



## Employment Data Sheet – Temporary Short-Term/Substitute Classified

Employee ID #: \_\_\_\_\_

### Department/Division Use Only

Requisition #:	_____	Employment Start Date:	_____
Position Code:	_____	Employment End Date:	_____
Position Title:	_____	Hourly Rate:	_____
Department/Division:	_____		
Location:	_____		
Supervisor:	_____		
Account Code:	_____	Percent:	_____
	_____	Percent:	_____
	_____	Percent:	_____

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Address (if different): \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

How would you prefer to receive your paycheck? ☐ Pick up in Payroll ☐ Direct Deposit ☐ Mail to Mailing Address Listed Above

### Emergency Notification

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you currently an active member of:

PERS (Public Employees Retirement System): ☐ Full-time ☐ Part-time/Member not Employed ☐ Retired PERS ☐ No  
STRS (State Teachers Retirement System): ☐ Full-time ☐ Part-time/ Member not Employed ☐ Retired STRS ☐ No

Do you have any relative(s) employed by the District? ☐ Yes ☐ No

If yes, name(s) and relationship(s): \_\_\_\_\_

Have you had a conviction for an offense other than traffic violations? ☐ Yes ☐ No

If yes, has it been cleared by the Director of Human Resources? ☐ Yes ☐ No

(Clearance is required prior to beginning employment. Failure to obtain clearance may be cause for dismissal.)

I declare that the information I have given is true and complete.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized signature for the Redwoods Community College District

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Classified Employment Application

Human Resources Office 7351 Tompkins Hill Rd., Eureka, CA 95501-9300; (707) 476-4140; Fax (707) 476-4421

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street and PO Box City State Zip

Email address \_\_\_\_\_ Title of position applying \_\_\_\_\_

Are you related to a District employee? ☐ Yes ☐ No

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

Are you able to perform all functions of the job for which you are applying? ☐ Yes ☐ No

School or Institution	Name and Location	# of Years Completed	Did you Graduate?	Course of Study	Degree/Certificate
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade, or Service Schools			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment History

Employer _____ Department _____ Address _____ _____ Supervisor _____ Supervisor Title _____ Phone _____	Job Title _____ Job Duties _____	Employed From _____ To _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per Week _____	Reason for Leaving _____
Employer _____ Department _____ Address _____ _____ Supervisor _____ Supervisor Title _____ Phone _____	Job Title _____ Job Duties _____	Employed From _____ To _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per Week _____	Reason for Leaving _____
Employer _____ Department _____ Address _____ _____ Supervisor _____ Supervisor Title _____ Phone _____	Job Title _____ Job Duties _____	Employed From _____ To _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per Week _____	Reason for Leaving _____

If currently employed, may we contact your present employer? ☐ Yes ☐ No

**I agree to conform to district regulations concerning Tuberculin clearance, fingerprinting, and signing Drug-Free Workplace and Oath of Allegiance policy.**

■ **Note:** The Immigration Reform Act of 1986 requires verification of the right to work in the United States as a condition of hire.

*I declare that the information in this application is true and complete to the best of my knowledge and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that I will be subject to dismissal if any statement in this application is found to be untrue.*

**Signature**

**Date**



## Demographic Information, Drug-Free Workplace, and Oath of Allegiance

Name: \_\_\_\_\_

### Demographic Information

Due to regulations set forth by the Federal Equal Employment Opportunity Commission and the California Community College Chancellor's Office, the Redwoods Community College District and all other institutions of higher learning are required to keep records on the ethnic status and gender of all applicants. This request for information has nothing to do with conditions of employment.

Ethnic Background (check all that apply):

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Chinese      | <input type="checkbox"/> Vietnamese                     | <input type="checkbox"/> Guamanian              |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian (not noted above)  | <input type="checkbox"/> Hawaiian               |
| <input type="checkbox"/> Japanese     | <input type="checkbox"/> Black Non-Hispanic             | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Korean       | <input type="checkbox"/> Filipino                       | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Laotian      | <input type="checkbox"/> Hispanic                       | <input type="checkbox"/> White Non-Hispanic     |
| <input type="checkbox"/> Cambodian    | <input type="checkbox"/> American Indian/Alaskan Native |   |

Gender: ☐ Male ☐ Female ☐ Nonbinary

US Citizen: ☐ Yes ☐ No

Veteran: ☐ Yes ☐ No

Disability\*: ☐ Yes ☐ No

\*Disability definition: a condition which substantially restricts one or more life activities and has a record of such impairment, and is regarded by others as having such impairment

### Drug-Free Workplace

The Federal Office of Management and Budget has passed regulations that community colleges and other agencies must comply with in order to receive federal grants. This certification is required by the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F.

Board of Trustees Policy 3550 was developed in accordance with the requirements of this act. All employees are being given a copy of the policy (on the reverse side) and agree to abide by its terms.

In compliance with the Drug Free Workplace Act of 1988, the College, as a recipient of federal funds, must certify that each employee is aware of our Drug-Free Workplace Policy 3550, and agree to abide by its terms.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Oath of Allegiance for Persons Employed by a School District in the State of California

I, \_\_\_\_\_, so 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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Taken, subscribed, and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

# **Drug-Free Environment and Drug Prevention Program**

The District shall be free from all illegal drugs and from the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees. Administrative Procedure 3560 permits the lawful possession, use or distribution of alcohol under specific, limited circumstances.

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in all facilities under the control and use of the District.

Any student or employee who violates this policy may be subject to disciplinary action (consistent with local, state, and federal law), which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion or dismissal.

The President/Superintendent shall ensure that the District distributes annually to each student and employee, in accordance with Administrative Procedure 3550, the information required by the Drug-Free Schools and Communities Act and Code of Federal Regulations, Title 34, Part 86.

## **Drug-Free Workplace**

The District is committed to maintaining a drug-free workplace in accordance with the requirements of the U.S. Drug-Free Workplace Act of 1988.

The District certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Making it a requirement that each employee be given a copy of the statement required by paragraph 1;
3. Notifying the employee that the employee will:
  - Abide by the terms of the statement;
  - Notify the District of any convictions of drug violations within five days;
4. Establishing a drug-free awareness program to inform employees about:
  - The dangers of drug abuse in the workplace;
  - The District's policy of maintaining a drug-free workplace;
  - Drug counseling, rehabilitation, and employee assistance program; and
  - The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
5. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4 and 5.

Adopted by Board of Trustees: August 7, 1989

Amended: February 3, 2015



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)					
		If you check <b>Item Number 4.</b> , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
<b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name College of the Redwoods		Employer's Business or Organization Address, City or Town, State, ZIP Code 7351 Tompkins Hill Road, Eureka, CA 95501			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
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		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts  May be presented in lieu of a document listed above for a temporary period.  For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document.  • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.  • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

## Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. Only provide details for membership in the retirement systems found on the enclosed **List of Qualifying Reciprocal Retirement Systems in California** document.

### Section 1: Member Information

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Member Name

Date of Birth

CalPERS ID

Enrollment Date with this Employer

Are you a member of CalPERS with funds on deposit? ☐ Yes ☐ No

Are you a member of the defined benefit plan of one of the retirement systems listed on the enclosed List of Qualifying Reciprocal Retirement Systems in California? ☐ Yes ☐ No If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form. **If no, skip to Section 3.**

### Section 2: Qualifying Reciprocal Membership Information

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The data you provide must be validated with your reciprocal system. Failure to validate information may result in enrollment errors. Refer to the **List of Qualifying Reciprocal Retirement Systems in California** and only include details on this form for membership under the retirement systems listed, not employment covered by CalPERS.

1) Name of most recent reciprocal retirement system:

Membership date in most recent reciprocal system (MM/DD/YYYY):

Are you currently active with this reciprocal system? ☐ Yes ☐ No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you receive a refund from this reciprocal system? ☐ Yes ☐ No, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? ☐ Yes ☐ No, provide retirement date (MM/DD/YYYY):

Note: Provide details below for a second reciprocal system or additional membership periods, if applicable. If not, skip to Section 3.

2) Name of reciprocal retirement system:

Membership date (MM/DD/YYYY):

Are you currently active with this reciprocal system? ☐ Yes ☐ No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you refund from this reciprocal system? ☐ Yes ☐ No, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? ☐ Yes ☐ No, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, attach a second form. If not, skip to Section 3.



### Section 3: Sign and Certify

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I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CalPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal 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 or formula 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.

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**Member Signature**

**Date**

## List of Qualifying Reciprocal Retirement Systems in California

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Only provide membership information on the **Reciprocal Self-Certification** form for membership in the defined benefit plan of the following systems. **CalPERS data should not be included in Section 2 of the form.**

- Alameda County Employees' Retirement Association (ACERA)
- California State Teachers' Retirement System (CalSTRS) – Defined benefit (DB) plan only; cash balance plans not eligible
- City and County of San Francisco Employees' Retirement System (SFERS)
- City of Concord Retirement System\*
- City of Costa Mesa Public Retirement System\* – Safety only
- City of Delano Retirement System\*
- City of Fresno Retirement System (CFRS)
- City of Pasadena Fire and Police Retirement System – Fire and police only
- City of San Clemente\* - Miscellaneous only
- City of San Jose Office of Retirement Services – Safety and miscellaneous
- Contra Costa County Employees' Retirement Association (CCCERA)
- Contra Costa Water District (CCWD)
- East Bay Municipal Utility District (EBMUD)
- East Bay Regional Park District – Safety only
- Fresno County Employees' Retirement Association (FCERA)
- Imperial County Employees' Retirement Association (ICERS)
- Judges Retirement System II (JRS II)
- Kern County Employees' Retirement Association (KCERA)
- Legislators' Retirement System (LRS)
- Los Angeles City Employees' Retirement System (LACERS) – Miscellaneous only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
- Los Angeles County Employees' Retirement Association (LACERA)
- Los Angeles County Metropolitan Transportation Authority\* (LACMTA)
- Marin County Employees' Retirement Association (MCERA)
- Mendocino County Employees' Retirement Association (MCERA)
- Merced County Employees' Retirement Association (MCERA)
- Oakland Municipal Employees' Retirement System (City of Oakland)\* – Miscellaneous only
- Orange County Employees' Retirement System (OCERS)
- Sacramento City Employees' Retirement System\*
- Sacramento County Employees' Retirement System (SCERS) – DB plan only; cash balance plans not eligible
- San Bernardino County Employees' Retirement Association (SBCERA)
- San Diego City Employees' Retirement System (SDCERS) – DB plan only; cash balance plans not eligible
- San Diego County Employees' Retirement Association (SDCERA)
- San Joaquin County Employees' Retirement Association (SJCERA)
- San Luis Obispo County Pension Trust (SLOCPT)
- San Mateo County Employees' Retirement Association (SamCERA)
- Santa Barbara County Employees' Retirement System (SBCERS)
- Sonoma County Employees' Retirement Association (SCERA)
- Stanislaus County Employees' Retirement Association (StanCERA)
- Tulare County Employees' Retirement Association (TCERA)
- University of California Retirement Program (UCRP) – DB plan only; cash balance plans not eligible
- Ventura County Employees' Retirement Association (VCERA)

**\*CalPERS-covered agency** – \*Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERS-covered

# CalPERS Privacy Notice

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The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

## CalPERS

CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).

**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.

**2025****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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

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

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

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

<b>Step 3:</b> <b>Claim</b> <b>Dependent</b> <b>and Other</b> <b>Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4</b> <b>(optional):</b> <b>Other</b> <b>Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . .	<b>4(c)</b>	\$

**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

College of the Redwoods  
7351 Tompkins Hill Rd.  
Eureka, CA 95501

First date of  
employment

Employer identification  
number (EIN)

**94-2022980**

## 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  City State ZIP Code	Filing Status 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 \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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**Purpose:** This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

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

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

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

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

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

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

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

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



## Direct Deposit Authorization Request

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Direct deposit is available (at no cost) to all permanent staff and Associate Faculty.

Funds will be deposited into your account(s) automatically every payday.

A record of earnings (Pay Advice) will be posted to your WebAdvisor account under the Employees tab.

Net pay may be deposited into one or two accounts.

If you have any questions, contact the Payroll Office at 707-476-4129.

Account 1: ☐ Net Check or ☐ Specify amount \$: \_\_\_\_\_  
(remaining amount will be deposited in Account 2.)

Attach a "VOID", pre-printed check

OR

documentation from your banking institution with your name, routing number, and account number.  
(Deposit slips are not accepted.)

Account 2: If depositing into two accounts, the remainder will be deposited into this account.

Attach a "VOID", pre-printed check

OR

documentation from the banking institution with your name, routing number, and account number.  
(Deposit slips are not accepted.)

- I am an employee of the Redwoods Community College District (herein after referred to as the College). I authorize the College and the financial institution shown on the attached check(s)/letter(s) to deposit my monthly net pay into my account(s) as shown. I shall hold harmless and indemnify the College, its officers and employees from any claim or demand of whatever nature including those based upon negligence of the officers and employees, brought by any person, including any banking institution, against the College in its capacity concerning the payroll check disposition provided by the College.
- I understand it is my responsibility to ensure that my net check has been properly credited to my account(s) before issuing checks against these accounts. If funds to which I am not entitled are deposited, I hereby authorize the College either to direct the financial institution to return such funds or to request a stop payment of the direct deposit and to issue a check for the correct amount. Direct deposit fund transfers takes effect one month following receipt of this completed authorization agreement after a successful prenote test has occurred through the banking system. This completed request is for the monthly disposition of my paycheck from the effective date specified until I have signed the cancellation section below. (Note: Associate Faculty deposits will be cancelled after two semesters with no contract activity.)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cancellation: I hereby request that direct deposits to the account number(s) above be discontinued effective on the next payroll after receipt of this request by the College Payroll Office.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_