### Student Assistant Election Request
**Check Off List for Continuing (2 Semester Break) Employee**

- [ ] Board Election Complete
  a. Top Portion Filled Out Completely
  b. Budget Officer Signature
  c. All Appropriate Signatures

- [ ] Personal Data Report Form

- [ ] Employment Information

- [ ] W 4 Federal Withholding Allowance

- [ ] DE 4 EDD Withholding Allowance

- [ ] Payroll Information

- [ ] Direct Deposit Authorization Agreement/FAQ

- [ ] Sick Leave for Temp Employee

**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:**

- District Office
- Off Campus
- (i.e. WIN/CalWorks)
- Student Trustee
- Student Assistant ($15.45/hour)
- Classroom/Lab Tutor ($15.45/hour)
- Community Service Officer Cadet ($15.45/hour)
- Student Mentor ($15.45/hour)
- Tobacco Peer Educator ($15.45/hour)
- Student Services Runner ($15.45/hour)
- Camp Aide Student Assistant ($15.45/hour)
- Athletics Lab Assistant ($15.45/hour)
- Athletics Event Assistant ($15.45/hour)
- Athletics Office Assistant ($15.45/hour)

**For Off Campus Workstudy Use Only**

- Student Assistant ($15.45/hour)

**Program:**

- College Work Experience Program
- FWS Student Assistant ($15.45/hour)
- WIN/CalWorks

**Rate of Pay:**

$15.45/hour

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

<table>
<thead>
<tr>
<th>Legal Last Name</th>
<th>Legal First Name</th>
<th>Legal M.I.</th>
</tr>
</thead>
</table>

**Gender:**

- [ ] Male
- [ ] Female

**Birthdate:** __________________________

**Department:** __________________________

**Units Load:** __________________________  **Semester:** __________________________  **Year:** __________________________

**Address (Street, City, State, Zip):** __________________________

**Gender:**

- [ ] Male
- [ ] Female

1. Previously on District payroll? [ ] Yes [ ] No  **If yes, when?** __________________________

2. Relatives in employment by District? [ ] Yes [ ] No

[ ] [ ]

3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? [ ] Yes [ ] No  **If yes, what dept.?** __________________________

4. Currently an International Student? [ ] Yes [ ] No  **What is/was your title?** __________________________

**Will be taking classes during the summer/intercession?**

- [ ] Yes
- [ ] No

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/Week:** __________________________

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

____________________________

### Required Employment Documents for New or Returning Employees (If more than one year since employed):

- [ ] I-9
- [ ] DE4W
- [ ] Employment Information Form
- [ ] Personal Data Report Form
- [ ] 1-94, 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
- [ ] Applicant Employee Survey
- [ ] Workers’ Comp. Physician Form

### Account Information:

<table>
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<tr>
<th>Account #</th>
<th>%</th>
<th>Account #</th>
<th>%</th>
</tr>
</thead>
</table>

### Employment Authorization:

**Election Request Prepared by:**

- Name of Supv: __________________________  **Print Name:** __________________________  **Signature:** __________________________  **Date:** __________________________

**Area Admin/Dean:** __________________________  **Signature:** __________________________  **Date:** __________________________

**Academic/Admin. Svs./Budget Office:** __________________________  **Signature:** __________________________  **Date:** __________________________

**Human Resources Processing:**

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

**Rate of Pay:** $______________

**Position ID:** __________________________
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).

☐ Yes ☐ No

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>
</tr>
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</table>

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?

☐ Yes ☐ No

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>
</thead>
<tbody>
<tr>
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</tbody>
</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
EMPLOYMENT INFORMATION

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 herby 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: ________________________________  Secondary: ________________________________

Name: __________________________________________

(Please Print)  Name: __________________________________________

(Please Print)

Address: __________________________________________

Address: __________________________________________

Phones: Home: ________________________________  Cell: ________________________________

Phones: Home: ________________________________  Cell: ________________________________

HR/3.17.09
# W-4 Form

**Employee’s Withholding Certificate**

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

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>Last name</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Address
- City or town, state, and ZIP code

- □ Single or Married filing separately
- □ Head of household

- □ Social security number

- Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

## Step 2: Multiple Jobs or Spouse Works

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

Do only one of the following:

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

## Step 3: Claim Dependents

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000 $ ________________
- Multiply the number of other dependents by $500 $ ________________

Add the amounts above and enter the total here $ ________________

## Step 4 (optional): Other Adjustments

- **(a) Other income (not from jobs).** If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income $ ________________

- **(b) Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here $ ________________

- **(c) Extra withholding.** Enter any additional tax you want withheld each pay period $ ________________

## Step 5: Sign Here

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

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

**Date**

## Employers Only

- Employer’s name and address
- First date of employment
- Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2021)
General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

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

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

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

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

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

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

Specific Instructions

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

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

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

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

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

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

Enter Personal Information

<table>
<thead>
<tr>
<th>First, Middle, Last Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Filing Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SINGLE or MARRIED (with two or more incomes)</td>
</tr>
<tr>
<td></td>
<td>MARRIED (one income)</td>
</tr>
<tr>
<td></td>
<td>HEAD OF HOUSEHOLD</td>
</tr>
</tbody>
</table>

1. Total Number of Allowances you’re claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).

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

Exemption from Withholding

3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption. OR

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

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

Employee’s Signature _____________________________ Date __________

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

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

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

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

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

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

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

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

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

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

If you claim exemption under this act, check the box on Line 4. You may be required to provide proof of exemption upon request.
The California Employer’s Guide (DE 44) (PDF, 2.4 MB) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting Forms and Publications (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) (ftb.ca.gov).

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

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

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

INSTRUCTIONS — 1 — ALLOWANCES*

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

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

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

WORKSHEET A  REGULAR WITHHOLDING ALLOWANCES

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

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B  ESTIMATED DEDUCTIONS

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

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1.
2. Enter $9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,537 if single or married filing separately, dual income married, or married with multiple employers - 2.
3. Subtract line 2 from line 1, enter difference = 3.
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4.
5. Add line 4 to line 3, enter sum = 5.
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) - 6.
7. If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference = 7.
8. Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number 8.
   Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise STOP HERE.
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

*MWages 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.

DE 4 Rev. 49 (2-20) (INTERNET)
WORKSHEET C  ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2020.  
2. Enter estimate of nonwage income (line 6 of Worksheet B). 
3. Add line 1 and line 2. Enter sum. 
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 
5. Enter adjustments to income (line 4 of Worksheet B). 
6. Add line 4 and line 5. Enter sum. 
7. Subtract line 6 from line 3. Enter difference. 
8. Figure your tax liability for the amount on line 7 by using the 2020 tax rate schedules below. 
9. Enter personal exemptions (line F of Worksheet A x $134.20). 
10. Subtract line 9 from line 8. Enter difference. 
11. Enter any tax credits. (See FTB Form 540). 
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 
13. Calculate the tax withheld and estimated to be withheld during 2020. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2020. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2020. 
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2020 ONLY

---

<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 OVER</td>
</tr>
<tr>
<td>$0</td>
<td>$8,809</td>
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<tr>
<td>$8,809</td>
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<tr>
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<td>$1,181,484</td>
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</tbody>
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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

Name (print):

Legal Last

Legal First

Middle

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):

 □ Yes  □ No

 Defined Benefit Plan?

Cash Balance Plan?

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
Direct Deposit Authorization Agreement  _____ Add  _____ Cancel  _____ Change

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%.

Name: ____________________________
Address: ____________________________
City, State and Zip Code: ____________________________
Employee SSN#: _______________  Employee #: _______________  Telephone: (____) ______
Signature: ____________________________  Date: ________________

Account #1
Checking  _____  Savings  _____ (Check only one)
Financial Institution: ____________________________
Address: ____________________________
City, State and Zip Code: ____________________________
Telephone: (____) ______
Account Number: ____________________________
Bank Transit Number: ____________________________

Dollar Amount: $ ____________________________

Account #2
Checking  _____  Savings  _____ (Check only one)
Financial Institution: ____________________________
Address: ____________________________
City, State and Zip Code: ____________________________
Telephone: (____) ______
Account Number: ____________________________
Bank Transit Number: ____________________________

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:

![Check Example]

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.