

Short-Term, Substitute and Professional Expert Board Election 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

☐ Short-Term, Substitute & Professional Expert Employment Application

☐ 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

☐ Employee Survey

SHORT-TERM, SUBSTITUTE & PROFESSIONALEXPERT
ELECTION REQUEST

Work Location: ☐ District Office ☐ Evergreen Valley College ☐ San Jose City College
☐ Other: _____

Assignment: ☐ Professional Expert ☐ Substitute for Active Employee Max: 185 working days per fiscal year ☐ Substitute for Vacant Position Max: 60 working days, must be in recruitment

☐ Short-term 60 days per peak period _____ Name of Active Employee _____ Name of Former Employee _____

☐ Athletic Support Services Max: 60 days per peak period ☐ On-Call Substitute (Police and Cosmetology only) Max: 10 consecutive days

Employee Information:

Position ID# (For Timesheet) _____

Legal Last Name _____ Legal First Name _____ Legal M.I. _____ Social Security # _____ Employee ID # _____

Address (Street, City, State, Zip) _____ Phone Number _____ ☐ Cell ☐ Home

Gender: ☐ Male ☐ Female 1. Previously on District payroll? ☐ Yes ☐ No If yes, when? _____

Birthdate: _____ 2. Relatives in employment by District? ☐ Yes ☐ No If yes, name(s): _____

Department: _____ 3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? ☐ Yes ☐ No If yes, what dept.? _____ What is/was your title? _____

Position: Short-Term	Athletic Support Services	Professional Expert
<input type="checkbox"/> Accounting Assistant	<input type="checkbox"/> Assistant Head Coach	<input type="checkbox"/> Art Model
<input type="checkbox"/> Classroom/Lab/Tutor Aide	Sport/Level: _____	<input type="checkbox"/> Interpreter (ASL)
<input type="checkbox"/> Clerical Assistant I	Stipend Amount: _____	<input type="checkbox"/> Real-Time Captioner
<input type="checkbox"/> Clerical Assistant II	<input type="checkbox"/> Off -Season	
<input type="checkbox"/> Facility Technical Assistant	Sport/Level: _____	Health Science
<input type="checkbox"/> Grant Position Title: _____	Stipend Amount: _____	<input type="checkbox"/> EMT Skills Trainer
Grant Rate of Pay: _____	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Counselor Intern
<input type="checkbox"/> Office Assistant I	Sport/Level: _____	
<input type="checkbox"/> Office Assistant II	Stipend Amount: _____	Health Center Services
<input type="checkbox"/> Police Special Events Officer	<input type="checkbox"/> Off -Season	<input type="checkbox"/> Clinic Physician
<input type="checkbox"/> Other: _____	Sport/Level: _____	<input type="checkbox"/> Medical Assistant
	Stipend Amount: _____	<input type="checkbox"/> Medical Director
Substitute	<input type="checkbox"/> Camp Director	
<input type="checkbox"/> _____ Position	Stipend Amount: _____	Trainers (CCCEM)
(On Call Day to Day)	<input type="checkbox"/> Athletic Site Supervisor	<input type="checkbox"/> WI Trainer
<input type="checkbox"/> _____ Position	<input type="checkbox"/> Scorekeeper/Timekeeper	Discipline: _____ Rate of Pay: _____
(Long Term Leave/Vacancy)		

Start Date: _____ End Date: _____ Specify Peak Period (s) _____

Hours/Days: _____ Hours/Week: _____ Work Schedule: _____

(Attach work calendar)

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

<input type="checkbox"/> I-9 <input type="checkbox"/> DE4/W4	<input type="checkbox"/> Copy of Acceptable Documents from List A or B & C from Form I-9	<input type="checkbox"/> Employment Application
<input type="checkbox"/> Employment Information Form	<input type="checkbox"/> Payroll Information Form	<input type="checkbox"/> Applicant Employee Survey
<input type="checkbox"/> Personal Data Report Form	<input type="checkbox"/> Workers' Comp. Physician Form	<input type="checkbox"/> Documents Already on File

Account Information:

Account #: _____ % _____

Account #: _____ % _____

District Fiscal Approval: _____ Date: _____

Employment Authorization:

Election Request Prepared by: _____ Print Name _____ Date: _____

Dean/Administrator: _____ Print Name _____ Signature: _____ Date: _____

V.P./President _____ Print Name _____ Signature: _____ Date: _____

Academic/Admin. Serv./Budget Officer: _____ Print Name _____ Signature: _____ Date: _____

Human Resources Processing:

Approved By: HR Director _____ Processed By: _____

TB Test Date: _____ Fingerprint Completion Date: _____ Board Date: _____ App/Docs on File: _____

Position ID: _____ **Requisition No.:** _____ **Rate of Pay:** _____

HR.12/2023



San Jose/Evergreen Community College District
Office of Human Resources

SHORT-TERM, SUBSTITUTE & PROFESSIONAL EXPERT EMPLOYMENT APPLICATION

Name _____
Legal Last Legal First Legal Middle

Address _____
Number/Street/Apt. Number City/State/Zip

Day Phone: () Evening Phone: ()

Cell Phone: () Email Address: _____

EDUCATION PREPARATION:

High School: Last year completed (9, 10, 11, or 12): _____ GED? Yes ___ No ___

School Name: _____ City/State: _____

College/University/Vocational	Major	Minor	Degree	Degree Awarded Yes or No	# of Units Completed

EMPLOYMENT HISTORY: DO NOT SUBSTITUTE A RESUME FOR THIS INFORMATION. List your present employer first. Account for all time during the past five years and for any employment pertinent to the qualifications of this position. Attach a separate sheet if needed. Complete all information requested.

Dates Of Employment From To Mo/Yr Mo/Yr	Status FT PT	Hours Per Week	Job Title
Company Name, Address and Telephone Number Supervisor's Name, Title and Telephone Number			Duties
			Reason for Leaving
Dates Of Employment From To Mo/Yr Mo/Yr	Status FT PT	Hours Per Week	Job Title
Company Name, Address and Telephone Number Supervisor's Name, Title and Telephone Number			Duties
			Reason for Leaving

Dates Of Employment From To Mo/Yr Mo/Yr		Status FT PT		Hours Per Week	Job Title
					Duties
Company Name, Address and Telephone Number					
Supervisor's Name, Title and Telephone Number					Reason for Leaving

GENERAL QUESTIONS: [Complete in Entirety]

YES NO

1. Can you, after employment, submit verification of your legal right to work in the United States? Upon employment you will be required to present documentation of your eligibility to work in the United States and to attest to your work eligibility. To be eligible for work in the U.S., you must be able to prove, that you are a) lawfully admitted for permanent residence or b) authorized by the Immigration and Nationality Act or by the U.S. Attorney General to be employed.

☐ ☐

2. A. Have you ever been convicted of any criminal offense?
If "yes," complete Part A on the Personal Data Report Form: Please state for each conviction the specific charge for which you were convicted, the date and place of conviction, as well as the jail-prison sentence or fine you received. Please be aware that certain offenses need not be reported (See California Code of Regulations, Title 2, section 7287.4). Regardless of Title 2, California Code of Regulations, section 7287.4, you must report all sex and drug offenses specified in Education Code sections 87010 and 87011. A record of conviction will not necessarily constitute a bar from employment.

☐ ☐

If "no," complete Part A on the Personal Data Report Form, indicating "N/A" (not applicable), sign and date.

- B. In addition, Labor Code section 432.7 allows an employer to ask: 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?
If "yes," complete Part B on the Personal Data Report Form, please specify the charge(s), the county in which the charge(s) is pending, and the date of trial, if set.

☐ ☐

If "no," complete Part B on the Personal Data Report Form, indicating "N/A" (not applicable), sign and date.

3. Have you ever been dismissed from employment for misconduct or unsatisfactory service?
If yes, please explain *on a separate sheet of paper and attach to this application.*

☐ ☐

4. Do you have relatives currently employed by the District? If yes, please list their names and work locations.

☐ ☐

Name _____ Name _____

Relationship _____ Relationship _____

College/Dept. _____ College/Dept. _____

CERTIFICATION OF APPLICANT (READ BEFORE SIGNING)

I authorize any representative of San Jose/Evergreen Community College to thoroughly investigate my background, including, but not limited to, my references, educational record, work experience, and/or disciplinary information. I release the college, its agents, and all other persons and entities from any and all liability for damage that may result to me on account of their compliance with this authorization. If employed, I understand that any untrue statements on this application may be grounds for dismissal.

Signature: _____

Date: _____

San Jose/Evergreen Community College District is an Equal Opportunity Employer committed to nondiscrimination on the basis of ethnic group identification, race, color, language, accent, immigration status, ancestry, national origin, age, gender, religion, sexual orientation, transgender, marital status, veteran status, medical condition, and physical or mental disability consistent with applicable federal and state laws.

