

PALMDALE SCHOOL DISTRICT
2020-2021 EMERGENCY/DIRECTORY INFORMATION CARD - CLASSIFIED

FULL NAME Smith Jane Ann Last 4 - SS# 6789
 Last First Middle
 ADDRESS 1234 Mary Street Apt. # _____ City Palmdale Zip 93552
 Primary Phone #: 661-555-3456 Secondary Phone #: _____ DOB: 09/10/2001
 () Listed or () Unlisted
 Mailing Address (if different than above) _____ Apt. # _____ City _____ Zip _____
WHOM SHALL WE NOTIFY IN CASE OF EMERGENCY
 Name John Smith Relationship Father Daytime Phone # 661-555-3457
 Address 1234 Mary Street City Palmdale Zip 93552
 Physician's Name _____ Telephone # _____
 Address _____ City _____ Zip _____

EMPLOYMENT INFORMATION

Position Sub Child Nutrition Worker Grade Level K-8
 School/Site District Office Immediate Supervisor Solange Henriquez

IN CASE OF SERIOUS ILLNESS OR AN ACCIDENT INVOLVING ME WHEN THE ABOVE INDIVIDUAL CANNOT BE CONTACTED, I HEREBY AUTHORIZE SCHOOL PERSONNEL TO OBLIGATE ME FOR THE SERVICES OF A LOCAL DOCTOR OR HOSPITAL.

Signature Jane Smith Date 11/24/2020

I HEREBY AUTHORIZE FOR MY NAME, ADDRESS, AND TELEPHONE NUMBER TO BE PROVIDED TO THE DULY ELECTED EMPLOYEE ORGANIZATION:

_____ Yes _____ No

IMPORTANT: IF AT ANY TIME THERE IS A CHANGE IN THE ABOVE INFORMATION, COMPLETE A NEW EMERGENCY CARD AND TURN IN TO THE HUMAN RESOURCES OFFICE IMMEDIATELY.

PALMDALE SCHOOL DISTRICT
2020-2021 ETHNICITY/RACE CARD-CLASSIFIED

This is a two-part question: a. Ethnicity mark Yes or No
 b. Race mark all that apply

Employee Ethnicity/Race:

- a. Is employee Hispanic or Latino? _____ Yes, Hispanic or Latino x No, not Hispanic or Latino
 b. Please continue to answer the following by marking one or more boxes to indicate employee's race:

___ **American Indian or Alaska Native**
 (origins in North, Central, or South America)

Asian (origins in any of the original places of the Far East, Southeast Asia, or the Indian subcontinent)

___ **Black or African American**
 (origins in any of the Black racial groups of Africa)

x **White** (origins in any original peoples of Europe, Middle East, North Africa)

Native Hawaiian or Other Pacific Islander:

___ Guamanian
 ___ Hawaiian
 ___ Samoan
 ___ Tahitian
 ___ Other Pacific Islander

___ Asian Indian
 ___ Cambodian
 ___ Chinese
 ___ Filipino
 ___ Hmong
 ___ Japanese
 ___ Korean
 ___ Laotian
 ___ Vietnamese
 ___ Other Asian

Form <b style="font-size: 2em;">W-4 Department of the Treasury Internal Revenue Service	<b style="font-size: 1.2em;">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.	OMB No. 1545-0074 <div style="font-size: 2.5em; font-weight: bold;">2020</div>								
Step 1: Enter Personal Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%;"> (a) First name and middle initial Jane A </td> <td style="width: 45%;"> Last name Smith </td> </tr> <tr> <td colspan="2"> Address 1234 Mary Street </td> </tr> <tr> <td colspan="2"> City or town, state, and ZIP code Palmdale, CA 93552 </td> </tr> <tr> <td colspan="2"> (c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.) </td> </tr> </table>		(a) First name and middle initial Jane A	Last name Smith	Address 1234 Mary Street		City or town, state, and ZIP code Palmdale, CA 93552		(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)	
(a) First name and middle initial Jane A	Last name Smith									
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	(b) Social security number 234-05-6789 ▶ 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 .									

