



Human Resources Department Memorandum

(707) 864-7128

4000 Suisun Valley Road, Fairfield, CA 94534-3197

TO: Short-term Workers (Seasonal, Periodic, or Short-term Project) and Substitute Workers

FROM: Human Resources Department

RE: Information for Employment

Welcome to Solano Community College! The following information has been prepared to assist you with general questions you may have regarding your temporary employment.

The following documents are **required** prior to beginning employment at Solano Community College. Please return the forms to Human Resources. The first date of employment must be no sooner than the day **after** the Governing Board approves employment. Delay in submitting required documentation may result in the delay of your paycheck processing.

1. Live Scan Fingerprints (**clearance must be received prior to beginning work**)
2. Tuberculosis Clearance (**clearance must be received prior to beginning work**)
3. SCC Classified Application with Copy of College Transcripts if applicable
4. Personnel File Data Form
5. Oath or Affirmation of Allegiance Form
6. Policies and Procedures Form (confirming you have reviewed the Solano Community College District Policies and Procedures)
7. Federal Tax Withholding Form (W-4) **AND** State of California Employment Development Department Tax Withholding Form (DE 4)
8. Employment Eligibility Verification (I-9); must provide original required documents to support your eligibility to work in the U.S. (See the Lists of Acceptable Documents on page 3 for the required documents). **Not required if previously submitted.**
9. Security & Confidentiality Agreement Form
10. Personnel Payroll Action Form (Form 6; submitted by the manager)

Note Additional attachments: 1) Online Training Memo; 2) Healthy Workplaces/Healthy Families Act of 2014; 3) Keenan New Hire Pamphlet; and 4) Main Fairfield Campus Map.

GENERAL INFORMATION

1. **Short-term Workers:** (Seasonal, Periodic, and Short-term Project) those hired for extra work, i.e., registration aides, office assistant, etc. must keep a monthly time sheet to verify work dates and times. The time sheet must be signed by you and your immediate supervisor, and then submitted to Payroll (Building 600) by the 21st of each month.
2. **Substitute Workers:** (Those working in the absence of a regular employee due to vacation, illness, or resigned/retired employee) must keep a weekly substitute report to verify work dates and times. The substitute report must be signed by your immediate supervisor, and then submitted to Human Resources (Building 600) by the 21st of each month.
3. **Pay Period/Payday:** A pay period is the 21st of one month to the 20th of the following month (e.g., September 21 through October 20). Payday is on the 10th of each month, unless the 10th falls on the weekend, then it will be the Friday before that weekend. Checks are currently mailed to the address you provide on your application form.
4. **Breaks/Meal Period:** Eligible for a paid ten-minute rest period for every four hours worked; an unpaid meal period of 30-minutes for a five hour work period (except that when a work period of not more than six hours will complete the days work, the meal period may be waived by mutual consent of the employer and employee).
5. **Sick Leave:** Please read attachment regarding Healthy Workplaces/Healthy Families Act of 2014: Paid Sick Leave. Employees may use accrued sick days beginning the 90th day of employment.
6. **Parking:** Temporary parking permits are available through your division/department manager.
7. **SCC District Policies:** It is your responsibility to read and comply with the District's policies on Computer and Network Use #2067, Smoking #4215, Sexual Harassment #4270, Unlawful/Prohibited Discrimination #4285, and Drug-Free Workplace #4300.

Should you have any further questions, please let us know.



CLASSIFIED EMPLOYMENT APPLICATION

Position Applied For _____ Job # (refer to job announcement) _____

Date Received

Name _____
Last First Middle

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

Day Phone: (_____) _____ Evening Phone: (_____) _____

Social Security Number: _____ E-Mail Address: _____

EDUCATION:

High School: 9 10 11 12 (circle last year completed) School Name: _____

City/State: _____

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

Other Training/Certificates/Licenses: (include issuance dates)	List Job Skills/Computer Software Skills

List experiences and training you possess which demonstrates your sensitivity to and understanding of the diverse academic, socio-economic, cultural, disability, and ethnic backgrounds of community college students.

EXPERIENCE: 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		Status		Hours Per Week	Job Title
From Mo/Yr	To Mo/Yr	FT	PT		
					Job Duties (be specific)
Employer's Name, Address and Telephone Number					Reason for Leaving _____
Supervisor's Name and Title					

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

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

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

GENERAL QUESTIONS:

YES NO

- 1. Can you, after employment, submit verification of your legal right to work in the United States?
- 2. Are you willing to sign the loyalty oath supporting the Constitution of the U.S. and State of California?
If no, explain **on a separate piece of paper**.
- 3. Have you ever been convicted of any criminal offense?
If yes, **on a separate piece of paper**, 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 11017.1). Regardless of Title 2, California Code of Regulations, section 11017.1, 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.
- 4. 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, **on a separate piece of paper**, please specify the charge(s), the county in which the charge(s) is/are pending, and the date of the trial, if set.
- 5. Have you ever been dismissed from employment for misconduct or unsatisfactory service?
If yes, please explain **on a separate piece of paper**.
- 6. If a driver's license is required, please complete:
License Number: _____ State: _____ Type: _____ Expiration: _____
Has your driver's license ever been suspended or revoked?
If yes, explain:

REFERENCE RELEASE:

Reference checking is an important component of the SCC hiring process and is completed on finalist candidates prior to formal recommendation of employment. **Immediate and former supervisors as well as others are contacted during the reference check process.** Please indicate your preference (check only one box):

- I give my approval to contact my immediate and former supervisors and others during the reference check process. I authorize the disclosure of all information contained in my personnel files.**
- I give my approval to contact my immediate and former employers, supervisors and others during the reference check process; however, I wish to be notified first before making the contacts. I authorize the disclosure of all information contained in my personnel files.**

For Interview Committee Use

Contact Date: _____ By: _____

CERTIFICATION OF APPLICANT (READ BEFORE SIGNING)

I authorize any representative of Solano Community College District to thoroughly investigate my background, including, but not limited to, my references, educational record, work experience, and/or disciplinary information. I release the District, 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.

Signature: _____

Date: _____

SOLANO COMMUNITY COLLEGE IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.

Solano County Community College District is committed to staff diversity in the academic environment which fosters cultural awareness, mutual understanding and respect, harmony and creativity, while providing suitable role models for all students. Therefore, we encourage minorities, women, and people with disabilities to apply.



Security and Confidentiality Agreement

Security and confidentiality are matters of concern to all Solano Community College District (SCCD) employees and contract staff, including all persons who have access to student, financial, and employee records. SCCD is bound by the Family Educational Rights and Privacy Act of 1974 (FERPA), a federal law regarding the privacy of student records. SCCD and its employees are also bound by other federal and state laws, including HIPAA and other medical information protection laws, the Graham-Leach-Bliley Act and PCIDSS laws and regulations protecting payment card and financial information, and California's Information Practices Act of 1977, to protect financial, employment and medical records. (These laws and regulations are outlined on the reverse side of this document.)

All SCCD employee and student records are to be considered confidential and, therefore, each employee of SCCD is responsible for maintaining the security and confidentiality of these records. This also applies to current or former students who are employed by the District or who are extended work experience opportunities involving access to student, financial or employee records. Regardless of employment status, these students take on the same responsibility as an employee with respect to maintaining security and confidentiality.

An individual's conduct, either on or off the job, may threaten the security and confidentiality of records. Each employee and/or student employee/representative and/or contract staff member is expected to adhere to the following rules and regulations:

1. Employees/Student Employees/Contract Staff will not access or use, or allow others to access or use, any unauthorized information or records maintained, stored or processed by the District.
2. Employees/Student Employees/Contract Staff will not seek personal benefit, or allow others to seek personal benefit, by using any confidential knowledge or information acquired by virtue of their work assignment or access to District records.
3. Employees/Student Employees/Contract Staff will not exhibit or divulge the contents of any record or report to any person except in the conduct of their work assignment and in accordance with the District policies and procedures.
4. Employees/Student Employees/Contract Staff are responsible to know and understand the security and confidentiality policies and procedures particular to their work assignment.
5. Employees/Student Employees/Contract Staff will not knowingly include or cause to be included in any report or record a false, inaccurate or misleading data. Employees/Student Employees/Contract Staff will not knowingly expunge or cause to be expunged any record, transaction or report of data entry.
6. Employees/Student Employees/Contract Staff will not remove any official record or report, or copy thereof, from the office where it is maintained except in performance of their job-related duties.
7. Employees/Student Employees/Contract Staff will not aid, abet or act in conspiracy with another to violate any part of this code.
8. Any knowledge of a violation of this Confidentiality Agreement must be reported to the supervisor immediately.
9. Employees/Student Employees/Contract Staff are responsible for the security and confidentiality of their individual Computer ID and Password and their use access gained through use of the system.

Federal Laws and Regulations

Family Rights and Privacy Act of 1974 Policy (FERPA)

The Family Educational Rights and Privacy Act of 1974 is a federal law regarding the privacy of student records and the obligations of the institution, primarily in the areas of release of the records and access to these records. The Solano Community College District is bound by FERPA and failure to comply with FERPA may result in federal funds being withheld from SCCD.

