

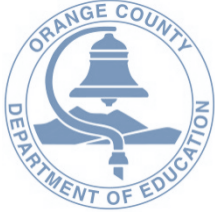
ORANGE COUNTY DEPARTMENT OF EDUCATION EMERGENCY DATA SHEET

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:	
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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.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here			3 \$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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



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

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

Step 4 (optional).

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

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

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

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



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

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

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

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



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

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

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

Head of Household

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

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

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

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

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

Worksheets

Instructions — 1 — Allowances*

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

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

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

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

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

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

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

Worksheet A

Regular Withholding Allowances

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

Instructions — 2 — (Optional) Additional Withholding Allowances

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

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

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

Worksheet B

Estimated Deductions

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

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

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

1. Enter estimate of total wages for tax year 2023. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3.
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4.
5. Enter adjustments to income (line 4 of Worksheet B). 5.
6. Add line 4 and line 5. Enter sum. 6.
7. Subtract line 6 from line 3. Enter difference. 7.
8. Figure your tax liability for the amount on line 7 by using the 2023 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$154.00). 9.
10. Subtract line 9 from line 8. Enter difference. 10.
11. Enter any tax credits. (See FTB Form 540). 11.
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12.
13. Calculate the tax withheld and estimated to be withheld during 2023. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2023. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2023. 13.
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14.
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15.

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

These Tables Are for Calculating Worksheet C and for 2023 Only

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

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,099	1.100%	\$0	\$0.00
\$10,099	\$23,942	2.200%	\$10,099	\$111.09
\$23,942	\$37,788	4.400%	\$23,942	\$415.64
\$37,788	\$52,455	6.600%	\$37,788	\$1,024.86
\$52,455	\$66,295	8.800%	\$52,455	\$1,992.88
\$66,295	\$338,639	10.230%	\$66,295	\$3,210.80
\$338,639	\$406,364	11.330%	\$338,639	\$31,071.59
\$406,364	\$677,275	12.430%	\$406,364	\$38,744.83
\$677,275	\$1,000,000	13.530%	\$677,275	\$72,419.07
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

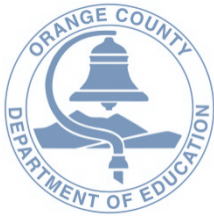
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$677,278	10.230%	\$132,590	\$6,421.60
\$677,278	\$812,728	11.330%	\$677,278	\$62,143.18
\$812,728	\$1,000,000	12.430%	\$812,728	\$77,489.67
\$1,000,000	\$1,354,550	13.530%	\$1,000,000	\$100,767.58
\$1,354,550	and over	14.630%	\$1,354,550	\$148,738.20

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,212	1.100%	\$0	\$0.00
\$20,212	\$47,887	2.200%	\$20,212	\$222.33
\$47,887	\$61,730	4.400%	\$47,887	\$831.18
\$61,730	\$76,397	6.600%	\$61,730	\$1,440.27
\$76,397	\$90,240	8.800%	\$76,397	\$2,408.29
\$90,240	\$460,547	10.230%	\$90,240	\$3,626.47
\$460,547	\$552,658	11.330%	\$460,547	\$41,508.88
\$552,658	\$921,095	12.430%	\$552,658	\$51,945.06
\$921,095	\$1,000,000	13.530%	\$921,095	\$97,741.78
\$1,000,000	and over	14.630%	\$1,000,000	\$108,417.63

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

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



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:

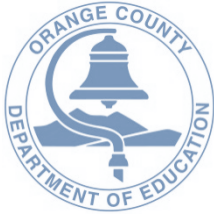
(Please detach and retain lower portion for your records.)

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.

Employee's Name:

Classification:

Employee's Signature:

Date:

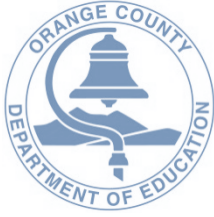
These security standards were discussed with the above employee:

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:

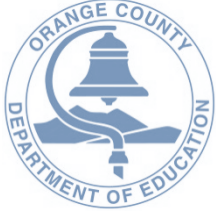
1. I am considered a mandated reporter of suspected child abuse.
2. Penal Code section 11166 (copy attached) required any mandated reported who has knowledge of or observed a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects 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:



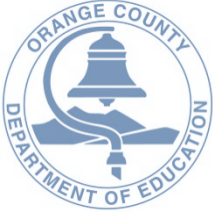
ORANGE COUNTY DEPARTMENT OF EDUCATION LUMP-SUM DISTRIBUTIONS FROM QUALIFIED RETIREMENT PLANS

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.

Employee's Name (please print):			
Employee Signature:		Date:	



ORANGE COUNTY DEPARTMENT OF EDUCATION PUBLIC RECORDS REQUEST NOTICE

To: All Staff

From: Gina Lance, Executive Director, Human Resources

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.

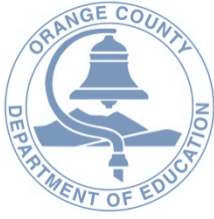
I would like to share information with the Department that may justify an exception.

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**.

Full Name:			
Social Security Number:		Relationship:	
Address (No. & Street):			
City:		State:	
		Zip Code:	

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**.

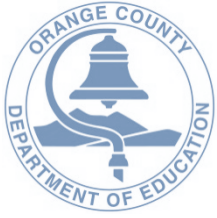
Full Name:			
Social Security Number:		Relationship:	
Address (No. & Street)			
City:		State:	
		Zip Code:	

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.

Employee's Name:		Employee ID Number:	
Employee's Signature:		Date:	

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 _____

Al Mijares, Ph.D., Superintendent of Schools
Signature and Title of Authorized Official

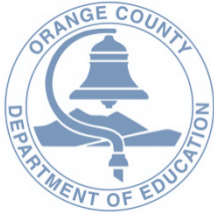
by: _____
Deputy

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

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.



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

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

Employee Name _____ **Employee SSN** _____
Employer Name County Superintendent of Schools **Employer ID#** 95-6000943

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

Windfall Elimination Provision

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

Government Pension Offset Provision

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

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

For More Information

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

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

Signature of Employee _____ **Date** _____

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

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] 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. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

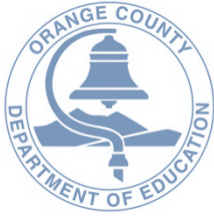
Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- 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.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.



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 30th, 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 10/31/2022

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

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

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

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

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

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

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

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

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

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

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

Employer Completes Next Page



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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name OCDE	
Employer's Business or Organization Address (Street Number and Name) 200 Kalmus Drive		City or Town Costa Mesa	State CA	ZIP Code 92626

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

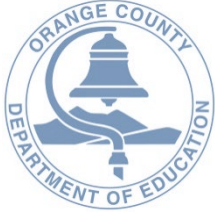
All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.



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: