<table>
<thead>
<tr>
<th>Student Assistant Election Request</th>
<th>Check Off List for Continuing (2 Semester Break) Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Board Election Complete</td>
<td></td>
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<tr>
<td>a. Top Portion Filled Out Completely</td>
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<tr>
<td>b. Budget Officer Signature</td>
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<tr>
<td>c. All Appropriate Signatures</td>
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<tr>
<td>□ Personal Data Report Form</td>
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<tr>
<td>□ Employment Information</td>
<td></td>
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<tr>
<td>□ W 4 Federal Withholding Allowance</td>
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<td>□ DE 4 EDD Withholding Allowance</td>
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<td>□ Payroll Information</td>
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<tr>
<td>□ Direct Deposit Authorization Agreement/FAQ</td>
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<tr>
<td>□ Sick Leave for Temp Employee</td>
<td></td>
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</tbody>
</table>

**International Students Required additional documents (Choose 1 of 3):**

| □ I-94, I-20, Visa, Valid Passport Bio Page       |
| □ Employment Authorization Document              |
| □ Permanent Resident Card                         |
### Student Assistant Election Request

**Work Location:**
- Box 1: District Office
- Box 2: Off Campus (i.e. Win/CalWorks)
- Box 3: Student Trustee
- Box 4: Student Assistant ($15.00/hour)
- Box 5: Classroom/Lab Tutor ($15.00/hour)
- Box 6: Community Service Officer/Cadet ($15.00/hour)
- Box 7: Students Mentor ($15.00/hour)
- Box 8: Tobacco Peer Educator ($15.00/hour)
- Box 9: Student Services Runner ($15.00/hour)
- Box 10: Camp Aide Student Assistant ($15.00/hour)
- Box 11: Athletics Lab Assistant ($15.00/hour)
- Box 12: Athletics Event Assistant ($15.00/hour)
- Box 13: Athletics Office Assistant ($15.00/hour)

**For Off Campus Work Study Use Only:**
- Box 1: Student Assistant ($15.00/hour)

**Program:**
- Box 1: College Work Experience Program
- Box 2: FWS Student Assistant ($15.00/hour)
- Box 3: WIN/CalWorks

#### Employee Information: (Verify most current information)

- **Legal Last Name:**
- **Legal First Name:**
- **Legal M.I.:**
- **Address (Street, City, State, Zip):**
- **Gender:**
  - Male
  - Female
- **Birthdate:**
- **Department:**
- **Units Load:**
- **Semester:**
- **Year:**
- **Birthdate:**
- **If yes, must check one:**
  - Enrolled in the previous semester in a minimum of 6 units.
  - Not enrolled in the previous semester in a minimum of 6 units or dropped below 6 units in the previous semester.

#### Position Information:

- **Start Date:**
- **End Date:**
- **Work Schedule:**
  - (Attach work calendar)
- **Hours/Days:**
- **Hours/Week:**

#### Specific Job Duties (Must be completed):

- [ ]

#### Required Employment Documents for New or Returning Employees

- [ ] I-9 De-Added
- [ ] Employment Information Form
- [ ] Personal Data Report Form
- [ ] I-94, I-20, Visa, and Valid Passport Bio Page
- [ ] Copy of Acceptable Documents from List A or B & C from Form I-9
- [ ] Payroll Information Form
- [ ] Worker's Comp Physician Form

#### Account Information:

- **Account #:**
- **%:**
- **Account #:**
- **%:**

#### Employment Authorization:

- **Election Request Prepared by:**
- **Print Name:**
- **Signature:**
- **Date:**
- **Name of Supv.:**
- **Print Name:**
- **Signature:**
- **Date:**
- **Area Admin/Dean:**
- **Signature:**
- **Date:**
- **Academic/Dean. Svs./Budget Officer:**
- **Signature:**
- **Date:**
- **Print Name:**

#### Human Resources Processing:

- **Approved By:**
- **Processed By:**
- **BE Date:**
- **App/Docs on File:**

#### Notes:

- **Position ID (For Timesheet):**
- **Rate of Pay:**
- **$/hour**

**HR/12/11/2018**
PERSONAL DATA REPORT FORM
San Jose/Evergreen Community College District – Human Resources Department

READ CAREFULLY AND FOLLOW THE INSTRUCTIONS

Legal NAME (Last, First, Middle)
(PLEASE PRINT)

Our responsibility to students and the public, and restrictions outlined in the State Education Code § 87405-87406 and § 88022-88023, require that we request the following information.

A. Have you ever been convicted of any offense by any civilian or military court? A plea of nolo contendere is considered a conviction. The following need not be reported (1) minor traffic violations; (2) any offense which was finally settled in a juvenile court or under a welfare youth offender law; (3) any incident that has been sealed under Welfare and Institutions Code § 781 or Penal Code § 1203.45; (4) any conviction specified in Health and Safety Code § 11361.5 (some marijuana offenses).

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</table>

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant.

If you have no information to list, indicate “N/A” (not applicable), sign and date the form.

<table>
<thead>
<tr>
<th>Date, City &amp; State of conviction/arrest(s).</th>
<th>Specific charge or code section violated.</th>
<th>Disposition (results): how much fine; how long in jail or prison; how much probation</th>
<th>Remarks: state briefly any other particulars not already covered or information you wish to provide.</th>
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Please be advised that being convicted of a criminal offense does not necessarily disqualify you for employment eligibility. However, conviction of a sexual offense or controlled substance offense will automatically disqualify you as an employee. All employment selections shall be based upon job-related qualifications. Please contact the Human Resources Office at (408) 274-6404 should you have any questions or concerns.

B. Do you currently have any offenses pending against you in a criminal court of law for which you are out on bail or have been released on your own recognizance pending trial?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please note in the spaces below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant.

If you have no information to list, indicate “N/A” (not applicable), sign and date the form.

<table>
<thead>
<tr>
<th>Specific charge or code section violated.</th>
<th>County in which charge is pending.</th>
<th>Trial Date (if set)</th>
</tr>
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<tbody>
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</table>

I hereby give my consent to search for a criminal history by member of the police department, and I understand that a conviction for a sexual offense or controlled substance offense will automatically disqualify me as an employee.

I acknowledge that I have listed the requested information accurately ________________________________    _____________________
(Signature) (Date)

HR 3/17/09
Legal Name:

Last First MI

OATH OR AFFIRMATION OF ALLEGIANCE
(This form is required under Section 3 of Article XX of the Constitution of the State of California)

“I, _______________________________________________________________ (print full name), do solemnly swear (or affirm) that:

Check appropriate box

☐ U. S. Citizens:
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 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.”

☐ Employees who are not U. S. Citizens:
I will support the institutions and policies of the United States of America during the period of my sojourn in 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.”

☐ Employees claiming exempt under the Religious Freedom and Restoration Act of 1993:
I agree to loyally and lawfully discharge the duties of my assigned position and, in accordance with the performance of these duties, I agree to abide by the Constitution of the United States and the Constitution of the State of California and any and all laws set forth by the federal and state governments and the San Jose/Evergreen Community College District.”

Signature ___________________________ Date ________________

CHILD ABUSE REPORTING REQUIREMENTS
EMPLOYEE ACKNOWLEDGEMENT

I hereby certify that I have read the summary of Penal Code Sections 11165.7-11174 provided in my employment packet, I understand the contents, and I agree to comply with provisions of the law.

Signature ___________________________ Date ________________

EMERGENCY CONTACTS

Primary:
Name: ____________________________ (Please Print)
Address: __________________________
Phones: Home: __________________________
Cell: __________________________

Secondary:
Name: ____________________________ (Please Print)
Address: __________________________
Phones: Home: __________________________
Cell: __________________________

HR/3.17.09
Form W-4 (2018)

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 2018 if both of the following apply:
• For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 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 2018. 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 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, 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 Other Income Worksheet on page 3 or 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.