Access to Student Education Records

College officials (defined as any person employed by the college in an administrative, supervisory, academic, research or support staff position, or a person employed by or under contract to the college to perform a specific task) are permitted to access FERPA protected information IF they have a "legitimate educational interest." A "legitimate educational interest" is one specified in the college official's position, description or by contract agreement, performing a task related to a student's education or the student's discipline, providing a service or benefit relating to the student or student's family (such as health care, counseling, job placement or financial aid) or disclosure of information in response to a judicial order or legally issued subpoena.

According to FERPA, personally identifiable information in an education record may not be released to anyone but a college official without the prior written consent from the student. Education records can exist in any medium. Directory Information is defined as information which would not generally be considered harmful or an invasion of privacy if disclosed. Solano Community College does not release any student information, even Directory Information, without the written consent of the student. Directory Information is only released to the National Student Clearinghouse. Directory Information released to the Clearinghouse includes:

1. student's name
2. birth date
3. dates of attendance
4. degrees and awards received
5. field of study

Student may withhold Directory Information by notifying the Office of Admissions and Records in writing.

Solano Community College District will not release personally identifiable information from a student's education record without the student's prior written consent. Regardless of the student's age, parents are not permitted access to their son's or daughter's education records unless the student has provided written authorization.

District Property – Use of District Equipment

Business Services Policies Series 3000 & 3340 – The use of District equipment and telephones for personal use is prohibited unless prior authorization has been obtained from the Superintendent-President or the appropriate Vice-President or Dean. Computer and Network Use Administration Policies Series 2000, 2067 – the district offers a variety of resources that support its educational and support programs. Such resources are to be used for college-related activities and the individual must not alter the integrity of the systems and must observe all laws, regulations and contractual obligations.

Other Protected Information

Other information protected by state and federal laws and regulations includes, but is not limited to:

- Medical Treatment records that include records maintained by physicians, psychiatrists and psychologists
- Financial information, including banking, credit and loan information
- Employment records when employment is not contingent on being a student
- Records created and maintained by a law enforcement unit (campus safety)

Federal and State legislation is extensive and constantly changing. This document is intended only as a high-level overview. Any legislation regarding maintaining the security and confidentiality of information which is binding upon the Solano Community College District, is also binding upon its Employees/ Student Employees/Contract Staff, whether it is mentioned in this document or not.

By signing this Agreement, I understand and accept responsibility for my actions in the performance of my responsibilities which includes access to Solano Community College District records, and shall maintain the privacy of all district data in accordance with policies and procedures of the Solano Community College District. I have read and understand this Agreement in its entirety.

Job Title:

Printed Name: _____ Employee's Signature: _____ Date: _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name
(AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

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

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed



TO: All New Short-Term (Seasonal, Periodic, Project), Substitute, Student Worker, & Volunteer Employees

FROM: Human Resources

RE: Fingerprint Processing – Live Scan Service

New employees are required to obtain fingerprints by live scan **prior to date of hire**. Fingerprint results must be obtained before starting employment. Job offers made prior to date of hire are contingent upon successful completion of the required fingerprint/live scan process.

Attached is the Request for Live Scan Service form. Be sure to fill in your **Job Title and Department** and the **Applicant Information** section. You will need to have a picture ID with you when turning in the form. **Please use blue or black ink. You will need to spell out eye and hair color (e.g., the abbreviation "BI" could mean blue or black).** After you are fingerprinted, the live scan agency will submit your prints electronically to the Department of Justice for clearance processing and notification to Human Resources.

To receive reimbursement for your Live Scan, please submit all original receipts with your employment application documents. Please include your first and last name on all receipts submitted.

For your convenience, there are several locations available to obtain a Live Scan. Some locations are by appointment only, please call the location to schedule your appointment:

Or **any live scan agency near your home or work**: You can contact your local school district office or UPS store to find out where their live scan agency is located. You will still use the live scan form attached.

Location	Address	Phone number
Capital Live Scan, Mail N More	836 Southampton Rd. Suite B, Benicia, CA	(707) 746-7813
The UPS Store #3954	5055 Business Center Drive Fairfield, CA	(707) 207-0470
Benicia Police Department	200 E. L Street, Benicia, CA	(707) 745-3411
The UPS Store #4155	2010-A Harbison Dr., Vacaville, CA	(707) 447-0623
Vacaville Police Department	660 Merchant St., Vacaville, CA	(707) 449-5229
Capital Live Scan, By the People	1371 C Oliver Road, Fairfield, CA	(707) 428-9871
Solano County Sheriff's Office	530 Union Ave., Fairfield, CA	(707) 421-4006

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
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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.

