



Northern California Conference of Seventh-day Adventists
P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources
Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

NEW SCHOOL EMPLOYEE CHECKLIST

For all School Employees except Contract Teachers and Student Employees

Employee Name: _____ Date: _____

Place of Employment: _____

Please follow the directions stated for each form or step and submit the forms and proof of completion to the Human Resources Department. Please check the "Who" in each section below to see which forms or steps are required for a particular employee.

All required documents, including TB test and Livescan clearance, must be completed and employment clearance received before the employee begins work. Processing of new employee paperwork may be expedited by e-mailing or faxing completed forms to the Human Resources Department at hr@nccsda.com or (888) 609-3904.

Keep a copy of all forms for your records until you receive an Employment Clearance Form from Human Resources.

PERSONNEL ACTION REQUEST

Who: To be completed by administrator or other authorized employee for all new employees.

Procedure: Completed and signed by administrator (e.g. principal, treasurer, business manager). Board approval is generally not required for approval of student employment.

SOCIAL SECURITY CARD COPY

Who: All employees.

Procedure: A copy of the employee's Social Security Card is required for payroll processing. Please note that the employee's name on the W-4 form must match the name on the card and that payroll checks can only be issued using the name printed on the card. In the event of a lost card or name change, refer the employee immediately to the nearest Social Security office for a replacement card. A copy of the receipt for the issuance of a new card is acceptable in place of a copy of the card. Once the replacement card is received, please provide a copy for our records.

EMPLOYMENT ELIGIBILITY (I-9 FORM)

Who: All employees.

Section 1 - Employee completes, signs and dates

Section 2 - Employer completes with documentation provided by employees, then signs and dates

Procedure: Employee completes and signs and dates Section 1 and presents his/her ID for verification.

Section 2 is completed and signed by the school employee on-site who witnesses the new employee's ID documentation (not a fax or copy) chosen from the lists on the back of the I-9 form (One item from list A, or one item EACH from lists B and C). If the employee is not a U.S. citizen or permanent resident, please provide us with a copy of the employee's visa and work authorization so we can verify and help keep track of the effective dates.

NEW EMPLOYEE DATA COLLECTION FORM

Who: All employees.

Procedure: Completed and signed by employee.

**W-4 FORM**

Who: All employees.

Procedure: Verify that items 1, 2, 3 and 4 are complete and that either items 5 and 6 or 7 are completed, **NOT BOTH**. Also verify that the employee has signed and dated the form.

DE-4 FORM

Who: All employees.

Procedure: Verify that personnel information is completed along with signature and date. If exempt, follow the steps for appropriate notation.

SERVICE RECORD FORM

Who: ONLY employees who are age 20 or older and who regularly work half-time or more at one or more NCC location when the position is expected to last 12 months or more.

Procedure: Completed by employee (Note: the employee need only list the last *denominational* employment under the Employment section.)

DIRECT DEPOSIT AUTHORIZATION FORM

Who: All employees who desire direct deposit for their payroll.

Procedure: Employee completes and signs the form and attaches a voided check.

APPLICATION FOR EMPLOYMENT

Who: All employees.

Procedure: Completed and signed by applicant during selection process.

TUBERCULOSIS TEST REPORT

Who: All employees other than student workers who work on a school campus while students are present.

Procedure: Employee takes Tuberculosis Test Report from to physician or other medical office within 60 days before beginning employment for test. When results of test are observed (required 48-72 hours for skin test), form is completed and returned. State law requires that tests are repeated every 4 years.

LIVE SCAN

Who: All employees other than student workers who work on a school campus.

Procedure: Employee obtains Livescan request form from school office or NCC Education Department and is directed to nearest Livescan center. Report will be electronically transmitted to Education Department for verification.

STATEMENT OF KNOWLEDGE OF DUTY TO REPORT CHILD ABUSE

Who: All employees other than student workers who work on a school campus.

Procedure: Employee reads and signs statement regarding their duty under state law to report reasonable suspicion of child abuse to child protective services or law enforcement.

If you have any questions or need additional assistance in completing any of the above forms or steps, please contact the Human Resources Department by phone at (916) 886-5698 or e-mail to hr@nccsda.com.

NORTHERN CALIFORNIA CONFERENCE
TB Examination VERIFICATION

Name: _____ Phone _____

Address: _____

School: _____

A prospective employee shall provide written proof signed by the conducting physician that an examination, conducted **within the last 60 days preceding date of employment** has determined that the employee is free from communicable tuberculosis. Written proof shall be **filed every four years** after initial employment. *Only designated staff will have access to the completed form. This form will be stored in a locked file Education Code E10-124.12.*

TUBERCULIN TEST		
PPD Skin Test: Date Read: _____ Positive _____ Negative _____	OR	Chest X-Ray: Date: _____ Results: _____
Physician's Name: _____ Date: _____		
Address _____ Phone: _____		
Physician's Signature _____		

IF NO TEST IS PERFORMED: ATTACH THE SIGNED CERTIFICATE OF CLEARANCE FOLLOWING RISK ASSESSMENT (PROVIDED BY THE MEDICAL OFFICE)

NCC - Office of Education
2100 Douglas Blvd.
PO Box 619015
Roseville, CA 95661
Phone: 916-886-5654
FAX: 888-616-8363





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3044

Employee - Private School or Volunteer - Private School

ORI (Code assigned by DOJ)

Authorized Applicant Type

Employee (or position title such as Principal, Teacher, Registrar, Volunteer etc.)

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

Contributing Agency Information:

Northern California Conference of SDA

03279

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2100 Douglas Blvd. (P.O. Box 619015)

Coreen A Hicks

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Roseville

CA

95661

(916) 886-5645

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

141139

(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:

Your School's Name

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A3044

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:

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State

95661

ZIP Code

03279

Mail Code (five-digit code assigned by DOJ)

Coreen A Hicks

Contact Name (mandatory for all school submissions)

(916) 886-5645

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

141139

(Agency Billing 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 the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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

NORTHERN CALIFORNIA CONFERENCE

**CHILD ABUSE REPORTING REQUIREMENTS – Copy A
(NCC Copy)**

California Penal Code, Section #11166.5, requires that a child care custodian, medical practitioner, or non-medical practitioner, which is defined to include a marriage, family, or child counselor, or a religious practitioner who diagnoses, examines, or treats children, as part of the requirements for employment, sign a statement that he/she has knowledge of the provisions of *Section #11166* and will comply with its provisions.

Section #11166.5 of the Penal Code provides as follows:

Section #11166.5 of the Penal Code requires any child care custodian, medical practitioner, non-medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he/she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

"Child care custodian" includes teacher, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; head start teachers, licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under *Division 2* (commencing with *Section 500*) of the *Business and Professions Code*.

"Non-medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family, or child counselors; and religious practitioners who diagnose, examine, or treat children.

I have read and understand the foregoing and have been provided with a copy of this document for my files.

Teacher Signature _____

Name _____
PLEASE PRINT

Copy A: Return to Northern California Conference.

Copy B: Give to your school to keep on file.

NORTHERN CALIFORNIA CONFERENCE

**CHILD ABUSE REPORTING REQUIREMENTS – Copy B
(School Copy)**

California Penal Code, Section #11166.5, requires that a child care custodian, medical practitioner, or non-medical practitioner, which is defined to include a marriage, family, or child counselor, or a religious practitioner who diagnoses, examines, or treats children, as part of the requirements for employment, sign a statement that he/she has knowledge of the provisions of *Section #11166* and will comply with its provisions.

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"Child care custodian" includes teacher, administrative officers, supervisors of child welfare and attendance, or certified pupil personnel employees of any public or private school; administrators of a public or private day camp; licensed day care workers; administrators of community care facilities licensed to care for children; head start teachers, licensing workers or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities; and social workers or probation officers.

"Medical practitioner" includes physicians and surgeons, psychiatrists, psychologists, dentists, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, or any other person who is licensed under *Division 2 (commencing with Section 500)* of the *Business and Professions Code*.

"Non-medical practitioner" includes state or county public health employees who treat minors for venereal disease or any other condition; coroners; paramedics; marriage, family, or child counselors; and religious practitioners who diagnose, examine, or treat children.

I have read and understand the foregoing and have been provided with a copy of this document for my files.

Teacher Signature _____

Name _____
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**NEW HIRE or REHIRE
 Personnel Action
 Request Form**

OFFICE USE ONLY	
EIN: _____	PIN: _____
Qualifies for: <input type="checkbox"/> Medical <input type="checkbox"/> Retirement <input type="checkbox"/> Basic Life <input type="checkbox"/> LTD <input type="checkbox"/> Supp. Life/AD&D	
% Time: _____ W/C Rate Code: _____ P/T entered by: _____	
TB: _____ Livescan: _____ Clearance Sent: _____	
Multi-Position: _____	

1. Employee Name (First Name, Middle Initial, Last Name) _____
 (as stated on the Social Security Card)

2. Social Security Number _____

3. New Employee OR Rehire Employee OR New Position

4. Regular Employment Status - Please refer to the "Wage Scale and Employee Cost Estimation" booklet for costs associated with benefit eligibilities.

- Full-time Regular (38 or more hours per week, eligible for all benefits)
- Half-time Plus Regular (30-37 hours per week, eligible for half-time and medical benefits)
- Half-time Plus Regular (19-27 hours per week, eligible for half-time benefits)
- Half-time Minus Regular (up to 18 hours per week, eligible for California Sick Leave Law benefit)

OR

Temporary Employment Status - Less than 12 months, ending date is required, may be eligible for California Sick Leave Law and/or Affordable Care Act (ACA) benefits.

- Full-time Temporary (38 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (30-37 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (19-27 hours per week, California Sick Leave Law benefit)
- Half-time Minus Temporary (up to 18 hours per week, may be eligible for California Sick Leave Law benefit)

- Student: Clerical Student: Non-Clerical Seasonal Substitute Occasional Special Assignment

5. Employment Start Date _____ Temporary Employment Ending Date _____

6. Job Description Title _____ Place of work _____

7. Date voted by local church/school board _____

8. Hours this employee has been scheduled to work per week _____

9. Hourly \$ _____ OR Monthly \$ _____ Indicate: ERI Area _____ Job Code _____ Step _____

10. Additional Comments (optional) _____

11. Is this employee a replacement? Yes No (If no, please skip to Item 12)

If yes, please state name of previous employee _____

Have you submitted a Personnel Action Request Form for this previous employee?

- Yes No (If no, please submit a Change Personnel Action Request Form showing termination status)

**Before signing, please make sure that all information on this form is complete to avoid processing delays.
 Your authorized local employer's signature commits the represented entity to a binding agreement.**

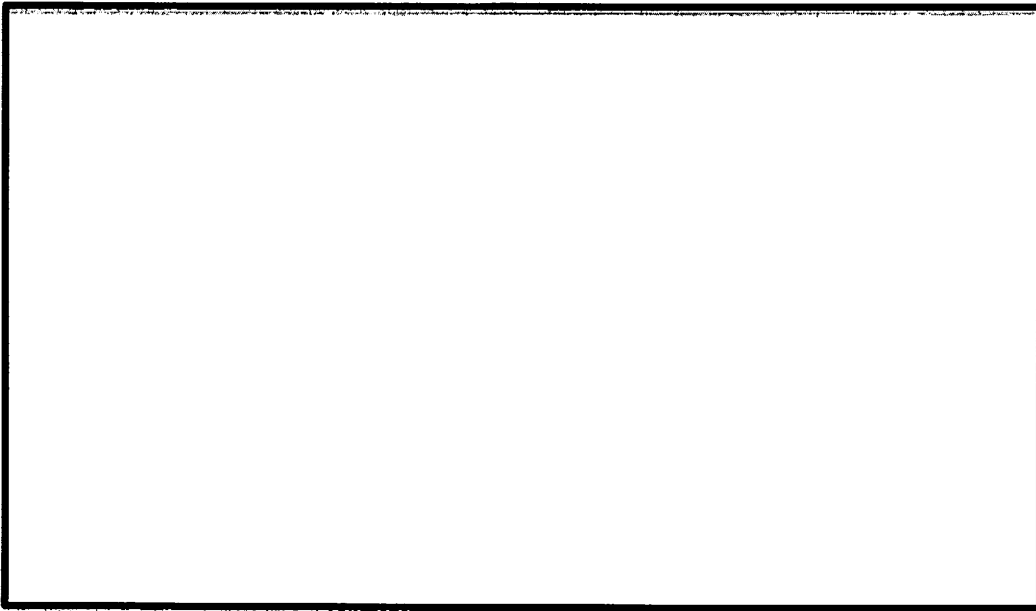
12. Authorized Local Employer's Signature _____ Date _____

13. Print Local Employer's Name _____ Employer's Title _____

14. Name of Church/School Represented _____

Submit this **NEW HIRE or REHIRE Personnel Action Request Form** to HR@nccsda.com

Please make a copy
of the new employee's
Social Security Card.