Employee’s Withholding Allowance Certificate

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

---

Form W-4

Employee’s Withholding Allowance Certificate

Department of the Treasury
Internal Revenue Service

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.

<table>
<thead>
<tr>
<th>Your first name and middle initial</th>
<th>Last name</th>
<th>Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Home address (number and street or rural route)

City or town, state, and ZIP code

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.

5 Total number of allowances you’re claiming (from the applicable worksheet on the following pages)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2018, 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.

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

Employee’s signature (This form is not valid unless you sign it.)

Date

---

8 Employer’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 9, 10, and 10 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

---

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2018)
Form W-4 (2018)  Page 2

your wages and other income, including income earned by a spouse, during the year. Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. 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.

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, 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/programs/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).
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

☐ SINGLE or MARRIED (with two or more incomes)

☐ MARRIED (one income)

☐ HEAD OF HOUSEHOLD

City, State, and ZIP Code

1. Number of allowances for Regular Withholding Allowances, Worksheet A

Number of allowances from the Estimated Deductions, Worksheet B

Total Number of Allowances (A + B) when using the California Withholding Schedules for 2018

OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C

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

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

Signature __________________________ Date __________

Employer’s Name and Address

California Employer Payroll Tax Account Number

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.

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 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)

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

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

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT</td>
</tr>
<tr>
<td>$0</td>
<td>$8,223</td>
</tr>
<tr>
<td>$8,223</td>
<td>$19,495</td>
</tr>
<tr>
<td>$19,495</td>
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</tr>
<tr>
<td>$30,769</td>
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<tr>
<td>$551,473</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>and over...</td>
</tr>
</tbody>
</table>

**MARRIED FILING JOINT OR QUALIFYING WIDOWERS: TAXPAYERS**

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT</td>
</tr>
<tr>
<td>$0</td>
<td>$16,446</td>
</tr>
<tr>
<td>$16,446</td>
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</tr>
<tr>
<td>$38,990</td>
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<tr>
<td>$1,000,000</td>
<td>$1,102,946</td>
</tr>
<tr>
<td>$1,102,946</td>
<td>and over...</td>
</tr>
</tbody>
</table>

**UNMARRIED HEAD OF HOUSEHOLD**

<table>
<thead>
<tr>
<th>IF THE TAXABLE INCOME IS</th>
<th>COMPUTED TAX IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>OVER</td>
<td>BUT NOT</td>
</tr>
<tr>
<td>$0</td>
<td>$16,457</td>
</tr>
<tr>
<td>$16,457</td>
<td>$38,991</td>
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<td>$1,000,000</td>
</tr>
<tr>
<td>$1,000,000</td>
<td>and over...</td>
</tr>
</tbody>
</table>

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.
PAYROLL INFORMATION

Affidavit of Designation to Receive Warrants

In the event of my death, I designate the following individual to receive all warrants or checks that would have been payable to me had I survived. This affidavit shall remain in effect until revised or revoked. I shall submit such revision and/or revocation in writing to the Human Resources Department.

Name: ________________________________
Relationship: __________________________
Street Address: __________________________
City: __________________ State: ______ Zip Code: ______

Signature __________________________ Date ______________

STRS / PERS Information

Have you ever worked in California public schools? ☐ Yes ☐ No

Have you ever worked in the Santa Clara County school system? ☐ Yes ☐ No

Have you ever contributed to the California State Teachers Retirement Systems (STRS):
 Define Benefit Plan? ☐ Yes ☐ No
 Cash Balance Plan? ☐ Yes ☐ No

If yes, date contribution began: ______ / ______ / ______

Have you ever contributed to the California Public Employees’ Retirement Systems (PERS)? ☐ Yes ☐ No

If yes, date contribution began: ______ / ______ / ______

Have you ever withdrawn funds from STRS or PERS? ☐ Yes ☐ No

If yes, date of withdrawal: ______ / ______ / ______

Are you currently retired from STRS or PERS? ☐ Yes ☐ No

If yes, date of retirement: ______ / ______ / ______

Have you ever re-deposited your funds or re-qualified for membership? ☐ Yes ☐ No

If yes, date: ______ / ______ / ______ From: ☐ STRS ☐ PERS

Check Disbursement

☐ Pick-up Check in Business Services at San Jose City College
☐ Pick-up Check in Business Services at Evergreen Valley College
☐ Pick-up Check in District Office Payroll

Signature __________________________ Date ______________

HR/3.17.09
I hereby authorize San Jose Evergreen Community College District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) as indicated below and the depositary named below, to credit and debit the same entries to such account. This authorization for debit entries and adjustments shall not apply to compensation earned under District’s collective bargaining agreement with the Faculty Association, AFT6157, except when the employee’s service is terminated, or he/she will be in an unpaid status.

If two accounts are designated, **a flat dollar amount must be assigned for Account #2.** Any remaining balance will be deposited into the primary account, reflecting a pay total of 100%.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Employee SSN#:</td>
<td>Employee #:</td>
</tr>
<tr>
<td>Telephone: ( )</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

---

**Account #1**

<table>
<thead>
<tr>
<th>Checking</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Institution:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone: ( )</td>
<td></td>
</tr>
<tr>
<td>Account Number:</td>
<td></td>
</tr>
<tr>
<td>Bank Transit Number:</td>
<td></td>
</tr>
</tbody>
</table>

---

**Account #2**

<table>
<thead>
<tr>
<th>Checking</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Institution:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State and Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone: ( )</td>
<td></td>
</tr>
<tr>
<td>Account Number:</td>
<td></td>
</tr>
<tr>
<td>Bank Transit Number:</td>
<td></td>
</tr>
</tbody>
</table>

**Dollar Amount:** $
Frequently Asked Questions

Q. WHAT IS DIRECT DEPOSIT?
A. Direct deposit permits the electronic transfer of your net pay (amount after all deductions) to your financial institution.

Q. HOW DO I SIGN UP?
A. Just complete a Direct Deposit Authorization Agreement form and return it to the District Payroll Office along with a voided blank check (for checking) or deposit slip (for savings).

Q. WHAT IS A BANK TRANSIT (ROUTING) NUMBER?
A. It identifies the financial institution and determines the transaction-posting pathway through the clearing system. The transit (routing) number always has nine digits. Below is an example of how your bank transit (routing) number is displayed on your check:

![Example of routing and transit numbers on a check]

Q. WHEN WILL MY PAY BE DEPOSITED?
A. Your account will normally be credited on payday. The exact time on payday may vary from bank to bank. You can call your financial institution to find out what time your funds will be available in your account.

Q. WILL I RECEIVE A PAYCHECK STUB?
A. No. For those who elect direct deposit, a hard copy paycheck stub is not available. Paycheck stubs are only accessible by logging into the District’s myWeb Information Center.

Q. ARE THERE ANY RESTRICTIONS ON WHICH BANK I CAN USE?
A. The only requirement is that the financial institution be a member of the National Automated Clearing House Association (NACHA). Most banks, credit unions and savings and loans are members. You can contact your financial institution to find out if they are a member of NACHA.
Q. CAN I HAVE JUST A PORTION OF MY NET PAY ON DIRECT DEPOSIT?
A. No, the entire net check amount must be deposited to no more than two checking or savings account per employee. This does not affect current voluntary deductions made to credit unions or any other voluntary deductions that you might have. Your voluntary deductions will remain the same.

Q. CAN MY PAY BE DEPOSITED TO SEVERAL ACCOUNTS?
A. Yes, the entire net check can be deposited into no more than two accounts.

Q. WHAT IF I OPEN A DIFFERENT ACCOUNT OR MOVE MY ACCOUNT TO A DIFFERENT BRANCH OF THE SAME BANK?
A. When there is a change in your account number or transit (routing) number, you must fill out a new Direct Deposit Authorization Agreement form.

Q. WHAT IF THE NAME OF MY BANK CHANGES?
A. This will usually change the routing number. Initially, the new bank will honor the former bank’s transit (routing) number. Customers are typically notified by their bank of the change. It is your responsibility to communicate these changes to District Payroll Office. If your bank no longer honors the new transit (routing) number, there can be delays in reissuing your paycheck as a live check. The reason for the delay is due to confirmation with the District’s bank that your direct deposit has been returned. Only after this confirmation, the District can reissue you a live check.

R. DOES DIRECT DEPOSIT AUTOMATICALLY STOP WHEN AN ACCOUNT IS CLOSED?
A. No, you must complete a new Direct Deposit Authorization Agreement form and submit it to the District Payroll Office to cancel your direct deposit status or change to another account. This is also true if you are opening another account with the same financial institution. Once on active direct deposit status, you should not change or close an account until the District Payroll Office has processed your Direct Deposit Authorization Agreement form. If you do close your account before the District Payroll Office processed your Deposit Authorization Agreement form, there can be delays in reissuing your paycheck as a live check. The reason for the delay is due to confirmation with the District’s bank that your direct has been returned. Only after this confirmation, the District can reissue you a live check.

Q. HOW CAN I STOP MY AUTOMATIC PAYROLL DEPOSIT?
A. Submit a new Direct Deposit Authorization Agreement form with an “X” under cancel. Ask the District Payroll Office when the cancellation will become effective.

Q. IF I HAVE OTHER ASSIGNMENTS OR JOBS WITHIN THE DISTRICT, WILL THE PAY GO TO DIRECT DEPOSIT?
A. Yes.

Q. WHEN ENROLLED IN DIRECT DEPOSIT, ARE THERE TIMES THAT I WILL RECEIVE A LIVE CHECK INSTEAD?
A. There are circumstances that a live check will be issued. Such circumstances include, but are not limited to, recalling a direct deposit, reissuing a check due to an error, late submission of a timesheet, etc.
Q. CAN MY MILEAGE AND REIMBURSEMENT CHECKS BE DIRECTLY DEPOSITED?
A. No, these checks are generated from Accounting, not Payroll.

Q. IF I’M ON DEFERRED PAY (FULL TIME INSTRUCTOR), WILL MY DEFERRED PAY CHECK BE DEPOSITED?
A. Yes, your June and July checks will be deposited as normal.

Q. WHO DO I CALL IF I HAVE QUESTIONS?
A. Please contact the District Payroll Office at 408/270-6412.

Rev 01/29/2013
NOTIFICATION OF PAID SICK LEAVE

For Temporary, Short-Term, Substitute, Professional Experts and Student Employees

In order to provide short-term employees with paid time off when ill or injured, San Jose • Evergreen Community College District offers paid sick leave. Current employees will begin to accrue leave on July 1, 2015. If hired after July 1, 2015 an eligible employee will begin to accrue leave on the employee’s first day of work.

**Eligible Employees:**
Temporary, Short-Term, Substitute, Professional Experts and Students who are not covered under any other District sick leave plan.

- Eligible employees may:
  - Earn one hour of paid sick leave for every 30 hours worked.
  - Start using paid sick leave beginning on the 90th day of employment.
  - Use up to 24 hours in a 12 month period.
  - Use leave in a minimum increment of 2 hours at one time.
  - Accrue up to 48 hours maximum.

- Sick Leave may be used for the diagnosis, care, or treatment of an existing health condition, or preventive care for themselves or a family member. A family member is defined as:
  - Child: biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands in loco parentis. The definition of child applies regardless of the child’s age or dependency status.
  - Parent: biological, adopted or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child.
  - Spouse or registered domestic partner
  - Grandparent
  - Grandchild
  - Sibling

- Sick Leave may also be used for an employee who is the victim of domestic violence, sexual assault, or stalking.

- Accrued and unused hours:
  - Will carry over to the next year.
  - Are not paid out at separation.
  - Will be reinstated if an employee leaves employment and is rehired within one year.