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).**

☐

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.

Date, City & State of conviction/arrest(s).	Specific charge or code section violated.	Disposition (results): how much fine; how long in jail or prison; how much probation	Remarks: state briefly any other particulars not already covered or information you wish to provide.

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.

Specific charge or code section violated.	County in which charge is pending.	Trial Date (if set)

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)



San Jose/Evergreen Community College District
Office of Human Resources

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:

Name: _____
(Please Print)

Address: _____

Phones: Home: _____

Cell: _____

Secondary:

Name: _____
(Please Print)

Address: _____

Phones: Home: _____

Cell: _____

HR/3.17.09

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****Step 1:**
Enter
Personal
Information

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

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

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). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3: Claim Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5:
Sign
Here

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

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

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 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	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

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

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

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

Exemption from Withholding

- 3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here)
OR
- 4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

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

Employee's Signature _____ Date _____

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

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

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

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

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

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

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

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

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

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

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

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

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (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 \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

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

Worksheets

Instructions — 1 — Allowances*

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

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

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

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

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

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

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

Worksheet A

Regular Withholding Allowances

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

Instructions — 2 — (Optional) Additional Withholding Allowances

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

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

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

Worksheet B

Estimated Deductions

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

- | | |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$10,404 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,202 if single or married filing separately, dual income married, or married with multiple employers | 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | - 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. | 11. |

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

Worksheet C

Additional Tax Withholding and Estimated Tax

1. Enter estimate of total wages for tax year 2023. 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 2023 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$154.00). 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 2023. 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 2023. 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 2023. 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 2023 Only

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

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,099	1.100%	\$0	\$0.00
\$10,099	\$23,942	2.200%	\$10,099	\$111.09
\$23,942	\$37,788	4.400%	\$23,942	\$415.64
\$37,788	\$52,455	6.600%	\$37,788	\$1,024.86
\$52,455	\$66,295	8.800%	\$52,455	\$1,992.88
\$66,295	\$338,639	10.230%	\$66,295	\$3,210.80
\$338,639	\$406,364	11.330%	\$338,639	\$31,071.59
\$406,364	\$677,275	12.430%	\$406,364	\$38,744.83
\$677,275	\$1,000,000	13.530%	\$677,275	\$72,419.07
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$677,278	10.230%	\$132,590	\$6,421.60
\$677,278	\$812,728	11.330%	\$677,278	\$62,143.18
\$812,728	\$1,000,000	12.430%	\$812,728	\$77,489.67
\$1,000,000	\$1,354,550	13.530%	\$1,000,000	\$100,767.58
\$1,354,550	and over	14.630%	\$1,354,550	\$148,738.20

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,212	1.100%	\$0	\$0.00
\$20,212	\$47,887	2.200%	\$20,212	\$222.33
\$47,887	\$61,730	4.400%	\$47,887	\$831.18
\$61,730	\$76,397	6.600%	\$61,730	\$1,440.27
\$76,397	\$90,240	8.800%	\$76,397	\$2,408.29
\$90,240	\$460,547	10.230%	\$90,240	\$3,626.47
\$460,547	\$552,658	11.330%	\$460,547	\$41,508.88
\$552,658	\$921,095	12.430%	\$552,658	\$51,945.06
\$921,095	\$1,000,000	13.530%	\$921,095	\$97,741.78
\$1,000,000	and over	14.630%	\$1,000,000	\$108,417.63

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

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



San Jose/Evergreen Community College District
Office of Human Resources

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):
Defined 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

San Jose Evergreen Community College District
Payroll Department
40 S Market St, San Jose CA 95113
Direct: 408-270-6412

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 depository 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: _____

Staple Voided Check
For Account #1 Here

Account #1 Checking _____ Savings _____ (Check only one)

Financial Institution: _____

Address: _____

City, State and Zip Code: _____

Telephone: () _____

Account Number: _____

Bank Transit Number: _____

Staple Voided Check
For Account #2 Here

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?