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, when to use the online estimator, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.
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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 Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____						
Step 4 (optional): Other Adjustments	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> (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 </td> <td style="width: 20%; text-align: right;"> 4(a) \$ _____ </td> </tr> <tr> <td> (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 </td> <td style="text-align: right;"> 4(b) \$ _____ </td> </tr> <tr> <td> (c) Extra withholding. Enter any additional tax you want withheld each pay period . </td> <td style="text-align: right;"> 4(c) \$ _____ </td> </tr> </table>	(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) \$ _____
(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. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> ▶ <i>Jane Smith</i> Employee's signature (This form is not valid unless you sign it.) </div> <div style="width: 35%;"> ▶ 11/24/2020 Date </div> </div>		
Employers Only	Employer's name and address Palmdale School District 39139 10th St E, Palmdale, CA 93550	First date of employment	Employer identification number (EIN)



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 Jane, A, Smith	Social Security Number 234-05-6789
Address 1234 Mary Street	Filing Status
City, State, and ZIP Code Palmdale, CA 93552	<input checked="" type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B). 1 _____
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet B and C**) _____
- OR

Exemption from Withholding

3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
 Write "Exempt" 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 Jane Smith Date 11/24/2020

Employer's Section: Employer's Name and Address Palmdale School District 39139 10th St E, Palmdale, CA 93550	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 Personal Income Tax (PIT) withholding.

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

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

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

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

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

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

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

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

WARRANT(S) RECIPIENT DESIGNATION

Under the provisions of Section 53245 of the California Government Code, in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Palmdale School District had I survived:

Beneficiary Information

TYPE OR PRINT FULL NAME OF DESIGNEE John Smith	RELATIONSHIP TO EMPLOYEE Father
ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE) 1234 Mary Street	
PHONE NUMBER 661-555-3457	SOCIAL SECURITY NUMBER

Contingent Beneficiary Information

IF THE BENEFICIARY NAMED ABOVE IS NOT LIVING THEN PAY:	RELATIONSHIP TO EMPLOYEE
ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	
PHONE NUMBER	SOCIAL SECURITY NUMBER

This designation cancels and replaces any previously signed by me for this purpose and shall remain in effect until cancelled in writing by me.

It is expressly understood and agreed that the *Palmdale School District* is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the *Palmdale School District* and provides to said *Palmdale School District* sufficient proof of identity pursuant to the provisions of Section 53245 of California Government Code.

TYPE OR PRINT FULL NAME OF EMPLOYEE Jane Smith	SIGNATURE OF EMPLOYEE <i>Jane Smith</i>
EMPLOYEE IDENTIFICATION NUMBER	DATE SIGNED 11/24/2020

PAYROLL INFORMATION FORM



Last Name: Smith First Name: Jane Middle Initial: A

Maiden Name: _____

Address: 1234 Mary Street

City: Palmdale State: CA Zip: 93552

Home Phone #: _____ Cell: 661-555-3456

1. List other Districts in which you are NOW serving.

a. _____

b. _____

☐ Full time

☐ Part time

☐ Substitute

☐ Hourly Basis

2. List other Districts in which you have served previously

a. _____

b. _____

☐ Full time

☐ Part time

☐ Substitute

☐ Hourly Basis

3. Have you ever been a member of STRS? No

4. Have you ever been a member of CalPERS? No

5. Are you currently receiving retirement benefits from STRS? No

6. Are you currently receiving retirement benefits from CalPERS? No

If you answered yes to question #5 or #6, please answer the following:

Have you discussed with STRS/CalPERS what effects, if any, employment in the position offered will have on collection of retirement benefits? ☐ Yes ☐ No _____ Initials

Have you withdrawn your retirement funds? ☐ Yes ☐ No

If yes, have you re-deposited these funds? ☐ Yes ☐ No When? _____

Jane Smith

Signature

11/24/2020

Date

**Designation of Beneficiary Form
Public Agency Retirement Services (PARS)**

Instructions:

1. Read carefully the rules for designating a beneficiary below, and sign in the spaces provided.
2. Complete the appropriate sections (Section 1 must be completed, see rules below regarding section 2) of this form and return it to:

**Palmdale School District
Personnel Department
39139 N. 10th St., East
Palmdale, CA 93550**

Rules for Designation of Beneficiary:

1. It is your responsibility to keep your Designation of Beneficiary current.
2. You reserve the right to revoke or change your Designation of Beneficiary, subject to the other provisions of these Rules.
3. If, upon your death, there is no valid Designation of Beneficiary on file with the Trust Administrator, any death benefits which become due will be paid in accordance with the Plan Document.
4. The plan requires that if you are married, your surviving spouse/registered domestic partner will be your sole primary beneficiary, unless your spouse/registered domestic partner waives this right.
5. If you wish to designate a person or persons other than your spouse/registered domestic partner or in addition to your spouse/registered domestic partner, you must obtain the notarized consent of your spouse/registered domestic partner in writing on this form by completing Section 2. Failure to obtain your spouse/registered domestic partner's consent in these instances will render the designation invalid. Any consent by a spouse/registered domestic partner applies only to that spouse/registered domestic partner and not any future spouse/registered domestic partner. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse/registered domestic partner's consent must be obtained. If you are unmarried complete Section 1 only.
6. If the location of your spouse/registered domestic partner is unknown, you must attach to this form a notarized statement stating that your spouse/registered domestic partner cannot be located.
7. You are considered married if you are under decree of separate maintenance or decree of legal separation.
8. If you wish to have your PARS account distributed under the terms of a Living Trust, your PARS account must be mentioned by name in the Trust Document. If your current Living Trust does not contain specific reference to your PARS account, you may designate the Living Trust as a beneficiary using this form. All rules pertaining to the designation of a beneficiary apply to the designation of a Living Trust.

I have read and understand these rules.

Jane Smith
Participant's Signature

11/24/2020
Date

Section 1: Designating a Beneficiary

Participant Name: Jane Smith Social Security # 234 05 6789

Participant Address: 1234 Mary Street

City: Palmdale State: CA Zip: 93552 Phone #: 661-555-3456

Name of Beneficiary: John Smith Relationship: Father

Beneficiary Address: 1234 Mary Street

City: Palmdale State: CA Zip: 93551 Phone: 661-555-3457

Jane Smith
Participant's Signature

11/24/2020
Date

Section 2: Spousal/Registered Domestic Partner Consent

(Only complete this section if designating a beneficiary other than your spouse/domestic partner)

I hereby consent to the above beneficiary designation of my spouse/registered domestic partner, a participant in this plan. I understand that in consenting to the designation of anyone except myself, I am waiving rights to a survivor benefit that I would be legally entitled to at a later date.

Spouse/Registered Domestic Partner's Signature

Date

Signature of Notary

Date

QUESTIONNAIRE FOR PART-TIME EMPLOYEES

Dear Part-time Employee:

Please answer the questions indicated below in order that we may check to make sure your contributions are within IRS Guidelines.

1. Will you or have you worked at any other job during the calendar year?
_____ Yes x No

If Question #1 was answered "Yes", please answer #2 – If you answered "No" to Questions #1, go to Question #3.

2. Will you or did you have any monies deducted for any Tax Sheltered Savings or Retirement Plan? _____ Yes _____ No
3. Have you ever been a participant in any Tax Sheltered or Retirement Plan?
_____ Yes x No
4. Do you want to contribute more than 10% of your Part-time Earnings to this plan?
_____ Yes x No

If any one of Questions 2, 3, or 4 were answered "Yes", it is important that a PARS specialist calculate to see if your contributions meet Internal Revenue Service Rules. A PARS representative will contact you within a few days.

Please sign and attach this form to the enrollment form.

I certify that to the best of my knowledge that the information given above is correct.

Jane Smith

Print Employee Name

Jane Smith

Employee Signature

661-555-3456

Telephone

Payroll Unit Direct Deposit Authorization

PLEASE CHECK	
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER
NAME OF SCHOOL DISTRICT (IF EMPLOYED WITHIN THE OFFICE, PUT YOUR ROOM NUMBER HERE)	WORK TELEPHONE NUMBER
Palmdale School District	(661) 947-7191
NAME OF BANK/CREDIT UNION/SAVINGS & LOAN	BRANCH TELEPHONE NUMBER
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	()
ACCOUNT NUMBER	ADDRESS OF BANK/CREDIT UNION/SAVINGS & LOAN (NUMBER, STREET, CITY AND ZIP CODE)

I hereby authorize the district and the Los Angeles County Office of Education (LACOE) and/or its agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to my account.

I understand:

- Direct deposit status is not activated until 10 days following a \$0 test transaction for new or change authorization.
- I must submit a new *Employee's Direct Deposit Authorization*, Form No. 501-508, if I change my account (name, institution, branch, type account, etc.).
- Direct deposit status will be temporarily suspended if wages are garnished.
- Direct deposit will also be suspended if a a certificated employee's credential expires.
- Direct deposit status may be suspended or rescinded by the district or LACOE and payment made by county warrant, if necesasry, to meet payroll deadlines or under extreme conditions.

