



## ORANGE COUNTY DEPARTMENT OF EDUCATION EMERGENCY DATA SHEET

SECTION 1 - EMPLOYEE INFORMATION				
Last Name:		First Name:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	
Address:		City:	State:	Zip:
Birthdate:		Cell Phone:		
Email Address:		Home Phone:		
SECTION 2 - IN CASE OF EMERGENCY - NOTIFY:				
Primary Contact Name:		Relationship:		
Cell Phone:		Home/Work/Alt. Number:		
Address:		City:	State:	Zip:
Additional Contact Name:		Relationship:		
Cell Phone:		Home/Work/Alt. Number:		
Address:		City:	State:	Zip:
Additional Contact Name:		Relationship:		
Cell Phone:		Home/Work/Alt. Number:		
Address:		City:	State:	Zip:

I hereby authorize the Orange County Department of Education to direct my medical care in the event of a medical emergency.

Employee's Signature:		Date:	
-----------------------	--	-------	--

Any changes in the above information should be updated through EIS as soon as possible after the changes occur.



## ORANGE COUNTY DEPARTMENT OF EDUCATION EMPLOYEE ETHNICITY AND RACE DATA COLLECTION

**Employee's Name:** \_\_\_\_\_

Federal guidelines require that we gather race and ethnicity information in a two-part question for new employees. Please answer **both** of the following questions:

### SECTION 1 – WHAT IS YOUR ETHNICITY?

- Hispanic or Latino (*A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race*)
- Not Hispanic

### SECTION 2– WHAT IS YOUR RACE?

(Regardless of your selection above, please continue to answer by checking one or more boxes to indicate what you consider your race(s) to be.)

- American Indian or Alaska Native
- Black or African American
- Filipino
- White
- Asian Indian
- Cambodian
- Chinese
- Hmong
- Japanese
- Korean
- Laotian
- Vietnamese
- Other Asian
- Guamanian
- Hawaiian
- Samoan
- Tahitian
- Other Pacific Islander

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# 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.**

**2026**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<b>Does your name match the name on your social security card?</b> 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"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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 Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b>	\$	
	(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b>	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$	

<b>Step 4:</b> <b>Other 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> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
-------------------------	---

<b>Step 5:</b> <b>Sign Here</b>	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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
	<b>Orange County Department of Education</b> 200 Kalmus Dr, Costa Mesa, CA 92626		

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



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

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

### Step 4.

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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

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



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

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

  - a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . 1a \$ \_\_\_\_\_

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . 1b \$ \_\_\_\_\_

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . 1c \$ \_\_\_\_\_

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . 2 \$ \_\_\_\_\_

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year . . . . . 3a \$ \_\_\_\_\_

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . 3b \$ \_\_\_\_\_

4 Add lines 3a and 3b. Enter the result here . . . . . 4 \$ \_\_\_\_\_

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . 5 \$ \_\_\_\_\_

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . 6a \$ \_\_\_\_\_

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . 6b \$ \_\_\_\_\_

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . 6c \$ \_\_\_\_\_

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . 6d \$ \_\_\_\_\_

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . 6e \$ \_\_\_\_\_

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . 7 \$ \_\_\_\_\_

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . 8a \$ \_\_\_\_\_

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . 8b \$ \_\_\_\_\_

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse } . . . . . 9 \$ \_\_\_\_\_  
 { • \$640,600 if you’re single or head of household }  
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . 10 \$ \_\_\_\_\_

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse } . . . . . 11 \$ \_\_\_\_\_  
 { • \$24,150 if you’re head of household }  
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . 12 \$ \_\_\_\_\_

13 Add lines 11 and 12. Enter the result here . . . . . 13 \$ \_\_\_\_\_

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . 14 \$ \_\_\_\_\_

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . 15 \$ \_\_\_\_\_

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

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

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

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

### Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

### Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

### Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



Clear Form

### Employee's Withholding Allowance Certificate

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

<b>Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	<input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household

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

#### Exemption from Withholding

- I claim exemption from withholding for 2026, and I certify I meet both conditions for exemption. (Check box here)   
OR
- 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 penalty 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
_____	_____
_____	
_____	

The *Employee's Withholding Allowance 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.