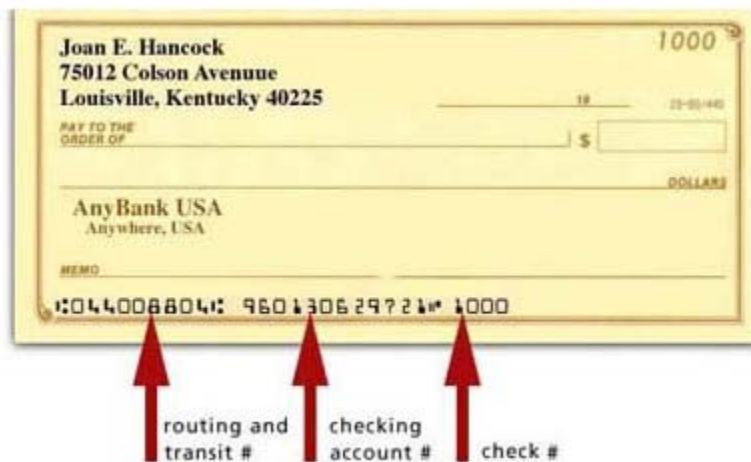
- A. Direct deposit permits the electronic transfer of your net pay (amount after all deductions) to your financial institution.

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:



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 Self-Service SSO.

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

Keenan SafeColleges: Using Self-Registration for Safety/Ergonomic Courses for Hourly and Student Employees

All employees of San Jose Evergreen Community College District, regardless of position or length of assignment are required to successfully complete trainings designated as mandatory per federal law, state law, board policy and/or your manager. To assure each employee's compliance while maintaining convenience, the District provides an online platform through Keenan SafeColleges for such trainings. With Keenan SafeColleges, employees need only follow the instructions below to self-register. Once registered, employees can select the trainings to take as directed by their manager as well as voluntarily complete any of the other trainings in the library that may interest them. Progress will be stored for those unable to complete the training at one sitting. All must be completed within 10 workdays from your date of hire (during work hours). Please note, Chrome and Mozilla Firefox are the recommended browsers to use. iPads should not be used as completion may not register.

SELF-REGISTRATION – If this is your FIRST TIME using SJECCD's SafeColleges

Step 1 – How To Navigate to the Training Webpage:

Click on the link below your employee type to navigate to the SafeColleges Registration Page. It is critical that you select the correct link as trainings may be assigned based on the type of employee you are.

Employee Type

Registration Key

Hourly Employees (all temporary employees including short term, substitutes and professional experts) 3323374b
<https://sjeccd-keenansafecolleges.com/register/3323374b>

Student Help (all working students including work study students) 6aea545f
<https://sjeccd-keenansafecolleges.com/register/6aea545f>

Step 2 – How To Register/Create An Account:

- 1) Your Username must be your email address to assure you get credit for each course you complete. If you do not have a Campus/District email address, your Username must be your personal email address.
- 2) Use your legal first and last name (the name that appears on your current paychecks from the District) to assure you get credit for taking the course.

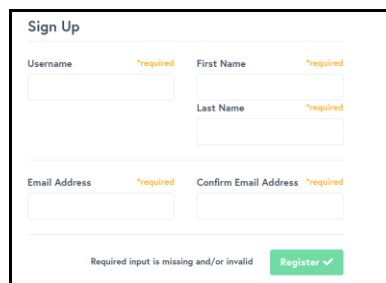


Figure 1 Screenshot of sign in page

To log back into Keenan SafeColleges to complete trainings in progress, go to <https://sjeccd-keenansafecolleges.com/login>

Once you have successfully completed your assigned course(s) print a copy of your certificate and submit it to your supervisor. You may keep one for your own records if you wish. The system automatically notifies Human Resources so there is nothing else you need to do.

If you encounter any problems, please email michelle.mckay@sjeccd.edu for assistance.

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.



San Jose/Evergreen Community College District
Office of Human Resources

Job Applicant and Employee Survey

Information: The following will assist San Jose/Evergreen Community College District in evaluating its hiring practices and to prepare recruitment reports requested by law. This information will be kept confidential.

Name: _____

Position: _____

Gender: ☐ Male ☐ Female Vietnam Era (8/5/64-5/7/75)? ☐ Yes ☐ No

Race/Ethnic Group (check one or more which you feel best represents you)

Hispanic or Latino? ☐ Yes ☐ No

- | | |
|---|---|
| <input type="checkbox"/> Mexican/ Mexican-American, Chicano | <input type="checkbox"/> Central American |
| <input type="checkbox"/> South American | <input type="checkbox"/> Hispanic Other |

Asian or Pacific Islander? ☐ Yes ☐ No

- | | | | |
|-----------------------------------|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Asian Other |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Pacific Islander Other |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian | |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Indian | | |

Black or African American? ☐ Yes ☐ No

American Indian/Alaskan Native? ☐ Yes ☐ No

White? ☐ Yes ☐ No

Thank you for completing this survey.

HR/7.1.17