I agree to hold harmless and indemnify the district and Los Angeles County Office of Education and its officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of LACOE and its officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or canceled by submission of a new *Employee's Direct Deposit Authorization*.

ATTACH BELOW A VOIDED CHECK SHOWING THE INSTITUTION ROUTING NUMBER AND ACCOUNT NUMBER.	SIGNATURE OF EMPLOYEE X	DATE SIGNED 11/24/2020
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ATTACH VOIDED CHECK HERE

FOR COUNTY OFFICE USE ONLY

Refer to the Direct Deposit Reference Guide

FINANCIAL INSTITUTION ROUTING NO.							
■							■
■							■

[illegible]

INPUT BY (PRINT NAME)



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Reciprocal Self-Certification Form

Complete the following information and return this form to your personnel office **within 10 business days**. To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.

Section 1. Member Information	
Member Name: (Last)	(First) (Middle)
Smith	Jane
Date of Birth: 09/10/2001	CalPERS ID:
Membership Status in Qualifying Public Retirement Systems: <input checked="" type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3) <input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. (complete section 2 with membership information for each qualifying public retirement system)	

Section 2. Qualifying Reciprocal Membership Information			
Name of Most Recent Public Retirement System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date:
Name of Prior Public Retirement System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date:
Name of Prior Public Retirement System:	Membership Date:	Separation Date*:	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date:

**Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify	
I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form is not a request to establish reciprocity.	
I hereby certify that the foregoing information has been verified with the qualifying public retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.	
Member Signature: <i>Jane Smith</i>	Date: 11/24/2020

Section 4. To Be Completed by Employer Only	
Name of CalPERS Agency: Palmdale School District	
CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:
Designee of Employer: (print name)	Designees' Title: Personnel Admin Clerk
Designee Signature:	Date:
The employer must retain this form in the member's file for auditing purposes.	
For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.	



NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER 234-05-6789		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.	
2. CURRENT NAME (LAST) Smith		(FIRST) Jane	(MIDDLE)
3. NAME OF PUBLIC AGENCY Palmdale School District		4. DEPARTMENT OR SCHOOL DISTRICT District Office	5. JOB OR POSITION TITLE Sub Child Nutrition Worker
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. 10 MONTHS	8. APPOINTMENT DATE MM DD YYYY 11 24 2020
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input checked="" type="checkbox"/> PART-TIME IF PART TIME, ENTER THE FRACTION OF FULL TIME:			

In your present position with this agency, you are excluded from CalPERS membership because:

- ☐ 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- ☐ 2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
- ☒ 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- ☐ 4. Your position is excluded by law or by contract agreement which excludes:
_____ Enter contract exclusion (for Public Agencies only).
- ☐ 5. You are an independent contractor.
- ☐ 6. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- ☐ 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you should be a member in your present position. Be sure to notify your employer to complete a (PERS-1) Member Action Request Form or appoint via ACES to report your employment to CalPERS.

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. You can also contact CalPERS directly by sending a letter stating the reasons why you feel you should be a member to the Employer Account Management Division, Membership Management Section, P.O. Box 942709, Sacramento, CA 94229-2709.

SIGNATURE OF CERTIFYING OFFICER	TITLE Personnel Admin Clerk	DATE
SIGNATURE OF EMPLOYEE <i>Jane Smith</i>		DATE 11/24/2020

NOTE: Benefits provided by CalPERS are described in the "CalPERS Benefits" information booklet available from your employer.



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) Smith		First Name (Given Name) Jane		Middle Initial A	Other Last Names Used (if any)	
Address (Street Number and Name) 1234 Mary Street			Apt. Number	City or Town Palmdale		State CA
				ZIP Code 93552		
Date of Birth (mm/dd/yyyy) 09/10/2001	U.S. Social Security Number 234 - 05 - 6789		Employee's E-mail Address janesmith@emails.com		Employee's Telephone Number 661-555-3456	

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 checked="" 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>	
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.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee <i>Jane Smith</i>	Today's Date (mm/dd/yyyy) 11/24/2020
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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



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) Smith	First Name (Given Name) Jane	M.I. A	Citizenship/Immigration Status
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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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
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 Personnel Admin Clerk		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name Palmdale School District		
Employer's Business or Organization Address (Street Number and Name) 39139 10th St E	City or Town Palmdale	State CA	ZIP Code 93350	

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)
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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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Oath or Affirmation

IMPORTANT NOTICE TO EMPLOYEE: As an employee of a public school district, if a disaster occurs, you are required by state law to remain at your work site and not leave to go home until released by your supervisor.