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](http://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.

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

(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, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Reserved for future use.
- (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

TIP: If you have self-employment income, see page 2.

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
employment

Employer 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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

DIRECT DEPOSIT

PLEASE COMPLETE REVERSE SIDE AND RETURN THIS FORM TO THE PAYROLL DEPT. - ROOM 630 or 629

What to do:

1. Fill out the form on the reverse side. **ALL account holders are required to sign this form.**

AND

2. **Attach a voided check (or a print out from your bank) that shows both routing and account numbers**

AND

3. Return to the **Payroll Department Inbox** in Fiscal Services in building 600 (turn left at Fiscal entrance)

OR:

Faculty/Staff: Room 630

Student/Temp employees: Room 629 (or give to your manager to submit with new hire packet)

The Payroll offices are located in the 600 Administration Building, left of the Board Room

How it works:

It takes approximately 6-8 weeks to activate this service. Please see examples below:

Faculty/Staff: You request direct deposit on February 5th
Your February pay will be processed via traditional paper check.
Your March pay will be deposited directly to your account: funds will be in your account by pay day.

*** Form will be due by Feb. 10th to apply to March deposit**

Student/Temp employees: You request direct deposit on February 17th
Your March pay will be processed via traditional paper check.
Your April pay will be deposited directly to your account: funds will be in your account by pay day.

*** Form will be due by Feb. 20th to apply to April deposit**

Once established, you can view/print your paystub by logging in at <https://my.solano.edu>

- Faculty/Staff: Employee tab > Pay Stub > Display > Select pay date
- Student/Temp: Temp pay stub link should be on the main page

If you change or close your bank account, you **MUST** notify the Payroll department no later than the:

- Faculty/Staff: 10th of the month in which the next pay will be processed
- Temp/Student: 20th of the month prior to the month of the next pay

Failure to do so will result in a delay of your pay, should your pay be deposited into an inactive account

Please note:

You need to establish this process only once, whether you receive paychecks every month or not. If you resign and later return to SCC, your deposits will resume. However, you will need to reestablish this process whenever you change your bank or your bank account. **For account or bank changes, or termination, you must provide your previous deposit info to prevent fraud.**

SOLANO COMMUNITY COLLEGE

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSITS

Full Name _____ SCC ID# _____

Address _____ City _____ Zip _____

Please select one of the following and provide required information

Establish new electronic deposit

Change of account number _____ Previous account # _____
(Provide new info in the section below)

Change of institution (bank) * _____ Previous bank _____
(Provide new info in the section below) Previous routing # _____

Terminate existing electronic deposit * _____ Previous account # _____

* If changing institution (bank) or terminating deposit, provide previous deposit info above

I hereby authorize Solano Community College, hereinafter called COMPANY, to initiate credit entries and, if necessary, to initiate debit entries and adjustments for any credit entries in error, to my account as indicated below. I also authorize the depository named below, hereinafter called BANK, to credit and/or debit the same to such account.

Bank Name _____

Transit/ABA (Routing) Number _____

Account Number _____ Checking Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me of intent to terminate in such a manner as to afford COMPANY and BANK a reasonable opportunity to act.

I understand that a 60 day notice is required to terminate or change this authority. Initial _____

I understand that if I change or close my account and fail to notify the Payroll Dept. **prior to the 10th (Faculty/Staff) or the 20th (Student/Temp) of the month**, my pay may be delayed for up to 2 weeks if an ACH return is processed. Initial _____

AVAILABILITY OF FUNDS

Generally, funds will be available to the employee as of the opening of business on the pay date, provided that the employer has initiated and deposited its payroll files on a timely basis. However, some remote institutions may not physically receive entries until after the opening of business on the employee's pay date. In these cases, the institution may not be able to answer employee's inquiries that day; however, the funds represented by the electronic payment should be available for cash withdrawals and payment of checks presented against employee's account during that banking day. Regulation E obligates the receiving institution to post transactions as of the payment date and employee's statements should reflect that posting date.

Signature _____ Date _____

Co-Signator, if joint account _____ Date _____

Payroll Dept. Signature _____ Date _____



TO: Selected Applicant
FROM: Human Resources Department
RE: Tuberculosis Clearance Procedure

Under Solano College Board Policy #4050 and California Education Code, you are required to provide Tuberculosis clearance within 10 days prior to hire date and every four years thereafter. Proof of TB Test Clearance obtained within the last four years and found to be free of communicable tuberculosis is acceptable. **Faculty members in the Nursing Department are required to provide TB clearance every year.** You may choose a tuberculin skin test or a chest x-ray. If you have previously tested positive to a tuberculin skin test or your current skin test is positive, an x-ray is required.