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

If you do not provide your employer a completed DE 4, your 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:

- You did not owe any federal and state income tax last year, and
  - You do not expect to owe any federal and state income tax this 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 and 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
- Your spouse is a member of the armed forces present in California in compliance with military orders;
  - You are present in California solely to be with your spouse; and
  - You maintain your domicile in another state.
- If you claim exemption under this act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

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

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

---

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

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

# Worksheets

## Instructions — 1 — Allowances\*

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

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

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

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

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

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

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

### Worksheet A

### Regular Withholding Allowances

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

## Instructions — 2 — Additional Withholding Allowances (Optional)

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

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

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

### Worksheet B

### Estimated Deductions

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

- |  |            |
|--|------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540   | 1. _____   |
| 2. Enter \$11,412 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,706 if single or married filing separately, dual income married, or married with multiple employers | – 2. _____ |
| 3. Subtract line 2 from line 1, enter difference   | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)  | + 4. _____ |
| 5. Add line 4 to line 3, enter sum   | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)   | – 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);<br>Subtract line 6 from line 5, enter difference  | = 7. _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number<br>enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise <b>stop here</b> .   | 8. _____   |
| 9. If line 6 is greater than line 5;<br>Enter amount from line 6 (nonwage income)  | 9. _____   |
| 10. Enter amount from line 5 (deductions)  | 10. _____  |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.  | 11. _____  |

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

**Worksheet C**

**Additional Tax Withholding and Estimated Tax**

1. Enter estimate of total wages for tax year 2026. 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum. 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B). 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum. 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference. 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2026 tax rate schedules below. 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$168.30). 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference. 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540). 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2026. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2026. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2026. 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15. \_\_\_\_\_

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*These Tables Are for Calculating Worksheet C and for 2026 Only*

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

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$11,079	1.100%	\$0	\$0.00
\$11,079	\$26,264	2.200%	\$11,079	\$121.87
\$26,264	\$41,452	4.400%	\$26,264	\$455.94
\$41,452	\$57,542	6.600%	\$41,452	\$1,124.21
\$57,542	\$72,724	8.800%	\$57,542	\$2,186.15
\$72,724	\$371,479	10.230%	\$72,724	\$3,522.17
\$371,479	\$445,771	11.330%	\$371,479	\$34,084.81
\$445,771	\$742,953	12.430%	\$445,771	\$42,502.09
\$742,953	\$1,000,000	13.530%	\$742,953	\$79,441.81
\$1,000,000	and over	14.630%	\$1,000,000	\$114,220.27

**Married Persons**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$22,158	1.100%	\$0	\$0.00
\$22,158	\$52,528	2.200%	\$22,158	\$243.74
\$52,528	\$82,904	4.400%	\$52,528	\$911.88
\$82,904	\$115,084	6.600%	\$82,904	\$2,248.42
\$115,084	\$145,448	8.800%	\$115,084	\$4,372.30
\$145,448	\$742,958	10.230%	\$145,448	\$7,044.33
\$742,958	\$891,542	11.330%	\$742,958	\$68,169.60
\$891,542	\$1,000,000	12.430%	\$891,542	\$85,004.17
\$1,000,000	\$1,485,906	13.530%	\$1,000,000	\$98,485.50
\$1,485,906	and over	14.630%	\$1,485,906	\$164,228.58

**Unmarried/Head of Household**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$22,173	1.100%	\$0	\$0.00
\$22,173	\$52,530	2.200%	\$22,173	\$243.90
\$52,530	\$67,716	4.400%	\$52,530	\$911.75
\$67,716	\$83,805	6.600%	\$67,716	\$1,579.93
\$83,805	\$98,990	8.800%	\$83,805	\$2,641.80
\$98,990	\$505,208	10.230%	\$98,990	\$3,978.08
\$505,208	\$606,251	11.330%	\$505,208	\$45,534.18
\$606,251	\$1,000,000	12.430%	\$606,251	\$56,982.35
\$1,000,000	\$1,010,417	13.530%	\$1,000,000	\$105,925.35
\$1,010,417	and over	14.630%	\$1,010,417	\$107,334.77

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

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



## ORANGE COUNTY DEPARTMENT OF EDUCATION RISK MANAGEMENT ACKNOWLEDGEMENT

### SECTION 1 – READ AND SIGN

I understand that if I sustain a work-related injury/illness, I am required to report said injury/illness to my supervisor IMMEDIATELY. I further acknowledge receipt of the Facts about Workers' Compensation pamphlet regarding designation of a personal physician.

Employee's Name:

Employee's Signature:

Date:

(Please detach and retain lower portion for your records.)

---

### SECTION 2 – RISK MANAGEMENT NOTICE

Amendments to the California Code of Regulations became effective on October 8, 2010. The change involved employee section of a treating physician for an occupational injury of illness. An injured employee may go to his/her personal physician for treatment, but only if the employee has notified the Risk Management Coordinator of his/her desire to be treated by his/her personal physician prior to the occurrence of the injury or illness.