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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<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 (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

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

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

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

STOP *Employer Completes Next Page* STOP



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
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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 	OR	<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 	AND	<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.



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Employee Data Collection Sheet

Please Complete All Sections

Employee Name (First, Middle, Last as listed on Social Security Card)

--

Home Address

Street		
City	State	Zip

Mailing Address (If Different)

Street		
City	State	Zip

Home Phone	Mobile Phone
Email Address	

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status
Birthdate	Social Security Number
Credential or License Held	Expiration Date

Please list the following information for your dependents (Any person listed on your tax return and/or receiving any benefits due to your employment with the Northern California Conference)

Name	Relationship	Date of Birth	Gender	Social Security Number

Employee Signature

Date

The Northern California Conference is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Northern California Conference invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Are you Hispanic or Latino? Yes No

If you have answered no to the above question, please indicate your race:

- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)

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.

Employee's Withholding Allowance Certificate

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - 1a. Number of Regular Withholding Allowances (Worksheet A)
 - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
 - 1c. Total Number of Allowances you are claiming
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**
OR

Exemption from Withholding

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

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

Employee's Signature _____ Date _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Worksheets

Instructions — 1 — Allowances*

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

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

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

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

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

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

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

Worksheet A

Regular Withholding Allowances

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

Instructions — 2 — (Optional) Additional Withholding Allowances

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

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

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

Worksheet B

Estimated Deductions

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

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

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

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

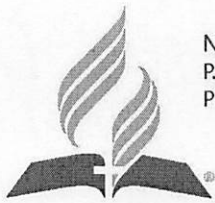
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$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.



Northern California Conference of Seventh-day Adventists
 P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources
 Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

Employee Service Record Information

(Retirement Plan Records)

For all employees who work half-time or greater in a position designated as lasting 12 months or more.
 Please complete all sections.

Full Name _____	Social Security # _____
Birth Date _____	Date of Ordination _____
Place of Birth _____	Date of Marriage _____
Citizenship _____	
Spouse's Name _____	Spouse Occupation _____
Spouse Soc Sec # _____	Spouse's Birth Date _____
Military Service: Begin _____ End _____	Branch _____

Date Entered Denominational Service _____

Educational Record

Level of Education	Degree/Diploma Held	Institution Granting Degree/Diploma	Year Degree/ Diploma Received
Secondary	_____		
Postsecondary (College)	_____		
Postgraduate (Masters)	_____		
Doctoral	_____		
Other	_____		

Employment

(Please list only your last denominational employment)

Years	Position or Type of Work	Beginning Date	Ending Date	Service Credit Months/Years	Employing Organization

Direct Deposit Authorization Agreement

Northern California Conference of Seventh-day Adventists

Begin Deposits Change or Add Account Cancel Deposits Decline Direct Deposits

Name (please print) _____

Phone _____

Attach document here

If you cannot attach the document please send the correct form or document on another sheet.

Please Note:

Only a voided check or a Start Direct Deposit form printed by your bank can be used to begin your deposits.

Handwritten forms cannot be processed and will not be accepted.

1. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____
2. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____
3. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____
4. Bank Name _____ % of Net Pay to Deposit _____ or Fixed Amount \$ _____

Please Note: It may take 1-2 pay cycles for your new direct deposit enrollment to go into effect. Until then, you will receive your pay as a paper check mailed to the mailing address we have on file for you.
This also applies if you are changing bank accounts or adding a new account.

Your direct deposit pay slips will be emailed to the email address we have on file for you. If you need help accessing your pay slips, please contact the Payroll department at payroll@nccsda.com or (916) 886-5600 ext. 229.

By submitting this form, I authorize the **Northern California Conference of Seventh-day Adventists** to initiate credits and/or corrections to previous credits to the financial institutions listed. This authorization will remain in effect until I give written notice to the Northern California Conference of Seventh-day Adventists to change or terminate this authorization.

Employee signature _____ Date _____

Please return this form to Human Resources at HR@nccsda.com.



Northern California Conference of Seventh-day Adventists
 P.O. Box 619015, Roseville, CA 95661 • www.nccsda.com/humanresources
 Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

Employment Application

The Northern California Conference of Seventh-day Adventists (NCC) is an equal opportunity employer which does not discriminate in employment policies and practices on the basis of race, national origin, gender color, age, disability, or any other basis prohibited by law. The employment practices of the church reflect religious preferences in harmony with the United States Constitution and controlling law, and it, therefore, hires only Seventh-day Adventist Church members in good standing.

(Please TYPE or PRINT – Complete all sections)

Name (Last, First, Middle Initial as stated on the SS Card)	Social Security #	E-Mail Address
Address	City	State Zip Code
Home Phone	Cell Phone	Work Phone

Position(s) applied for: _____ Department (If Applicable) _____

Are you seeking/Available for: Full-time Part-time Temporary Date Available _____

Are you able to perform the duties of the position? Yes No (Reasonable accommodation will be provided)

Do you have the legal right to work in the US? Yes No (Proof of work authorization required for employment)

Are you 18 years of age or older? Yes No Have you been previously employed by the NCC? Yes No

Have you been previously employed by another Adventist entity? Yes No If Yes, where? _____

Do you have any relatives employed by the NCC? Yes No If Yes, where? _____

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? Yes No

If yes, please explain: _____

Are you a baptized member of the Seventh-day Adventist Church? Yes No

Where is your membership? _____

Do you hold any denominational license/credential? Yes No If Yes, what? _____

	Name of Educational Institution	School Location	Did You Graduate?	If No, # of Years Completed	List Degree and Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade or Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate Work			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Education			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Other Skills: If applicable for the position, in which of the following do you have skill/knowledge?

- | | |
|--|--|
| <input type="checkbox"/> Typing — Words per Minute _____ | <input type="checkbox"/> MS Outlook |
| <input type="checkbox"/> 10-Key | <input type="checkbox"/> FileMaker Pro |
| <input type="checkbox"/> MS Word | <input type="checkbox"/> Adobe InDesign |
| <input type="checkbox"/> MS Excel | <input type="checkbox"/> Adobe Photoshop |
| <input type="checkbox"/> MS PowerPoint | <input type="checkbox"/> Adobe Acrobat Pro |
| <input type="checkbox"/> Other Software/Skills _____ | |

Please list all employment for the past 10 years, beginning with the most recent. Attach additional sheet if needed.

Employer Name:	Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address:	Duties:
Phone: Supervisor's Name:	Skills:
Dates Employed From To	Base Salary or Wage: Start End
Reason(s) for leaving:	

Employer Name:	Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address:	Duties:
Phone: Supervisor's Name:	Skills:
Dates Employed From To	Base Salary or Wage: Start End
Reason(s) for leaving:	

Employer Name:	Job Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Address:	Duties:
Phone: Supervisor's Name:	Skills:
Dates Employed From To	Base Salary or Wage: Start End
Reason(s) for leaving:	

Additional Information: List any other experience/skills that you believe contribute to your qualifications:

References: List below four persons, other than relatives, who can provide character and employment references:

Name	Position	Address	Phone

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application, in my interview(s), or otherwise in the application process will void this application or subject me to discharge at any time. I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, express or implied, to remain in the NCC's employ.

I also expressly acknowledge and understand that, as a not-for-profit religious organization, the NCC is exempt from state unemployment insurance, state disability insurance, and paid family leave. Therefore, its employees are not eligible to receive benefits for any of these programs.

I authorize the employing organization and its agents to confirm information supplied on this application and résumé and to conduct a background check to investigate my suitability for employment and authorize my prior employers to disclose to NCC information contained in my personnel file. This investigation may include information on my character, general reputation, personal characteristics and mode of living. By initialing below I expressly waive the right to receive a copy of any public record obtained in the course of the background investigation. Further, I release all parties from all claims, damages and liability that may result from furnishing information about me to NCC and using that information in considering my employment application.

Please initial here indicating that you have read and agree to the above. _____

Signature of Applicant _____

Date _____