You should not have another skin test once you have had a positive reading. (Contact Human Resources for further information).

RESULTS SCHEDULE: You will need to return to the medical provider where your test was given within 48-72 hours after taking the test to read the results.

You may go to your own physician OR the Solano County Family Health Services, 2201 Courage Drive, Fairfield (707) 784-2013, OR NorthBay Medical Center, 1220 B. Gale Wilson, Fairfield (707) 646-5000, for the skin test. Reimbursement (up to \$15 for a skin test) is available by submitting an original receipt along with your clearance to Human Resources. For information on chest x-rays, contact Human Resources.

It is your responsibility to bring the test results to the Human Resources Office.

Retakes due to negligence in returning to have the test read is the responsibility of the employee.

- TUBERCULIN SKIN TEST AUTHORIZATION FOR RELEASE OF INFORMATION

Employee Name: _____ Birth date: _____
(Print)

Address _____ SCC ID # _____

I hereby authorize release of medical information regarding my Tuberculosis skin test results to Solano Community College Human Resources.

Employee Signature: _____ Date: _____



Solano Community College

Personnel File Data Information

Employee Name (Legal Name): _____ Social Security # _____

Street Address: _____ Apt. # _____

City, State, Zip: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____ Gender: Male Female Non-binary

Personal Email Address: _____

Address Release Authorization: Staff Supervisor Students OK All None*

Phone Release Authorization: Staff Supervisor Students OK All None*

**Your immediate supervisor and upper-level supervisor will still have access to this information, if necessary*

Ethnicity

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> African American, Non-Hispanic |
| <input type="checkbox"/> Indian Subcontinent | <input type="checkbox"/> Other Asian | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Filipino | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Central American |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Mexican/Mex-American/Chicano |
| | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> South American <input type="checkbox"/> Other Non-White |

Citizenship

- US Citizen
- Non-US Citizen-Permanent Res
- Non-US Citizen-Other Status

Disability Status

- No Disability
- Disability w/accommodation
- Disability w/ no accommodation

Veteran Status

- No
- Yes

Retirement Status (The following information is needed to determine retirement system status as required by law.)

Are you a current member of any of the following retirement systems? Yes No

If "Yes", please indicate which system:

- CalSTRS** – State Teachers’ Retirement System (Cash Balance Plan)
- CalSTRS** – State Teachers’ Retirement System (Defined Benefit Plan)
- CalPERS** – Public Employees’ Retirement System
- Other** CA State/County/City Retirement System _____ (enter name)

Emergency Contact

Name: _____ Full Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____

In an emergency, due to serious illness or accident, when the person listed above cannot be contacted, the Solano Community College District authorities have my permission to use their best judgment in the interest of my health.

To the best of my knowledge, the above information is true and correct.

Employee Signature: _____ Date: _____



OATH OR AFFIRMATION OF LOYALTY

(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 religious exemption 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 Solano Community College District.”

Executed this _____ day of _____, 20_____ at

City

State

I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Signature



Solano Community College District Policies and Procedures

As a new employee, you must review our policies and procedures that are located at:

http://www.solano.edu/district_policies/

Administration Policies, Series 2000

- 2067 Computer and Network Use

Human Resources Policies, Series 4000

- 4215 Smoking on Campus
- 4270 Sexual Harassment (for employees and students)
- 4285 Unlawful/Prohibited Discrimination (employees and students)
- 4300 Drug-Free Workplace
- 4710 Employees Not Included in the Classified Service

Please print your name, sign and date below, confirming you have reviewed the above policies and procedures.

Print Name

Signature

Date



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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

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

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

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

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

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

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

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

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

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

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

Employer Completes Next Page



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



Human Resources Department Memorandum

(707) 864-7128

4000 Suisun Valley Road, Fairfield, CA 94534-3197

TO: Short-term Workers (Seasonal, Periodic, or Short-term Project) and Substitute Workers

FROM: Human Resources Department

RE: Information for Employment

Welcome to Solano Community College! The following information has been prepared to assist you with general questions you may have regarding your temporary employment.

The following documents are **required** prior to beginning employment at Solano Community College. Please return the forms to Human Resources. The first date of employment must be no sooner than the day **after** the Governing Board approves employment. Delay in submitting required documentation may result in the delay of your paycheck processing.

1. Live Scan Fingerprints (**clearance must be received prior to beginning work**)
2. Tuberculosis Clearance (**clearance must be received prior to beginning work**)
3. SCC Classified Application with Copy of College Transcripts if applicable
4. Personnel File Data Form
5. Oath or Affirmation of Allegiance Form
6. Policies and Procedures Form (confirming you have reviewed the Solano Community College District Policies and Procedures)
7. Federal Tax Withholding Form (W-4) **AND** State of California Employment Development Department Tax Withholding Form (DE 4)
8. Employment Eligibility Verification (I-9); must provide original required documents to support your eligibility to work in the U.S. (See the Lists of Acceptable Documents on page 3 for the required documents). **Not required if previously submitted.**
9. Security & Confidentiality Agreement Form
10. Personnel Payroll Action Form (Form 6; submitted by the manager)

Note Additional attachments: 1) Online Training Memo; 2) Healthy Workplaces/Healthy Families Act of 2014; 3) Keenan New Hire Pamphlet; and 4) Main Fairfield Campus Map.

GENERAL INFORMATION

1. **Short-term Workers:** (Seasonal, Periodic, and Short-term Project) those hired for extra work, i.e., registration aides, office assistant, etc. must keep a monthly time sheet to verify work dates and times. The time sheet must be signed by you and your immediate supervisor, and then submitted to Payroll (Building 600) by the 21st of each month.
2. **Substitute Workers:** (Those working in the absence of a regular employee due to vacation, illness, or resigned/retired employee) must keep a weekly substitute report to verify work dates and times. The substitute report must be signed by your immediate supervisor, and then submitted to Human Resources (Building 600) by the 21st of each month.
3. **Pay Period/Payday:** A pay period is the 21st of one month to the 20th of the following month (e.g., September 21 through October 20). Payday is on the 10th of each month, unless the 10th falls on the weekend, then it will be the Friday before that weekend. Checks are currently mailed to the address you provide on your application form.
4. **Breaks/Meal Period:** Eligible for a paid ten-minute rest period for every four hours worked; an unpaid meal period of 30-minutes for a five hour work period (except that when a work period of not more than six hours will complete the days work, the meal period may be waived by mutual consent of the employer and employee).
5. **Sick Leave:** Please read attachment regarding Healthy Workplaces/Healthy Families Act of 2014: Paid Sick Leave. Employees may use accrued sick days beginning the 90th day of employment.
6. **Parking:** Temporary parking permits are available through your division/department manager.
7. **SCC District Policies:** It is your responsibility to read and comply with the District's policies on Computer and Network Use #2067, Smoking #4215, Sexual Harassment #4270, Unlawful/Prohibited Discrimination #4285, and Drug-Free Workplace #4300.

Should you have any further questions, please let us know.

SOLANO
COMMUNITY COLLEGE

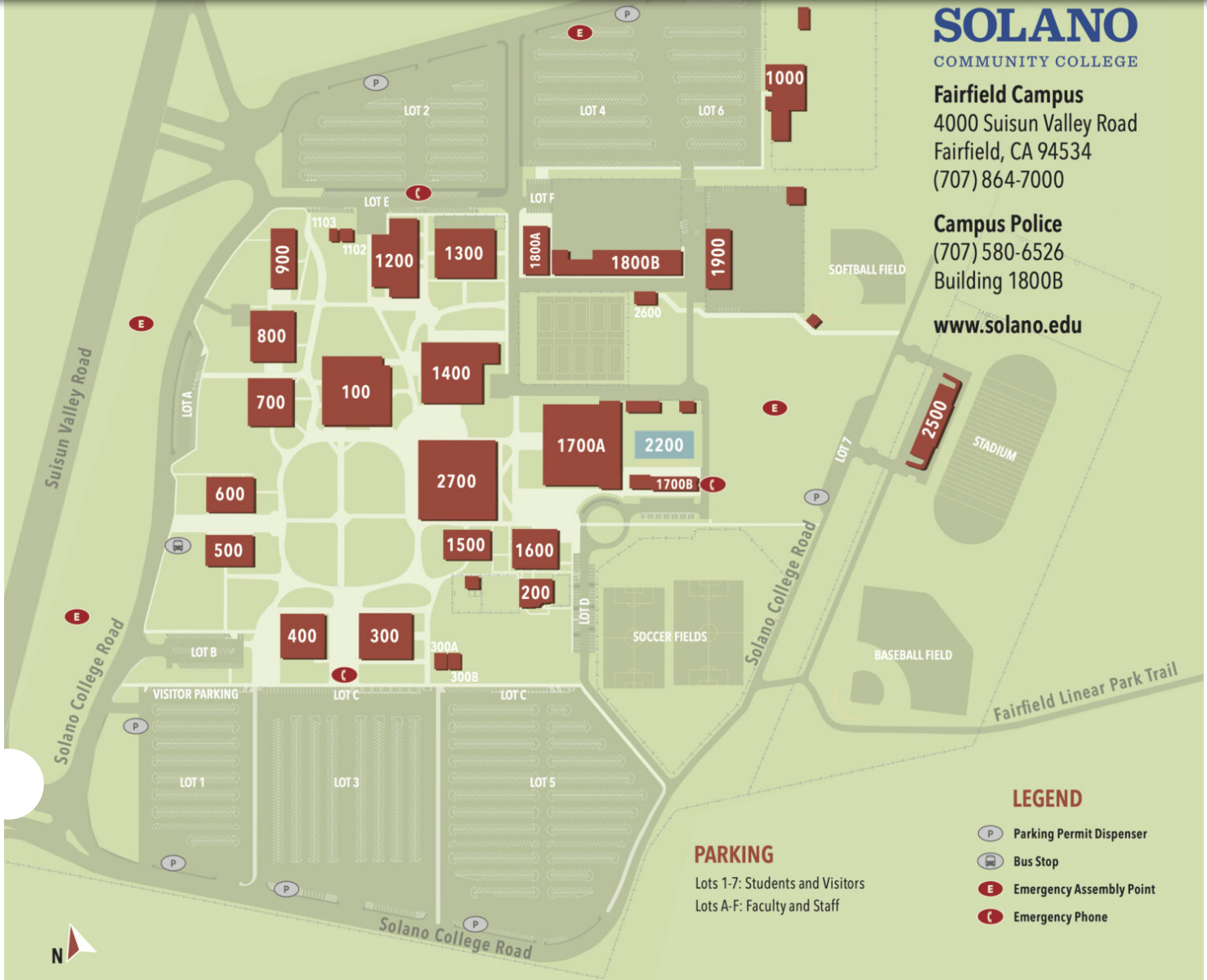
Fairfield Campus

4000 Suisun Valley Road
Fairfield, CA 94534
(707) 864-7000

Campus Police

(707) 580-6526
Building 1800B

www.solano.edu



LEGEND

- Parking Permit Dispenser
- Bus Stop
- Emergency Assembly Point
- Emergency Phone

PARKING

Lots 1-7: Students and Visitors
Lots A-F: Faculty and Staff

600 Administration	200 Children's Programs Center	600 Finance & Personnel Office	800 Nursing	2200 Swimming Pool
400 Admission & Records	1500 Computer Science	400 Financial Aid	1200 Performing Arts/Theatre	400 Transfer Center
400 Assessment Center	100 Contract Education	1300 Fine Arts	1700 Physical Education	100 Tutoring Center
600 Boardroom	1600 Cosmetology	100 Foundation	600 President's Office	2700 Veterans Resource Center
1400 Bookstore	400 Counseling	1000 Horticulture	2600 Restrooms	600 Vice Presidents' Offices
500 Business	1900 Deliveries/Receiving Warehouse	700 Humanities	300 Science/ECHS	100 Workforce Development
1400 Cafeteria	400 Disability Services Program	400 Information	2700 Science	
400 CalWORKs	300A ECHS	100 Library	700 Social Science	
1800 Campus Police	300B ECHS	300 Mailroom	2500 Stadium	
400 CARE Program	1500 Engineering	1900 Maintenance	1400 Student Center	
1800 Career Technical Education	400 EOPS	1500 Math	1400 Student Health Services	
400 Career & Employment Services	900 Faculty Offices	400 MESA Program	400 Student Services	

Map Revised 04/13/2021

(https://www.solano.edu/campus_info/campus_map/fairfield_locations/MainCampusMap.pdf)

QUESTIONS? ASK FALCON



<http://www.solano.edu>

To: New SCC Employee
From: Human Resources
RE: Required Online Employee Training

In the next couple of weeks, you will be receiving an email from Solano Community College with a subject of “Keenan SafeCollege Online Training”. Please follow the directions in the email to log into the training area. **All required training modules must be completed within three (3) months of the email notification.** Lists of the required training modules are below.

Short-Term Temps:

- Bloodborne Pathogen Exposure Prevention
- Cal/OSHA COVID 19 Protection Plan Training (Full Course)
- General Ethics in the Workplace
- Hazard Communication: Right to Understand
- Managing Hazardous Waste in California
- Mandated Reporter: Child Abuse and Neglect
- Sexual Harassment Prevention for Non-Managers
- Slips, Trips and Falls
- Title IX: Roles of Employees
- Workplace Bullying: Awareness and Prevention

Please work with your immediate supervisor to arrange your schedule to complete the trainings.

Thank you.

Updated 4/2022

THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT

(Poster may be printed on 8 ½" x 11" letter size paper)

**HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014
PAID SICK LEAVE****Entitlement:**

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later.
- Accrued paid sick leave shall carry over to the following year of employment and may be capped at 48 hours or 6 days. However, subject to specified conditions, if an employer has a paid sick leave, paid leave or paid time off policy (PTO) that provides no less than 24 hours or three days of paid leave or paid time off, no accrual or carry over is required if the full amount of leave is received at the beginning of each year in accordance with the policy.

Usage:

- An employee may use accrued paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 24 hours or three days in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website <http://www.dir.ca.gov/dlse/DistrictOffices.htm> using the [alphabetical listing of cities, locations, and communities](#). Staff is available in person and by telephone.

new hire pamphlet

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive traumas, fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or Keenan & Associates if you have any questions.

All work related injuries must be reported to your supervisor immediately. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' compensation benefits include

Medical Care – All medical treatment, without a deductible or dollar limit. For dates of injury on or after 1/1/04 there is a limit of 24

chiropractic, 24 physical therapy and 24 occupational therapy visits. However this limit does not apply for post surgical treatments. Costs are paid directly by Keenan & Associates, through your employer's workers' compensation program, so you should never see a bill.

If emergency treatment is required go to the nearest emergency room or contact 911.

Keenan & Associates will arrange medical treatment, often by a specialist for the particular injury. Preferred Provider Networks may be utilized for physicians as well as medical care centers.

If you have health care coverage you are eligible to treatment with your personal physician or medical group should you become injured on the job. If you are eligible, **before you are injured**, you must notify your employer **in writing** and provide your employer **written** documentation from your personal physician or medical group that they agree to be predesignated. Your personal physician must be your regular primary care physician who previously directed your medical treatment, who retains your medical history and records. You may only predesignate your primary care physician if they are a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, or pediatrician. Your personal physician may be a multispecialty medical group composed of licensed doctors or osteopathy providing medical services predominantly for non-occupational illness and injuries.

Your employer may be using a Medical Provider Network (MPN), which is a selected group of health care providers to provide treatment to

workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using and MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer or Keenan & Associates. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information on reverse side.

If your employer **does not** participate in a Medical Provider Network (MPN) you may be able to change your treating physician to your personal chiropractor or acupuncturist. Generally your employer, or Keenan, has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your employer, or Keenan, initiates treatment you may, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. To be eligible you must notify your employer **in writing prior to being injured**. However, a chiropractor cannot be your treating physician after receiving 24 chiropractic office visit.

Your employer will provide you with a form to use an optional method to predesignate your personal physician.

Contact Keenan & Associates if you plan to change physicians at any time.

Payment for Lost Wages - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to

a maximum set by state law. Payments aren't made for the first three days unless you are hospitalized in an inpatient basis or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving, eligible dependents.

Rehabilitation – For dates of injury on or after 1/1/04 - you may be entitled to a *Supplemental Job Displacement Voucher*, which entitles you to a voucher for educational training.

MPN Information

Harbor Health Systems MPN Contact
(888) 626-1737
MPNcontact@harborsys.com

How to obtain additional information

Contact your employer representative or Keenan & Associates if you have questions about workers' compensation benefits. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation. You can consult an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at 415-538-2120.

Department of Workers' Compensation Information and Assistance Offices

You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. The phone numbers are listed below. Hear recorded information by calling toll-free 800-736-7401 or visit www.dwc.ca.gov.

Anaheim	714-414-1804
Bakersfield	661-395-2514
Eureka	707-441-5723
Fresno	559-445-5355
Goleta	805-968-4158
Long Beach	562-590-5001
Los Angeles	213-576-7389
Marina Del Rey	310-482-3858
Oakland	510-622-2861
Oxnard	805-485-3528
Pomona	909-623-8568
Redding	530-225-2047
Riverside	951-782-4347
Sacramento	916-928-3158
Salinas	831-443-3058
San Bernardino	909-383-4522
San Diego	619-767-2082
San Francisco	415-703-5020
San Jose	408-277-1292
San Luis Obispo	805-596-4159
Santa Ana	714-558-4597
Santa Rosa	707-576-2452
Stockton	209-948-7980
Van Nuys	818-901-5367

Keenan & Associates adjusting locations

Torrance
800-654-8102

Eureka
707-268-1616

Pleasanton
925-225-0611

Rancho Cordova
800-343-0694

Redwood City
650-306-0616

Riverside
800-654-8347

San Jose
800-334-6554

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years.
[Insurance Code Section 1871.4]