The law is very specific about the necessity for the employee to notify the employer PRIOR to the occurrence of the injury or illness. It is also very specific as to who is an employee's personal physician. The definition requires that the physician who has previously treated the employee for personal medical reasons and who maintains his/her personal medical records. There are specific guidelines for designating a chiropractor or acupuncturist. Additional information regarding the definition of personal physician is outlined in the attached Facts about Worker' Compensations pamphlet.

If you wish to designate a personal physician, complete one of the attached forms. You may contact Risk Management at 714.966.4059 if you have additional questions.



## ORANGE COUNTY DEPARTMENT OF EDUCATION CONFIDENTIALITY AGREEMENT

As an employee of the Orange County Department of Education, you may have access to confidential information. This information includes, but is not limited to, documents concerning employees, students or members of the public. The documents may include medical information; home address or telephone number; social security number; payroll deductions; salary documents, data, and reports; personnel files and any personally identifiable information regarding employees or applicants; and student files and data. This agreement also applies to E-mail and other electronically accessible information.

You are personally responsible for maintaining the confidential nature of these materials by carefully observing the security measures listed below:

1. Permit no other persons to have access to confidential information or materials and **do not** discuss any aspects of the data/information or other confidential personnel-related matters with any other persons unless they are:
  - a. Members of OCDE staff who need the information to perform their work
  - b. Authorized by your supervisor or another designated member of OCDE staff
2. Secure all confidential materials when you are not directly working with them.
3. Do not retain any copies or make personal file copies of confidential materials unless necessary. Any extra copies of confidential materials should be destroyed by shredding when they are no longer necessary.
4. If you have questions about the confidentiality of any information to which you have access, you should assume the information is confidential and handle it as such until you are informed otherwise by your supervisor.

These security standards apply to any and all confidential materials to which you have access. It is essential that these standards and any additional ones are requested or may be necessary are maintained at every stage of a confidential process in which you assist, participate, or review.

Because of the importance of security, you should notify your supervisor or another designated staff member if any circumstances cause you to believe that confidential nature of any material or process has not been maintained.

*A copy of this form will be maintained in your personnel file*

### SECTION 1 – READ AND SIGN

I have read the above Confidentiality Agreement and understand the policy regarding security and misuse of confidential information. I accept the responsibility of maintaining the strict confidentiality of all materials and information to which I have access.

<b>Employee's Name:</b>		<b>Classification:</b>	
<b>Employee's Signature:</b>		<b>Date:</b>	

These security standards were discussed with the above employee:

HR Director or Designee:		Classification:	
Signature:		Date:	



## ORANGE COUNTY DEPARTMENT OF EDUCATION CHILD ABUSE REPORTING STATEMENT

I, \_\_\_\_\_, hereby acknowledge I have received a copy of Penal Code sections 11165.7, 11166, and 11167.

I have reviewed and familiarized myself with the provision of the sections, and have had the opportunity to have my questions about these provisions answered.

I further understand the following:

1. I am considered a mandated reporter of suspected child abuse.
2. Penal Code section 11166 (copy attached) required any mandated reported who has knowledge of or observed a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse or neglect 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, fax or e-mail, a written report thereof within 36 hours of receiving the information concerning the incident.
3. "Mandated Reporters" are those individuals listed in Penal Code section 11165.7 (copy attached), including teachers, instructional aides, classified employees, coaches, administrative officers, supervisors of child welfare and attendance, administrators of a public or private day camp, administrators and employees of child day care facilities licensed to care for children, peace officers, healthcare practitioners, employees or administrators of public or private post-secondary institutions whose duties bring them into contact with children on a regular basis, the supervisors of those employees, and any athletic coach at a public or private post-secondary institution.
4. Penal Code section 11167 (copy attached) generally provides that the identify of a reporter of suspected child abuse, and the written child abuse report that is prepared by the reporter, is confidential and shall be disclosed only among agencies involved in the investigation or by court order.

As an employee of the Orange County Department of Education, I certify that I have read and understand this statement and the above cited Penal Code sections, and will comply with my obligations under the child abuse reporting law.

**Employee's Name (please print):**

**Employee's Signature:**

**Date:**



## ORANGE COUNTY DEPARTMENT OF EDUCATION LUMP-SUM DISTRIBUTIONS FROM QUALIFIED RETIREMENT PLANS

The Unemployment Compensation Amendments of 1992, signed into law on July 3, 1992, significantly changes the treatment of distributions from qualified retirement plans and TSAs. This law expands the types of distributions that may be rolled over tax-free to an eligible retirement plan, permits these eligible rollover distributions to be directly rolled over to an eligible retirement plan, and subjects eligible rollover distributions not directly over to mandatory income tax withholding. Eligible requirements plans include STRS, PERS, and PARS.