GC Section 3100. Public Employees; Disaster Service Workers. It is hereby declared that the protection of the health and safety and preservation of the lives and property of the people of the state from the effects of natural, manmade, or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property, and resources is of paramount state importance requiring the responsible efforts of public and private agencies and individual citizens. In furtherance of the exercise of the police power of the state in protection of its citizens and resources, ***all public employees*** are hereby declared to be disaster service workers subject to such disaster service activities as may be assigned to them by their supervisors or by law.

GC Section 3101...The term "public employees" includes all persons employed by the state or any county, city, city and county, state agency or public district, excluding aliens legally employed.

I, Jane Smith, do solemnly swear (or affirm) that 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 true 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.

I understand that as a public employee I am a disaster service worker pursuant to Government Code 3100 and 3102 and that I am required to take this oath before entering the duties of my employment. In the event of natural, manmade or war-caused emergencies which result in conditions of disaster or extreme peril to life, property and resources, I am subject to disaster services activities assigned to me by my supervisor.

Signature of Employee Jane Smith Date 11/24/2020
Address 1234 Mary Street
City/Zip Code Palmdale 93552

Signature and Title of Authorized Witness Date _____

Smith, Jane A

District Office

Staff Member's Name (Last, First, Middle Initial)

Work Site

The following are prohibited and may result in a loss of access as well as disciplinary or legal action.

- Accessing, sending or displaying offensive messages or pictures
- Harassing, insulting, or attacking others
- Wasting limited resources, e.g., spamming, Instant Messaging, Streaming Video / Audio
- Intentionally tampering (hacking) with or damaging computers, computer systems, or computer networks
- Violating laws (including copyright laws or plagiarism)
- Using another's account/password
- Employing district technology for commercial purposes or personal gain
- Giving out anyone's home address, phone number or other personal information
- Trespassing in another's folders, work, or files
- **Unauthorized installation of software and hardware**
- Violating any provision set forth in the Palmdale School District Technology Use Policy

In compliance with AB307, I will teach my students about copyright, plagiarism, and internet safety.

JS

(Initials)

Staff - Technology Use Policy - Agreement

I have read and understand the Palmdale School District - Technology Use Policy (published at <http://www.palmdalesd.org>). I understand that Internet sites are filtered for objectionable materials and that my electronic network accounts may be monitored. I hereby agree to comply with the above-described conditions of acceptable use.

I understand that access to objectionable sites must be reported to Tech Services at 266-7229 so they may be reviewed and blocked.

Jane Smith

Jane Smith

11/24/2020

Employee's Printed Name

Employee's Signature

Date

CONDITION OF EMPLOYMENT PURSUANT TO CALIFORNIA PENAL CODE SECTION 11166.5

CHILD ABUSE REPORTING

Name: Jane Smith **Position:** Sub Child Nutrition Worker

Any person who enters into employment on or after January 1, 1985, as a child care custodian, Medical practitioner, or non-medical practitioner,..... Prior to commencing his or her employment, shall sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with its provisions.

Section 11166 of the California Penal Code States, in part:

....any child care custodian, medical practitioner, non-medical practitioner,who has knowledge of or observes a child in his or her professional capacity of within the scope of his or her employment whom he or 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.

Section 11166.5 of the California Penal Code defines a "child care custodian" as:

....teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school;licensed day care workers; administrators of community care facilities licensed to care for children, headstart teachers; and social workers.

The California Penal Code Section 11172 (a), provides that mandated reporters are IMMUNE FROM LIABILITY, as provided, in part, as follows:

No child care custodian,who reports a known or suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article....

The California Penal Code Section 11172 (b) provides penalties for FAILURE TO REPORT as follows:

Any person who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist, as required by this article, is guilty of a misdemeanor and is punishable by confinement in the county jail for a term not to exceed six months or by a fine of not more than one thousand dollars (\$1,000) or by both.

Pursuant to the requirements of the California Penal Code, I have read and understand the provisions of Penal Code Section 11166 as stated herein and will comply with its provisions.

Jane Smith
Signature

11/24/2020
Date



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

☐ Permanent Employee

☒ Substitute Employee

Position: Sub Child Nutrition Worker

Completion and submittal of this request is necessary in order to comply with insurance requirements. This form must be completed and returned to the *Risk Management Department* at the District Office.

PLEASE PRINT OR TYPE: Complete ONLY (A – F) below

(A) I (FULL NAME – as it appears on DMV records): Jane A Smith

First

Middle

Last

(B) California Driver's License Number (Capital Letter and Seven Digits): D1234567, hereby authorizes the California Department of Motor Vehicles (DMV) to disclose or otherwise make available my driving record to the Palmdale School District.

I understand that my employer may enroll me in the Employer Pull Notice (EPN) Program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN Program pursuant to California Vehicle Code (CVC) Section 1808.1 (k). I understand that enrollment in the EPN Program is in an effort to promote driver safety and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

(C) Jane Smith
Signature of Employee

(D) 11/24/2020
Date

(E) _____
Supervisor – Print Name

X
Signature

(F) _____
Date

☐ Decline enrollment (see reverse)

RISK MANAGEMENT DEPARTMENT OFFICE USE ONLY

I, _____, of the Palmdale School District, do hereby certify under penalty of perjury under the laws in the State of California that I am an authorized representative of this company, that the information entered on this document is true and correct to the best of my knowledge, and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to employee's job requirements not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

Executed at: Palmdale, Los Angeles County, California Date _____

Signature and Title of Authorized Representative

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO THE DMV.



EMPLOYER PULL NOTICE PROGRAM
DECLINATION TO RELEASE DRIVER RECORD INFORMATION

I _____, **decline** to enroll in the Palmdale School District Employer Pull Notice Program because my job
Print Name
description as a _____ does not require me to maintain a valid California Driver's License.

(If the employee's job description requires a valid California driver's license, the employee is REQUIRED to enroll in the Employer Pull Notice Program or submit a DMV H-6 printout on a monthly basis at the employee's expense. Failure to comply with the requirements of the job description may deem the employee unable to perform the essential functions of their position).

By declining to participate in the Employer Pull Notice Program, I agree and understand that I may NOT drive any vehicle during my work time, for any purpose whatsoever including but not limited to, errands, traveling to conferences, workshops, trainings, between school sites or any activity that may be considered to be within the scope and course of my employment with the Palmdale School District.

I understand that if I wish to drive during my work time for a specific work event, I must obtain written permission to do so from the District. I may submit a written request to drive to an event during my work time to the Human Resources Department with a current DMV H-6 verification in order for the request to be considered. A copy of the written authorization from the District must accompany any request for mileage reimbursement.

Should I fail to abide by this agreement, I hereby release Palmdale School District ("District"), its Board of Trustees, officers, agents, employees, members, representatives or agents of the District, individually or collectively from and against all costs, losses, liability, claims, judgments, damages, demands, actions or expenses including legal and attorney fees without limitation arising from personal or bodily injury or death, property damage, loss or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by me, (the undersigned), resulting from the operation of any vehicle during my work time, regardless of authorization, permission, or knowledge of the District.

I understand that failure to abide by this agreement will result in disciplinary action up to and including termination of my employment.

Employee's signature

Employee's name (printed)

11/24/2020

Date

Supervisor's signature

Supervisor's name (printed)

Date

PERSONAL VEHICLE USE FORM

Name: Jane Smith Phone: 661-555-3456 Birth Date: 09/10/2001

Driver's License #: D1234567 Exp. Date: 09/10/2024

Year/Make of Auto: 2020 Honda Civic Vehicle License Plate #: 8VC4T876

Insurance Carrier/Agent: Mercury Phone: 661-555-6789

☐ Attach a copy of your vehicle proof of coverage

Expiration Date: 06/30/2021 Driving Restrictions: Needs Corrective Lenses

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the School District in the course of my duties, I may utilize my personal vehicle. I must have liability insurance coverage in force as required by the State of California and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Note: Please attach a photocopy of the following: (1) "Proof of Insurance" form presently being provided by your automobile insurance company that indicates expiration date of insurance and (2) driver's license.

Signed: Jane Smith Date: 11/24/2020

Site: District Office Purpose: _____

Site Administrator Approval: _____ Date: _____

NOTE: If you drive your personal automobile while on District business and you are involved in an accident, California Insurance Code §11580.9 states that your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.

