L	10 L
13 H	14	15 E	16	17
20	21	22 E	23	24
27	28	29 E	30	

MAY 2020 (20)

MON	TUES	WED	THU	FRI
				1
4	5	6 E	7	8
11	12	13 E	14	15
18	19	20 E	21	22
25 H	26	27 E	28	29

JUNE 2020 (5)

MON	TUES	WED	THU	FRI
1	2	3 E	4	5 L

 No Student Attendance: School NOT in Session

 Regular School Day: Grades K-8

 Early Release Day: Grades 1-8 dismiss at 2:00 PM

 Minimum Day: Grades K-8 dismiss at 12:15 PM

C = Conference Day

H = National Holiday

L = Local Student
Non-Attendance Day

X = Staff Development

SCHOOL RULES

At The Academies CMO, the focus is on learning; every student has the right to learn. Students who interfere with this right will be subject to the school's social contract procedures. The Superintendent, Principal or Vice Principal has the authority to talk to all students involved in any incident and to determine the course of action to be taken. The following school rules apply at school, going to and from school, on any school-provided transportation, and at any event where SVA or BOA is represented (regardless of location), and apply to all SVA or BOA students.

1. Students should not arrive at school before 7:35AM. Students shall wait in front of the office if no yard supervisor is on duty.
2. Students shall "walk on whitetops" (sidewalks). Running is allowed on blacktop or grass areas.
3. After using the restroom, students shall move beyond classroom buildings to play areas. Students must sit on the tables near the cafeteria during recess to have a snack. This is the **only** place food may be eaten at recess. Food is not allowed anywhere else at recess time.
4. Students shall avoid physical contact with the exception of reasonable contact that occurs in some organized games (e.g. basketball, flag-football, soccer). Tag, or games involving chasing and tagging are not allowed. Pushing, pulling, bumping, TAGGING and CHASING are not allowed. SVA or BOA scholars keep "hands to self."
5. Students shall not climb fences, backstops, trees, buildings, etc.
6. Students shall avoid interrupting organized games, and shall play games according to established rules.
7. Students should be ready for class immediately after the bell rings. To prepare for this, students should take drinks and trips to the bathroom during breaks/recess. Equipment must be carried back to the basket at the end of recess.
8. Bats are only to be used under adult supervision and only in front of backstops.
9. No activities involving the kicking of balls or objects shall be played near the classroom buildings, on the asphalt or in/on the play structure area. No balls are allowed in the play structure/bark area.
10. Toys and games are not permitted at school. Electronic toys, tablets, and mp3 players are not permitted. Yo-yos are not permitted at school. Sports equipment **may** be brought to school, but SVA or BOA is not responsible for lost and/or damaged equipment. Cell phones **may** be brought to school but will be kept away at all times while on campus and SVA or BOA is not responsible for lost or damaged personal items. If it is seen by staff, it will be confiscated and held at the front office until the end of the day. On the first offense, the student may retrieve it. On the second, the parent/guardian must pick it up.
11. Climbing may only take place on climbing equipment. Climb down from equipment; don't jump.
12. Upon arrival, students shall remain on campus until dismissal time unless given permission by a teacher or office staff to leave. Any student leaving campus must first check out at the office.
13. Students must use restrooms designated for their grade level:
 - Grades 5- 8 will use the restrooms at the end of their class wing.
 - Grades K-4 will use the restrooms off the black top.
15. Gum and sunflower seeds are not allowed on campus.
16. At dismissal, students are expected to go directly home or to the After-school Program or Kindergarten Bridge Program. Students are not permitted to play on the grounds after school without parent supervision.
17. Students are not to be in any room without adult supervision.
18. Students will dress in accordance with the SVA or BOA Uniform Dress Code Policy.

Classified Substitute Timesheet

Hours & minutes must be recorded on timesheets in decimal hours. See Time Conversion Chart on reverse side.

Pay Period: ☐ 15th (9th-24th) ☐ 30th/31st (25th-8th)

SSN (last 4 digits):		Name (First & Last):		Month:	
Date 9 th -24 th or 25 th -8 th	Description of Work Performed	Decimal Hours <small>(exclude unpaid meal period)</small> See reverse side for Time Conversion Chart		Initial if unpaid meal period was taken; leave blank if inapplicable.	Initial if unpaid meal period was <u>not</u> taken; leave blank if inapplicable.
		SVA	BOA		
TOTAL # HOURS →				Did you remember to initial for lunch?	
<i>I certify the above to be a true and accurate accounting of my work history for this month. I also certify that it is my responsibility to submit this time sheet to payroll by the last day of the bimonthly pay period worked. I understand that if this timesheet is submitted late, it will be processed on the next payroll cycle. I also understand that unsigned or incomplete timesheets cannot be processed and will be returned.</i>					
Employee Signature _____				Date _____	
FOR OFFICE USE ONLY					
# HOURS WORKED _____ x HOURLY RATE _____ = \$ _____				TOTAL GROSS AMOUNT	
# OT HOURS WORKED _____ x OT RATE _____ = \$ _____				\$ _____	
Principal _____ Date _____				ADMIN VERIFIED _____	
				HR VERIFIED _____	

THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION

Timesheet Instructions

You are responsible for making sure that your timesheet is submitted to the Administrative Assistant or HR & Admin Manager by the due date.

Timesheets are due by 5 p.m. on the last day of the pay period (24th or 8th). When the last day of the pay period falls on a weekend, timesheets are due the Friday before. If you are not able to hand-deliver, submit to:

**HR & Admin Manager
Attn: Shauna Dolin
P.O. Box 1189
Visalia, CA 93278**

All information on this timesheet must be completed. Any missing information will cause the timesheet to be returned for completion.

Only the original, colored copy will be accepted. You may make a copy of your timesheet before you turn it in if you want to keep a copy.

All timesheets will be paid on either the 15th or last day of the month, depending on the current pay period. Your payroll check will be mailed to your home address as listed in your records. You are responsible for notifying the HR & Admin Manager of any change in mailing address. Automatic deposit is available. If you are interested, complete an automatic deposit form.

If, for whatever reason, your timesheet is late it will be held and processed for the next payroll cycle.

TIME CONVERSION CHART

(Minutes to Decimal Hours)

Minutes	Decimal Hours	Minutes	Decimal Hours	Minutes	Decimal Hours	Minutes	Decimal Hours
1	.02	16	.27	31	.52	46	.77
2	.03	17	.28	32	.53	47	.78
3	.05	18	.30	33	.55	48	.80
4	.07	19	.32	34	.57	49	.82
5	.08	20	.33	35	.58	50	.83
6	.10	21	.35	36	.60	51	.85
7	.12	22	.37	37	.62	52	.87
8	.13	23	.38	38	.63	53	.88
9	.15	24	.40	39	.65	54	.90
10	.17	25	.42	40	.67	55	.92
11	.18	26	.43	41	.68	56	.93
12	.20	27	.45	42	.70	57	.95
13	.22	28	.47	43	.72	58	.97
14	.23	29	.48	44	.73	59	.98
15	.25	30	.50	45	.75	60	1.0