An eligible rollover distribution is generally any distribution of all or part of the balance to the employee's credit. Employees contemplating a withdrawal of eligible retirement contributions when leaving employment with the Department need to be considering plans to accomplish the transfer successfully. The Department, however, cannot provide tax advice. For tax information or advice, see your tax consultant, the Internal Revenue Service, or the State Franchise Tax Board.

***I acknowledge that I have read this information and that this statement will be placed in my personal file as part of my orientation sign-up papers.***

<b>Employee's Name (please print):</b>			
<b>Employee Signature:</b>		<b>Date:</b>	



## ORANGE COUNTY DEPARTMENT OF EDUCATION PUBLIC RECORDS REQUEST NOTICE

To: All Staff

From: Gina Lance, Chief Human Resources Officer

Public agencies, including the Orange County Department of Education, are obligated under the California Public Records Act (PRA) to respond to requests for public records and provide access to requested disclosable public records.

While some confidential employee data such as home address, social security number, and birthdate would not be released in response to a PRA request, eligible requests and records often include but are not limited to items such as the name, title, salary, and work site of employees. There are limited exceptions to disclosing eligible public records under the Act, including showing that the privacy rights of the individual outweigh the public's interest in the information. Information that may justify the exception could include, for example, an employee under a protective court order or restraining order where current workplace information is not to be shared with the person the order is against, participation in the witness protection program, or participation in the California Secretary of State's Safe at Home Confidential Address Program. Requests for exception must show a non-speculative and imminent threat of harm based on the release and publication of your workplace. For reference, please note that requests for redaction based on identity theft concerns, having a family member who is a police officer or member of the military, or general privacy concerns are not typically granted.

- I do not have any qualifying exceptions at this time.
- I would like to share information with the Department that may justify an exception.

I have read and understand the above statement regarding the Public Records Act and agree to notify the Department as soon as possible of any reason I have that may justify an exception.

Employee's Name:

Date:

Employee's Signature:



**ORANGE COUNTY DEPARTMENT OF EDUCATION  
PAY WARRANT/PAYCHECK  
DESIGNATION OF BENEFICIARY FORM**

In the event of your death, salary or other monies may be owed to you as an employee of the Orange County Department of Education. This form permits immediate release of any warrants or checks to the person you designate as your beneficiary.

**PRIMARY BENEFICIARY**

As provided in **Section 53245 of the California Government code**, in the event of my death, I hereby designate the following person to receive all warrants or checks that will be payable to me from the **Orange County Department of Education**.

<b>Full Name:</b>			
<b>Social Security Number:</b>		<b>Relationship:</b>	
<b>Address (No. &amp; Street):</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	

**SECONDARY BENEFICIARY**

In the event that I survive the person named above, I hereby designate the following person to receive all warrants or checks that will be payable to me from the **Orange County Department of Education**.

<b>Full Name:</b>			
<b>Social Security Number:</b>		<b>Relationship:</b>	
<b>Address (No. &amp; Street)</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	

This designation form cancels and replaces any previously signed pay warrant form and shall remain in effect until cancelled in writing.

Upon sufficient proof of identity, the Superintendent or designee shall release the warrants or checks to the above designee. The designee who received the warrant or check is entitled to negotiate as if he/she were the payee.

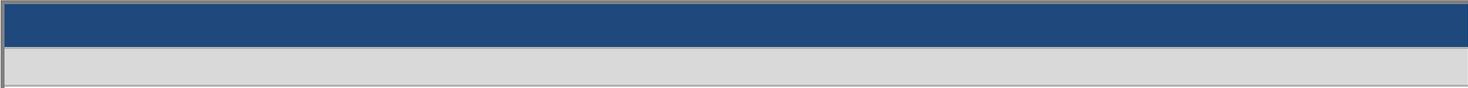
<b>Employee's Name:</b>		<b>Employee ID Number:</b>	
<b>Employee's Signature:</b>		<b>Date:</b>	

**NOTE: IT IS IMPORTANT THAT YOU UPDATE THIS FORM WHEN CHANGES OCCUR THAT WOULD AFFECT YOUR DESIGNATION OF BENEFICIARY.**



**ORANGE COUNTY DEPARTMENT OF EDUCATION**  
**OATH OF ALLEGIANCE FOR BOARD MEMBERS AND PERSONS**  
**EMPLOYED BY A PUBLIC SCHOOL DISTRICT**  
**COUNTY OF ORANGE, STATE OF CALIFORNIA**

(REQUIRED BY DIVISION 4, CHAPTER 8, TITLE 1 OF GOVERNMENT CODE AS AMENDED)



This oath must be administered by a notary public or other official authorized by law to administer oaths:  
 State of California    )  
 County of Orange    )

I, \_\_\_\_\_, do solemnly declare (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 of purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Taken, subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Employee \_\_\_\_\_

Stefan Bean, Ed.D. Superintendent of Schools  
 Signature and Title of Authorized Official

by: \_\_\_\_\_  
 Deputy

No fee may be charged for administering this oath (Section 3104 of Gov. Code).

WHO MAY ADMINISTER THE OATH OF ALLEGIANCE

This Oath must be administered by a person having general authority to administer oaths- for example: Notaries Public, Civil Executive Officers (Section 1001 of the Government Code) including members of governing boards of school districts, Judicial Officers, Justice of the Peace, and the County officers and their deputies names in Sections 24000, 24057 of the Government Code such as district attorneys, sheriffs, county clerks, county superintendent of schools, members of boards of supervisors, etc. A member of the governing board of a school district should not administer the oath to anyone who is not an employee of the district.

PRODUCED BY: ORANGE COUNTY DEPARTMENT OF EDUCATION  
 200 KALMUS DRIVE  
 COSTA MESA, CALIFORNIA



## ORANGE COUNTY DEPARTMENT OF EDUCATION RETIREMENT INFORMATION

**Employee Name:**

**Social Security Number:**

The information provided on this form will allow your district to determine the appropriate retirement system options available to you for your current position.

Please check the boxes as applicable. If you check the first box in a section, complete the remaining fields within that section.

**I am currently or have been a member of STRS (State Teacher's Retirement System –for positions requiring a credential).**

- Current member with funds in STRS Membership effective date: \_\_\_\_\_
- Refunded STRS contributions effective: \_\_\_\_\_
- Retired from STRS effective: \_\_\_\_\_ List  
all California public school employers through which STRS membership was established:  
\_\_\_\_\_

**I am currently or have been a member of PERS (Public Employees' Retirement System).**

- Current member with funds in PERS Membership effective date: \_\_\_\_\_
- Refunded PERS contributions effective: \_\_\_\_\_
- Retired from PERS effective: \_\_\_\_\_

List all California public school employers through which PERS membership was established:  
\_\_\_\_\_

List most recent PERS employer and date of separation:  
\_\_\_\_\_

**YES**  **NO** In the last 12 months, I have received unemployment insurance payments based on prior employment as a retired annuitant with the State of California or other PERS employer. (GOV. Code Section 21224)

**I am currently or have been a member of PARS (Public Agency Retirement System)**

- Current member with funds in PARS
- Refunded PARS contributions effective: \_\_\_\_\_

List employer through which PARS membership was established: \_\_\_\_\_

**I am currently or have been a member of a California public retirement system other than above. Name of California public retirement system: \_\_\_\_\_**

- Current member effective date: \_\_\_\_\_
- Refunded contributions effective: \_\_\_\_\_

List employer through which membership was established: \_\_\_\_\_

Date of separation from most recent California public retirement system employer: \_\_\_\_\_

**I have never been a member of STRS, PERS, PARS, or any other California public retirement system.**

**Employee's Signature:**

**Date:**



# NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		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)		(FIRST)	(MIDDLE)	
3. NAME OF PUBLIC AGENCY OCDE		4. DEPARTMENT OR SCHOOL DISTRICT		5. JOB OR POSITION TITLE New Hire
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.  MONTHS		8. APPOINTMENT DATE MM   DD   YYYY
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. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons why you feel you should be a member.**

SIGNATURE OF CERTIFYING OFFICER		TITLE	DATE
SIGNATURE OF EMPLOYEE			DATE

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

---

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

---

**Employee Name:** \_\_\_\_\_

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

**Employer Name:** \_\_\_\_\_

**Employer ID#:** \_\_\_\_\_

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit [www.ssa.gov](http://www.ssa.gov).

### **For More Information**

Social Security publications and additional information are available at [www.ssa.gov](http://www.ssa.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 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.**

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

---

## Information about Social Security Form **SSA-1945** Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, [www.ssa.gov/online/ssa-1945.pdf](http://www.ssa.gov/online/ssa-1945.pdf).



## Alternate Retirement System

### Orange County Department of Education

#### General Information for Part-time, Seasonal and Temporary Employees

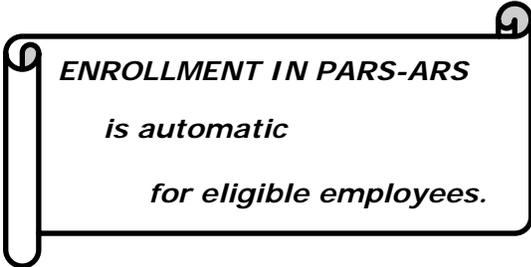
---

#### INTRODUCTION

A **federal law**, the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), requires that governmental employees who are not members of their employer's existing retirement system be covered by Social Security or an alternate plan.

**You are enrolled** in an alternate plan called the Public Agency Retirement System Alternate Retirement System (PARS-ARS). **PARS-ARS** satisfies federal requirements and provides cost savings compared to Social Security to you and your employer. Social Security requires that 12.4% of your salary be contributed each pay period; however, your PARS-ARS plan requires only a 7.5% contribution to your retirement account.

This information is a **general description** of what you can expect as a participant in PARS-ARS. The Plan Document provides a detailed description and contains all of the specific legal requirements of the plan. If this description states something that is different from the Plan Document, then the Plan Document will be followed, not this description. A copy of the Plan Document and Adoption Agreement is available for your inspection with your Employer.



#### ENROLLMENT IN PARS-ARS

*is automatic*

*for eligible employees.*

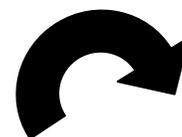
*A PARS-ARS account balance statement is available at any time upon request from:*

**PARS Trust Administrator**  
Phase II Systems  
PO Box 10009  
Costa Mesa, CA 92627-0009

#### YOUR PARS-ARS ACCOUNT

Effective January 1, 1992 and thereafter:

1. Each pay period, **3.75%** will be deducted from your salary and deposited into your PARS-ARS account.
2. Each pay period, your employer will also contribute the equivalent of **3.75%** of your salary to your PARS-ARS account.
3. Investment activity minus plan administrative expenses will be credited to your PARS-ARS account based upon your monthly account activity and will accumulate **tax-free** until your termination from the plan and the distribution of your account balance.



## DESIGNATING A BENEFICIARY

- 1) **If you die** while you are employed, **your account balance will be distributed to your beneficiary.**
- 2) **If you are married** at the time of your death, your **spouse** is automatically your beneficiary. If you wish to designate someone other than your spouse as your beneficiary, you must do so in writing and your spouse must sign a spousal consent.
- 3) **If you are unmarried** at the time of your death, your account balance will be paid to your **estate** unless you have designated another beneficiary.
- 4) You may obtain a **Beneficiary Designation Form** from your employer or the PARS Trust Administrator (Phase II Systems).

## RECEIVING YOUR ACCOUNT BALANCE

- 1) **When your employer notifies PARS** that your employment has ended, appropriate distribution **forms will be sent to you.** Within 90 days of PARS' receipt of all necessary distribution forms, you will receive your account balance in a lump-sum distribution.
- 2) You do not pay income taxes on your account as it accumulates. **When you begin to receive benefits, the funds received become taxable income.** If you choose to receive retirement benefits before age 59 1/2, those funds may be subject to additional federal and state excise taxes. If your account balance exceeds \$200, you may avoid excise taxes by directing PARS to transfer the balance of your PARS-ARS account to an IRA or another retirement plan (that accepts rollovers).

---

## BECOMING ELIGIBLE FOR BENEFITS

- 1) You or your beneficiary will receive your PARS-ARS account balance **after your employment ends** for any of the following reasons:
  - a. Termination of Employment
  - b. Retirement
  - c. Death
  - d. Permanent and Total Disability
- 2) If you become eligible for another qualified retirement plan such as STRS or PERS, your account balance must remain in PARS-ARS for twenty-four (24) months, after which you will be able to request distribution of your account balance.