All persons driving on District business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-District personnel, students or guests as passengers; (4) ensure that all vehicle occupants use seat belts in the vehicle. Employees are reimbursed on a mileage basis for use of their personal vehicles for work-related travel. The mileage reimbursement is intended to provide for the expense of fuel, tires, depreciation and general maintenance including the cost of material damage (fire, theft, comprehensive, collision) insurance. Consequently, the cost of repairs for windshields, fenders, etc., must be borne by the vehicle owner or that person's insurer."

District Administration may obtain employee driving record checks from the California Department of Motor Vehicles which are a matter of public record.

RETURN THIS FORM TO: Risk Management/ District Office (or fax to 661-789-6659)

Rev 1/17

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name Jane Smith

Employee ID# _____

Employer Name Palmdale School District

Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee Jane Smith

Date 11/24/2020

DISCLOSURE AND AUTHORIZATION

I understand that a consumer credit report and/or a consumer report and/or an investigative consumer report may be obtained and the information contained therein may be used in whole or in part for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. The report will include the following types of information:

- | | |
|---|---|
| <p><input type="checkbox"/> credit information (including, without limitation, information regarding credit worthiness, credit standing, or credit capacity)</p> <p><input checked="" type="checkbox"/> information regarding my character, general reputation, personal characteristics, mode of living</p> <p><input checked="" type="checkbox"/> conviction records</p> <p><input checked="" type="checkbox"/> past employment problems (including, without limitation, sexual harassment, workplace violence, theft or worker's compensation fraud)</p> | <p><input checked="" type="checkbox"/> job verification and history</p> <p><input checked="" type="checkbox"/> education verification and history</p> <p><input checked="" type="checkbox"/> driving record</p> <p><input checked="" type="checkbox"/> civil records</p> <p><input checked="" type="checkbox"/> national writs and warrants</p> <p><input checked="" type="checkbox"/> references verification</p> <p><input checked="" type="checkbox"/> social security trace</p> |
|---|---|

I understand that should I have further questions about the nature and scope of the report(s), I may contact the Director of Personnel for further details.

The agency(s) preparing the report(s) identified above are:

Department of Justice
Bureau of Criminal Identification and Information
P.O. Box 903417
Sacramento, CA 94203-4170
916-227-6338

Bensinger, Ritt and Botterud, LLP,
65 N. Raymond Avenue, Suite 320,
Pasadena, CA 91102
626-685-2550

Jones and Matson
140 S. Lake Avenue, Ste. 330
Pasadena, CA 91101
626-744-9700

I understand that the report(s) may include information on my character, general reputation, personal characteristics or mode of living, and that information may be obtained through personal interviews. I also understand that I may request further information from the company regarding the nature and/or scope of the investigation. I acknowledge that I have been provided with a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

I understand that I have the right to inspect the files maintained about me by any investigative consumer reporting agency. I acknowledge that I have been provided with a copy of California Civil Code § 1786.22, which describes that right.

I have reviewed this document carefully, acknowledge that I understand its contents, and authorize the company to obtain the report(s) and information identified herein. A copy of this document is the same as the original.

Applicant/Employee Name: Jane Smith
(Please print)

Applicant/Employee Address: 1234 Mary Street

City/State/Zip: Palmdale, CA 93552

Social Security Number: 234-05-6789

Driver's License Number: D1234567 State: CA

Date: 11/24/2020 Applicant/Employee Signature: Jane Smith

Should a consumer credit report be processed, you are entitled to receive a copy. Please indicate below.

Yes No
Initials Initials

Should an investigative consumer report or a consumer report be processed, you are entitled to receive a copy. Please indicate below.

Yes No
Initials Initials

HEPATITIS B VACCINE DECLINATION



1910.1030(a)

Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b)

...Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)...

1910.1030(f)(1)(i)

...The employer shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident...

Name: Jane Smith DOB: 09/10/2001 Social #: 234-05-6789
Address: 1234 Mary Street City: Palmdale State: CA Zip: 93552
Work Location: District Office Job Title: Sub Child Nutrition Worker
Phone #: 661-555-3456

I understand that due to my occupational exposure to blood or to other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection.

- ☒ I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge.
- ☐ I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B infection, a serious disease. If in the future, I continue to have occupational exposure to blood to other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge.

Jane Smith

Employee Signature

11/24/2020

Date



Human Resources

39139 10th St. East
Palmdale, CA 93550
(661) 947-7191
(661) 789-6658 Fax

www.palmdalesd.org

NOTICE TO EMPLOYEE
Labor Code section 2810.5

Employee Name: Jane Smith
Start Date: 11/24/2020

Legal Name of Hiring Employer: Palmdale School District

Physical Address of Hiring Employer's Main Office:

39139 North 10th Street East, Palmdale, CA 93550

Hiring Employer's Telephone Number: (661) 947-7191

Rate(s) of Pay: \$13.00

Overtime Rate(s) of Pay: N/A

Rate by (check box): ☒ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

Does a written agreement exists providing the rate(s) of pay? ☒ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☒ Yes ☐ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): N/A

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: 10th and 25th of each month.

WORKERS' COMPENSATION

Insurance Carrier's Name: AdminSure Inc., Attn: Elisse Boyd
Address: 3380 Shelby Street
Ontario, CA 91764-5566
Telephone Number: (909) 493-3381
Policy Number: EIAPE19PWC-06

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under the state law that provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. Requesting or using accrued sick days;
 2. Attempting to exercise the right to use accrued paid sick days;
 3. Filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Law Code;
 4. Cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5 (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

Jane Smith

(PRINT NAME of Employee)

Jane Smith

(SIGNATURE of Employee)

11/24/2020

(DATE)

(PRINT NAME of Employer representative)

(SIGNATURE of Employer representative)

(DATE)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

The mission of the Palmdale School District is to implement our vision with actions and services targeted to students, parents, and staff so our students can live their lives to their full potential.

A. Have you **ever been convicted of a misdemeanor or felony? You may exclude:**

1. Any convictions for the possession of marijuana that are more than two years old (except convictions for the possession of marijuana on school grounds or possession of concentrated cannabis)
2. Misdemeanor convictions that have been judicially dismissed pursuant to Penal Code Section 1203.4 and
3. Any information concerning a referral to, and/or participation, any pre-trial or post-trial diversion program

☐ Yes

☐ No

B. Are you currently out on bail or on your own recognizance pending trial on any criminal charge?

☐ Yes

☐ No

If you answered "Yes" to either question (A or B), describe the nature of the crime(s), the date and place of conviction, and the legal disposition of the case(s); or enter N/A. Except as required by California law, a conviction or pending charge will not automatically disqualify an applicant from employment; however, the nature, date and circumstances of the offense will be considered by the District.

Any convictions evidenced on the Department of Justice (DOJ) or FBI reports obtained through the fingerprinting process which are not disclosed on this application may result in a rescission of any employment offer.

C. Do you acknowledge that you must disclose **all convictions unless excluded from disclosure as noted in the three (3) exceptions listed in question A?**

☐ Yes

☐ No

Name: Jane Smith

Signature: Jane Smith

Date: 11/24/2020

**Must
Choose
Yes Or No
on A, B,
and C.**

CASUAL EMPLOYEE STATUS AGREEMENT

I have been made aware of my status as a casual employee with Palmdale School District, and understand that employment with the District is at will.

Per Education Code 45256, casual employees are not members of the bargaining unit and, therefore, are not entitled to benefits and/or rights contained in the agreement between the California School Employees Associate, Chapter 296, and the Palmdale School District.

I understand that substitute casual employees work on an “AS NEEDED” basis at any of the Palmdale School District sites/departments.

If hired as a substitute Noon Duty, I agree to have my phone number distributed to all Palmdale School District school sites.

Jane Smith

Print Name

Jane Smith

Signature

11/24/2020

Date

Important Information & Links

JS	Pre-Designated Physician Agreement
JS	Personal Property Memo
JS	Sexual Harassment DFEH-185
JS	Classified - Dress and Grooming Policy
JS	Technology Acceptable Use Policy
JS	Child Abuse Reporting
JS	Disaster Service Worker Brochure
JS	School Sites
JS	Sub Time Sheet Sample
JS	Class Hourly Time Sheet Due Dates 20-21
JS	Classified Holidays 2020-2021
JS	Fair Credit Reporting Act
JS	Facts about Worker Comp
JS	UCP Annual Notice
JS	Drug and Alcohol Free Workplace
JS	EDD Brochure
JS	EIA MPN Pamphlet