### ***For Further Information***

*A Plan Summary describing PARS-ARS in more detail is available upon request.*

*Please feel free to contact your employer or the PARS Trust Administrator, Phase II Systems at the numbers below:*

### **PARS Trust Administrator**

Phase II Systems  
P.O. Box 10009  
Costa Mesa, CA 92627-0009

**800.540.6369**

949.250.1250 fax

*The PARS Trust Administrator, Phase II Systems, is not licensed to and does not provide tax, accounting or legal advice.*

*You are urged to consult with appropriate professionals regarding the tax, accounting and legal implications of participating in PARS-ARS.*

**Designation of Beneficiary Form  
Public Agency Retirement Systems (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:

**Orange County Department of Education  
Human Resources  
200 Kalmus Drive  
Costa Mesa, CA 92628-5008**

**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. In order to comply with federal law, the plan requires that if you are married, your surviving spouse will be your sole primary beneficiary, unless your spouse waives this right.
5. If you wish to designate a person or persons other than your spouse or in addition to your spouse, you must obtain the notarized consent of your spouse in writing on this form by completing Section 2. Failure to obtain your spouse's consent in these instances will render the designation invalid. Any consent by a spouse applies only to that spouse and not any future spouse. Therefore, if a new marriage occurs, a new Designation of Beneficiary form should be completed and the new spouse's consent must be obtained. If you are unmarried complete Section 1 only.
6. If the location of your spouse is unknown, you must attach to this form a notarized statement stating that your spouse 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.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

---

**Section 1: Designating a Beneficiary**

**Participant's Name:** \_\_\_\_\_ **Social Security#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Participant Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Beneficiary's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Beneficiary Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

---

**Section 2: Spousal/Registered Domestic Partner Consent** *(Do not complete this section if you are unmarried)*

I hereby consent to the above beneficiary designation of my spouse, 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/Domestic Partner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Date**



## ORANGE COUNTY DEPARTMENT OF EDUCATION NEW HIRE PAYROLL NOTICE

### IMPORTANT: Bank Information Required for Payroll Processing

As part of the new hire onboarding process, we require your banking information to set up direct deposit for payroll. In addition to the **Payment Option Authorization Form**, please provide one of the following:

- **Voided Check**: Please attach a voided check from the bank account where you wish to have your paychecks deposited. The check must display your name to ensure proper verification and approval.



or

- **Banking Authorization Form**: Please attach a direct deposit form from your bank, which includes your bank's routing number, account number, account type, and your name for verification.

**DIRECT DEPOSIT REQUEST FORM** CHASE

Complete this form, then print it, sign it and take it to your employer's payroll department to request direct deposit of your paycheck.

Customer name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Please have my paycheck automatically deposited into the following account:

Checking account number \_\_\_\_\_  
Or  
 Savings/MA/Money market account number \_\_\_\_\_

Your bank's routing number \_\_\_\_\_

You can find your account and routing numbers when you sign in to chase.com:  
• Click on the last four digits of your account number that appear above your account information, or  
• Select the "Account & routing number PSD" from the "Things you can do" menu.

I authorize \_\_\_\_\_ (name of business)  
and my bank to automatically deposit my paycheck into my account listed above (this includes my authorization to correct entries made in error). This authorization will remain in effect until I give written notice to cancel it.

Customer signature \_\_\_\_\_ Date \_\_\_\_\_

*Failure to submit the required forms will lead to a delay in processing your onboarding paperwork and may affect your scheduled start date.*



## ORANGE COUNTY DEPARTMENT OF EDUCATION PAYMENT OPTION AUTHORIZATION FORM

**New or Change**

**Cancel**

**District Name:** 094 Orange County Department of Education

**Employee Name:** \_\_\_\_\_  
(First, Middle, Last)

**Employee ID:** \_\_\_\_\_

or

**Employee SSN:** XXX-XX- \_\_\_\_\_  
(last 4 digits)

### **PAYROLL PAYMENT OPTIONS** (Place a check or "X" in the box provided under option and complete required information)

**Direct Deposit**

**Complete the information below and provide a voided blank check**

Branch Name/Branch:

**Checking**

Account Number:

**Savings**

Transit/Routing Number:

**Hard Copy Check**

No information is required at this time. Payment Option Authorization Forms requesting Hard Copy Checks are valid for one fiscal year. A new Payment Option Authorization Form expires each year on June 30<sup>th</sup>, and must be submitted by the last working day of June each year in order to continue receiving Hard Copy Checks.

### **ACKNOWLEDGEMENTS FOR DIRECT DEPOSIT, NET CHECK, AND PAYROLL CARD OPTION**

- I hereby authorize the above named District and the Orange County Department of Education and/or their agents to initiate electronic deposits and, as necessary, debit corrections to previous deposits to the above account.
- I understand that I must submit a new authorization form if I change my account (bank, account number, branch, etc.)
- I agree to hold harmless and indemnify the governing board, the School District, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees, from every claim and demand, of whatever nature, including those based upon negligence of the governing board, the District, their officers and employees, and the Superintendent of Schools of the County of Orange and their employees for failure or delay in making deposits and/or corrections to deposits as herein authorized.

### **EMPLOYEE ACKNOWLEDGEMENT AND SIGNATURE**

- This authorization replaces any previously made by me and will remain in effect until changed or cancelled by my submission of a new Payment Option Authorization Form or the expiration of my payment option.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**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	
<p><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></p>	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.</b> and <b>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)	<p><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p><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.</p>					
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			Employer's Business or Organization Address, City or Town, State, ZIP Code		

**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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">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>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
--	--	---

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

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

**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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

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

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.



## ORANGE COUNTY DEPARTMENT OF EDUCATION EMPLOYEE SAFETY ORIENTATION QUIZ

Employee's Name: \_\_\_\_\_

*Select the answer that best fits to answer the following questions:*

**1. ACCIDENTS ARE A RESULT OF THREE BASIC CAUSES:**

- UNSAFE ATTITUDES
- UNSAFE BEHAVIORS
- UNSAFE CONDITIONS

True     False

**2. STUDIES HAVE SHOWN THAT 90% OF ALL EMPLOYEE INJURIES ARE A RESULT OF UNSAFE BEHAVIOR AND UNSAFE ATTITUDES.**

True     False

**3. THERE ARE THREE BASIC CAUSES OF FIRES:**

- CARELESS SMOKING
- IMPROPER STORAGE AND USE OF FLAMMABLE LIQUIDS AND GASES
- ELECTRICAL EQUIPMENT

True     False

**4. TO REPORT A FIRE OR EMERGENCY, DIAL 411.**

True     False

**5. ONLY 3-PRONG ELECTRIC PLUGS OR DOUBLE INSULATED ELECTRICAL CORDS ARE TO BE USED**

True     False

**6. WARNING LABELS COMBINED WITH MATERIAL SAFETY DATA SHEETS (MSDS) ARE THE PRIMARY MEANS OF OBTAINING INFORMATION ON A CHEMICAL'S HEALTH HAZARDS & GENERAL SAFETY PRECAUTIONS.**

True     False

**7. MSDS PROVIDES DETAILED HEALTH AND SAFETY INFORMATION, PRECAUTIONS REGARDING HANDLING, AS WELL AS PROCEDURES FOR EMERGENCIES AND FIRST AID.**

True     False

**8. MSDS SHOULD BE USED TO DETERMINE THE PROPER CLEAN-UP AND DISPOSAL METHODS FOR A CHEMICAL THAT HAS SPILLED.**

True     False

**9. THERE ARE THREE BASIC ROUTES OF ENTRY A CHEMICAL CAN ENTER YOUR BODY:**

- THROUGH THE SKIN
- BY BREATHING IT
- THROUGH INGESTION OR SWALLOWING THE MATERIAL

True     False

10. THE PRIMARY ROUTE OF ENTRY FOR CHEMICALS IS BY INGESTION OR DELIBERATE SWALLOWING OF THE MATERIALS.  
 True     False
11. RADIATION LEVELS GENERATED BY COMPUTERS OR VIDEO DISPLAY TERMINALS (VDT) ARE AS LOW AS THE GENERAL BACKGROUND RADIATION FOUND NATURALLY IN THE SOIL AND FROM THE SUN.  
 True     False
12. ERGONOMICS IS THE SCIENCE WHICH ADAPTS THE WORK ENVIRONMENT WITH PEOPLE SO THAT THEY CAN INTERACT SAFELY AND EFFICIENTLY WITH MACHINES.  
 True     False
13. ASBESTOS IS NOT A HAZARD AS LONG AS IT IS MAINTAINED IN GOOD CONDITION AND NOT ALLOWED TO BECOME AIRBORNE.  
 True     False
14. IF YOU BECOME INJURED ON THE JOB, YOU SHOULD REPORT IT TO YOUR SUPERVISOR ONLY WHEN YOU KNOW YOU ARE SERIOUSLY HURT.  
 True     False
15. ONLY 25% OF ACCIDENTS ARE A RESULT OF UNSAFE ATTITUDES AND UNSAFE BEHAVIORS.  
 True     False

### DOCUMENTATION OF EMPLOYEE SAFETY TRAINING

All employees will be given general orientation safety training at the time of hire. General safety and health orientation training shall include but not limited to:

- ✓ General work rules and procedures
- ✓ Hazard communication
- ✓ Emergency action and fire plan
- ✓ Reporting of injuries
- ✓ Back injury prevention

I certify that I have been provided the general employee safety and health orientation training as part of the New Employee Orientation.

Employee's Signature:

Date:

### FOR OFFICE USE ONLY

TEST SCORED BY (PRINT NAME):

Signature:

Date: