

Checklist of Required Forms for Personnel File
(Substitute Teacher)



Name: _____

Please complete & return:

- ___ W-4 form
- ___ DE-4 form (*only needed if you'd like different withholdings for state taxes than indicated in your W-4*)
- ___ USCIS Form I-9
- ___ Edtec Employee Information Form
- ___ Paylocity Direct Deposit Form (*optional*)
- ___ Fingerprint Clearance (TCOE clearance OR take our form to Sheriff's Department, County Office of Ed, Pipkin Detective Agency, Pack n Ship, or a Police Department to be scanned. Results will take a few days.)
- ___ TB test results- negative (Can request from former employer- results within last 4 years are valid)
- ___ copy of valid credential or substitute permit
- ___ copy of CPR/First Aid certification, if available
- ___ copy of college transcripts
- ___ Photocopy of valid Driver's License
- ___ Photocopy of valid Passport or Social Security Card
- ___ STRS Permissive Membership Form
- ___ TACMO Employee Information Form (pink)
- ___ TACMO Confidentiality Agreement

Yours to keep:

- ✓ Academic Calendar
- ✓ School Rules
- ✓ Certificated Substitute Timesheet form with Instructions
- ✓ Understanding Your Paycheck Guide from Paylocity

Please read the school rules, which are included in this packet, and sign below indicating you understand our school rules and agree to help us enforce the rules while on assignment at our Charter Schools.

Signature _____ Date _____

Employee's Withholding Certificate

OMB No. 1545-0074

- **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.**

2020**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 widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

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

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____

Multiply the number of other dependents by \$500 ► \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(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 The Academies Charter Management Organization P.O. Box 1189 Visalia, CA 9379	First date of employment	Employer identification number (EIN) 37-638700
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General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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.

- 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 **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 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 **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 **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 (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 possessions 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 Widow(er)

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

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

Exemption from Withholding

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
OR Write "Exempt" here
- 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. (Check box here)

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

Employee's Signature _____

Date _____

Employer's Section: Employer's Name and Address The Academies Charter Management Organization P.O. Box 1189 Visalia, CA 93279	California Employer Payroll Tax Account Number 012-1051-7
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PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

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

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

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

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

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

Member Service Civil Relief Act: Under this act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax 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 \(DE 44\) \(PDF, 2.4 MB\)](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 [Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications). 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 [Franchise Tax Board \(FTB\)](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 \(CCR\)](#), 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](#) and section 19176 of the [Revenue and Taxation Code](#).

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 1 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 \$9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,537 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 | 8. |
| Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | |
| 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 | 11. |

Complete Worksheet C

*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.

WORKSHEET C
ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2020. 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 2020 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$134.20). 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 2020. 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 2020. 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 2020. 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 2020 ONLY

**SINGLE PERSONS, DUAL INCOME
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$8,809	1.100%	\$0	\$0.00
\$8,809	\$20,883	2.200%	\$8,809	\$96.90
\$20,883	\$32,960	4.400%	\$20,883	\$362.53
\$32,960	\$45,753	6.600%	\$32,960	\$893.92
\$45,753	\$57,824	8.800%	\$45,753	\$1,738.26
\$57,824	\$295,373	10.230%	\$57,824	\$2,800.51
\$295,373	\$354,445	11.330%	\$295,373	\$27,101.77
\$354,445	\$590,742	12.430%	\$354,445	\$33,794.63
\$590,742	\$1,000,000	13.530%	\$590,742	\$63,166.35
\$1,000,000	and over	14.630%	\$1,000,000	\$118,538.96

MARRIED PERSONS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,618	1.100%	\$0	\$0.00
\$17,618	\$41,766	2.200%	\$17,618	\$193.80
\$41,766	\$65,920	4.400%	\$41,766	\$725.06
\$65,920	\$91,506	6.600%	\$65,920	\$1,787.84
\$91,506	\$115,648	8.800%	\$91,506	\$3,476.52
\$115,648	\$590,746	10.230%	\$115,648	\$5,601.02
\$590,746	\$708,890	11.330%	\$590,746	\$54,203.55
\$708,890	\$1,000,000	12.430%	\$708,890	\$67,589.27
\$1,000,000	\$1,181,484	13.530%	\$1,000,000	\$103,774.24
\$1,181,484	and over	14.630%	\$1,181,484	\$128,329.03

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,629	1.100%	\$0	\$0.00
\$17,629	\$41,768	2.200%	\$17,629	\$193.92
\$41,768	\$53,843	4.400%	\$41,768	\$724.98
\$53,843	\$66,636	6.600%	\$53,843	\$1,256.28
\$66,636	\$78,710	8.800%	\$66,636	\$2,100.62
\$78,710	\$401,705	10.230%	\$78,710	\$3,163.13
\$401,705	\$482,047	11.330%	\$401,705	\$36,205.52
\$482,047	\$803,410	12.430%	\$482,047	\$45,308.27
\$803,410	\$1,000,000	13.530%	\$803,410	\$85,253.69
\$1,000,000	and over	14.630%	\$1,000,000	\$111,852.32

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [Franchise Tax Board \(FTB\)](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.



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

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

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

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

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

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

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

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

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

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

Preparer and/or Translator Certification (check one):

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

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

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



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		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative HR & Administrative Manager	
Last Name of Employer or Authorized Representative Dolin	First Name of Employer or Authorized Representative Shauna	Employer's Business or Organization Name The Academies Charter Management Org.		
Employer's Business or Organization Address (Street Number and Name) P.O. Box 1189		City or Town Visalia	State CA	ZIP Code 93279

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<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 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 	<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.

EdTec Employee Information Form

Please complete every field



School Name: _____

Choose an option
that applies: New Hire If "other," please specify: _____

Effective Date: _____

Employee Information (Name Must Match Social Security Card)	
Last Name	
First Name & Middle Initial	
Address (Street)	
City	
State	
Zip Code	
SSN	
Birth Date	
Phone (Informational Only)	
Gender	

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF981	92051 Credentialed School Employee
ORI (Code assigned by DOJ)	Authorized Applicant Type
Substitute Teacher	
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

<u>The Academies Charter Management Organization</u>		<u>17097</u>
Agency Authorized to Receive Criminal Record Information		Mail Code (five-digit code assigned by DOJ)
<u>P.O. Box 1189</u>		<u>Shauna Dolin</u>
Street Address or P.O. Box		Contact Name (mandatory for all school submissions)
<u>Visalia</u>	<u>CA</u>	<u>(559) 730-7422</u>
City	State	Contact Telephone Number
	ZIP Code	

Applicant Information:

Last Name		First Name		Middle Initial	Suffix
Other Name (AKA or Alias)		First		Suffix	
Date of Birth	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color		
Place of Birth (State or Country)		Social Security Number			
Home Address		City		State	ZIP Code
Street Address or P.O. Box		Driver's License Number		Billing Number	
				(Agency Billing Number)	
		Misc. Number			
				(Other Identification Number)	

Your Number: _____ Level of Service: ☒ DOJ ☐ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: (Must provide proof of rejection)	Original ATI Number
--	---------------------

Employer (Additional response for agencies specified by statute):

Employer Name			Mail Code (five digit code assigned by DOJ)
Street Address or P.O. Box			
City	State	ZIP Code	Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator		Date
Transmitting Agency	LSID	ATI Number
		Amount Collected/Billed

To: All TACMO Employees
From: TACMO Human Resources Office
Re: Direct Deposit



Direct Deposit is now available for all TACMO employees. With Direct Deposit you can automatically deposit all or part of your pay in up to three different accounts (including checking, savings and IRA) at the financial institution of your choice. By having your pay automatically deposited you:

1. Have your pay in your account on payday, without going to the bank.
2. Stop the possibility of lost, stolen or destroyed checks.
3. Save time making trips to the bank to cash or deposit your check.
4. Will still receive a pay statement displaying your earnings and deductions.

If you would like to sign-up for Direct Deposit, please return the bottom portion of this form, along with a voided check or bank spec for the account(s) you wish to deposit your money. (Note: no deposit slips)

Authorization Agreement for Automatic Direct Deposit

I hereby authorize _____ hereinafter referred to as "Company" to initiate credit entries for sums to and payable to me to my checking, savings or other account indicated below and the Financial Institution named below, hereafter referred to as "Depository" to credit the same to such account. I also authorize Company to initiate debits for sums due to the Company for erroneous deposit or deposits at the Depository.

Bank Name _____

Bank Transit ABA No. _____

Bank Account No. _____

Amount or Percentage

Checking: _____
Savings: _____
Debit Card: _____
Other: _____

This authorization is to remain in full force and effect until Company has received notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on notification or until such time as Company terminated this agreement.

Employee Name: (Please print) _____

Employee Signature: _____ Date: _____

Permissive Membership

ES 0350 rev 02/17

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

PERMISSIVE MEMBERSHIP ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION

Employees who are employed to perform creditable service, but who are excluded from mandatory membership pursuant to Education Code sections 22601.5, 22602, or 22604, are eligible to permissively elect membership in the California State Teachers' Retirement System (CalSTRS) Defined Benefit Program pursuant to Education Code section 22515. This form enables eligible employees to make this election or decline to make this election. This form must be received by CalSTRS within 30 days of the date on which the employee signs and dates the form. Contributions may not be submitted to the system until CalSTRS has received the completed election form. If the employee elects membership in the CalSTRS Defined Benefit Program, the membership date shall be the first day of the pay period following the date on which the employee signs and dates this form.

Section 1: Employee Information, Election and Certification (to be completed by employee)

NAME (LAST, FIRST, MIDDLE INITIAL)	CLIENT ID OR SOCIAL SECURITY NUMBER
------------------------------------	-------------------------------------

MAILING ADDRESS	HOME TELEPHONE
-----------------	----------------

CITY, STATE and ZIP CODE	GENDER (circle one) MALE FEMALE
--------------------------	---

E-MAIL ADDRESS	BIRTH DATE (MM/DD/YYYY)
----------------	-------------------------

☐ **I elect membership in CalSTRS Defined Benefit Program**

I understand this membership election is irrevocable and applies to all future employment to perform creditable service with the same or another employer, and may be canceled only by terminating all such employment and receiving a refund of my accumulated retirement contributions from CalSTRS.

☐ **I decline membership in CalSTRS Defined Benefit Program at this time**

I understand I can elect membership in the Defined Benefit Program at any time while I am employed to perform creditable service.

I certify I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering or receiving a benefit administered by CalSTRS and it may result in up to one year in jail and/or a fine of up to \$5,000 pursuant to Education Code section 22010.

EMPLOYEE SIGNATURE

DATE

Section 2: Employer Certification (to be completed by employer)

I certify that the above-named part-time or substitute employee has been provided with CalSTRS Defined Benefit Program membership criteria as required pursuant to Education Code section 22455.5, and if applicable, informed of his or her right to elect into membership in the CalSTRS Defined Benefit Program.

OFFICIAL'S SIGNATURE	DATE
----------------------	------

OFFICIAL'S NAME Shauna Dolin	TITLE HR & Administrative Manager
---------------------------------	--------------------------------------

COUNTY (or other employing agency) Tulare	DISTRICT The Academies Charter Management Organization
--	---

EMPLOYEE #

* MEMBERSHIP DATE (MM/DD/YYYY)

ASSIGNMENT (circle one)

Part-Time

Substitute

* Effective January 1, 2017, permissive membership in the Defined Benefit Program shall become effective as of the first day of the pay period following the employee's election.



THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION
EMPLOYEE INFORMATION

EMPLOYEE EMERGENCY CONTACT INFORMATION

Classified_____ Certified_____

NAME:_____

HOME ADDRESS:_____

HOME PHONE:_____ CELL PHONE:_____

Voluntary Emergency Response Information:

EMERGENCY CONTACTS: (It is your responsibility to update this form A.S.A.P. if any information changes.)

Name:_____ Phone(s):_____

Name:_____ Phone(s):_____

1. Please list any health conditions, medications, and/or allergies/allergic reactions that you want to be brought to the attention of the nurse/medical provider in case of a medical emergency:_____

2. Please list the name and phone number of your doctor:

Name:_____ Phone(s):_____

If the above named physician is not available, I authorize the school authorities to transport me to a hospital or medical facility. I authorize consent to any x-ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care deemed necessary by the licensed physician.

SIGNATURE:_____ DATE:_____

EMPLOYEE RACE/ETHNICITY INFORMATION: Federal guidelines require that we gather race/ethnicity information on all employees in a two part question. Please complete the information below:

WHAT IS YOUR ETHNICITY? (Please check one.) ☐ 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 or Latino

WHAT IS YOUR RACE? (Please check up to five racial categories.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race(s) to be.

☐ American Indian or Alaskan Native (100)
(Person having origins in any of the original people of North, Central or South America)

☐ Chinese (201)

☐ Japanese (202)

☐ Korean (203)

☐ Vietnamese (204)

☐ Asian Indian (205)

☐ Laotian (206)

☐ Cambodian (207)

☐ Hmong (208)

☐ Other Asian (299)

☐ Hawaiian (301)

☐ Guamanian (302)

☐ Samoan (303)

☐ Tahitian (304)

☐ Other Pacific Islander (399)

☐ Filipino/Filipino American (400)

☐ African American or Black (600)

☐ White (700)

(Persons having origins in any of the original peoples of Europe, North Africa, Northwestern Asia or the Middle East)

**THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION
CONFIDENTIALITY AGREEMENT**

During employment, Employees may have access to and/or become aware of information of a confidential, proprietary, or private nature ("Confidential Information"). For purposes of this policy, "Confidential Information" includes but is not limited to: information and data relating to SVA/BOA students; non-public information data relating to donors, donor prospects, and donations; non-public SVA/BOA budget or financial information; and payroll and personnel information relating to current or former Employees.

At all times during and after employment with SVA/BOA, Employees are required to hold all Confidential Information in trust and keep Confidential Information confidential. During employment with SVA/BOA, Employees may use Confidential Information or disclose Confidential Information to a third party only: (1) as reasonably required in the course of employment with SVA/BOA; (2) as permitted with the prior written consent of SVA/BOA; or (3) as may otherwise be required by law. Employees should act responsibly with respect to materials containing Confidential Information, and, if disposing of materials containing Confidential Information, must do so properly and completely.

Employees who are in doubt about whether information should be disclosed or used should discuss the situation with the Principal, Superintendent or the Board Chairperson before disclosing or using the information.

Employees' obligations under this Confidentiality of Information policy remain in effect even after their employment relationships with SVA/BOA ends. After separation of employment, Employees may not use or disclose Confidential Information to any third party unless required to do so by law. Upon separation of employment, Employees must immediately return to SVA/BOA any and all computers, documents, computer or electronic files, cellular phones, print-outs, copies, or other information containing Confidential Information in their possession, custody or control. If the Employees are requested to disclose Confidential Information to a third party in a subpoena or similar type of request, Employees shall give SVA/BOA notice of such request as soon as is reasonably possible.

By signing this agreement, I acknowledge and agree that the Confidentiality Agreement is a material condition of my employment with SVA/BOA. Furthermore, I acknowledge that nothing contained herein shall limit or otherwise alter the fact that my employment and the terms thereof can be terminated, with or without cause, and with or without notice, at any time, at my option or at the option of SVA/BOA.

Employee's Signature: _____

Date: _____

Employee's Printed Name: _____

cc: Personnel File

PLEASE DETACH & RETURN THIS ACKNOWLEDGEMENT WITH YOUR HIRE PAPERWORK.



AUGUST 2019 (13)

MON	TUES	WED	THU	FRI
			1	2
5 X	6 X	7 X	8 X	9 X
12 X	13 X	14 E	15	16
19	20	21 E	22	23
26	27	28 E	29	30

SEPTEMBER 2019 (20)

MON	TUES	WED	THU	FRI
2 H	3	4 E	5	6
9	10	11 E	12	13
16	17	18 E	19	20
23	24	25 E	26	27
30				

OCTOBER 2019 (22)

MON	TUES	WED	THU	FRI
	1	2 E	3	4
7 X	8	9 E	10	11
14	15	16 E	17	18
21	22	23 E	24	25
28	29	30 E	31	

NOVEMBER 2019 (13)

MON	TUES	WED	THU	FRI
				1
4	5	6 E	7 C	8 C
11 H	12	13 E	14	15
18	19	20 E	21	22
25 L	26 L	27 L	28 H	29 L

DECEMBER 2019 (15)

MON	TUES	WED	THU	FRI
2	3	4 E	5	6
9	10	11 E	12	13
16	17	18 E	19	20 L
23 L	24 L	25 H	26 L	27 L
30 L	31 L			

JANUARY 2020 (13)

MON	TUES	WED	THU	FRI
		1 H	2 L	3 L
6 L	7 L	8 L	9 L	10 L
13 X	14	15 E	16	17
20 H	21	22 E	23	24
27	28	29 E	30	31

FEBRUARY 2020 (19)

MON	TUES	WED	THU	FRI
3	4	5 E	6	7
10	11	12 E	13	14
17 H	18	19 E	20	21
24	25	26 E	27	28

MARCH 2020 (19)

MON	TUES	WED	THU	FRI
2	3	4 E	5	6
9	10	11 E	12 C	13 C
16 X	17	18 E	19	20
23	24	25 E	26	27
30	31			

APRIL 2020 (16)

MON	TUES	WED	THU	FRI
		1 E	2	3
6 L	7 L	8 L	9 L	10 L
13 H	14	15 E	16	17
20	21	22 E	23	24
27	28	29 E	30	

MAY 2020 (20)

MON	TUES	WED	THU	FRI
				1
4	5	6 E	7	8
11	12	13 E	14	15
18	19	20 E	21	22
25 H	26	27 E	28	29

JUNE 2020 (5)

MON	TUES	WED	THU	FRI
1	2	3 E	4	5 L
8 T				

No Student Attendance: School NOT in Session

Regular School Day: Grades K-8

Early Release Day: Grades 1-8 dismiss at 2:00 PM

Minimum Day: Grades K-8 dismiss at 12:15 PM

C = Conference Day

H = National Holiday

L = Local Student
Non-Attendance Day

T = Teacher Work Day

X = Staff Development



AUGUST 2020 (14)

MON	TUES	WED	THU	FRI
3	4	5 X	6 X	7 X
10 X	11 X	12 E	13	14
17	18	19 E	20	21
24	25	26 E	27	28
31				

SEPTEMBER 2020 (21)

MON	TUES	WED	THU	FRI
	1	2 E	3	4
7 H	8	9 E	10	11
14	15	16 E	17	18
21	22	23 E	24	25
28	29	30 E		

OCTOBER 2020 (19)

MON	TUES	WED	THU	FRI
			1	2
5	6	7 E	8	9
12	13	14 E	15 C	16 C
19 X	20	21 E	22	23
26	27	28 E	29	30

NOVEMBER 2020 (15)

MON	TUES	WED	THU	FRI
2	3	4 E	5	6
9	10	11 H	12	13
16	17	18 E	19	20
23 L	24 L	25 L	26 L	27 L
30				

DECEMBER 2020 (14)

MON	TUES	WED	THU	FRI
	1	2 E	3	4
7	8	9 E	10	11
14	15	16 E	17	18 ■
21 L	22 L	23 L	24 L	25 H
28 L	29 L	30 L	31 L	

JANUARY 2021 (13)

MON	TUES	WED	THU	FRI
				1 H
4 L	5 L	6 L	7 L	8 L
11 X	12	13 E	14	15
18 H	19	20 E	21	22
25	26	27 E	28	29

FEBRUARY 2021 (17)

MON	TUES	WED	THU	FRI
1	2	3 E	4	5
8	9	10 E	11 C	12 C
15 H	16	17 E	18	19
22	23	24 E	25	26

MARCH 2021 (19)

MON	TUES	WED	THU	FRI
1	2	3 E	4	5
8	9	10 E	11	12
15 X	16	17 E	18	19
22	23	24 E	25	26
29 L	30 L	31 L		

APRIL 2021 (19)

MON	TUES	WED	THU	FRI
			1 L	2 L
5 L	6	7 E	8	9
12	13	14 E	15	16
19	20	21 E	22	23
26	27	28 E	29	30

MAY 2021 (20)

MON	TUES	WED	THU	FRI
3	4	5 E	6	7
10	11	12 E	13	14
17	18	19 E	20	21
24	25	26 E	27	28
31 H				

JUNE 2021 (4)

MON	TUES	WED	THU	FRI
	1	2 E	3	4 ■

No Student Attendance: School NOT in Session

Regular School Day: Grades K-8

Early Release Day: Grades 1-8 dismiss at 2:00 PM

Minimum Day: Grades K-8 dismiss at 12:15 PM

C = Conference Day

H = National Holiday

L = Local Student
Non-Attendance Day

X = Staff Development

SCHOOL RULES

At The Academies CMO, the focus is on learning; every student has the right to learn. Students who interfere with this right will be subject to the school's social contract procedures. The Superintendent, Principal or Vice Principal has the authority to talk to all students involved in any incident and to determine the course of action to be taken. The following school rules apply at school, going to and from school, on any school-provided transportation, and at any event where SVA or BOA is represented (regardless of location), and apply to all SVA or BOA students.

1. Students should not arrive at school before 7:35AM. Students shall wait in front of the office if no yard supervisor is on duty.
2. Students shall "walk on whitetops" (sidewalks). Running is allowed on blacktop or grass areas.
3. After using the restroom, students shall move beyond classroom buildings to play areas. Students must sit on the tables near the cafeteria during recess to have a snack. This is the **only** place food may be eaten at recess. Food is not allowed anywhere else at recess time.
4. Students shall avoid physical contact with the exception of reasonable contact that occurs in some organized games (e.g. basketball, flag-football, soccer). Tag, or games involving chasing and tagging are not allowed. Pushing, pulling, bumping, TAGGING and CHASING are not allowed. SVA or BOA scholars keep "hands to self."
5. Students shall not climb fences, backstops, trees, buildings, etc.
6. Students shall avoid interrupting organized games, and shall play games according to established rules.
7. Students should be ready for class immediately after the bell rings. To prepare for this, students should take drinks and trips to the bathroom during breaks/recess. Equipment must be carried back to the basket at the end of recess.
8. Bats are only to be used under adult supervision and only in front of backstops.
9. No activities involving the kicking of balls or objects shall be played near the classroom buildings, on the asphalt or in/on the play structure area. No balls are allowed in the play structure/bark area.
10. Toys and games are not permitted at school. Electronic toys, tablets, and mp3 players are not permitted. Yo-yos are not permitted at school. Sports equipment **may** be brought to school, but SVA or BOA is not responsible for lost and/or damaged equipment. Cell phones **may** be brought to school but will be kept away at all times while on campus and SVA or BOA is not responsible for lost or damaged personal items. If it is seen by staff, it will be confiscated and held at the front office until the end of the day. On the first offense, the student may retrieve it. On the second, the parent/guardian must pick it up.
11. Climbing may only take place on climbing equipment. Climb down from equipment; don't jump.
12. Upon arrival, students shall remain on campus until dismissal time unless given permission by a teacher or office staff to leave. Any student leaving campus must first check out at the office.
13. Students must use restrooms designated for their grade level:
 - Grades 5- 8 will use the restrooms at the end of their class wing.
 - Grades K-4 will use the restrooms off the black top.
15. Gum and sunflower seeds are not allowed on campus.
16. At dismissal, students are expected to go directly home or to the After-school Program or Kindergarten Bridge Program. Students are not permitted to play on the grounds after school without parent supervision.
17. Students are not to be in any room without adult supervision.
18. Students will dress in accordance with the SVA or BOA Uniform Dress Code Policy.

THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION

Certificated Substitute Timesheet

Due to the Administrative Assistant or HR & Admin Manager by 5 p.m. on the last day of the pay period (24th or 8th).

Pay Period: ☐ 15th (9th-24th)

☐ 30th/31st (25th-8th)

SSN (last 4 digits):		Name (First & Last):		Month:	
Date 9 th -24 th or 25 th -8 th	Description of Work Performed	Days or portions of days		Initial if unpaid meal period was taken; leave blank if inapplicable.	Initial if unpaid meal period was <u>not</u> taken; leave blank if inapplicable.
		SVA	BOA		
TOTAL # DAYS →				Did you remember to initial for lunch?	
<i>I certify the above to be a true and accurate accounting of my work history for this month. I also certify that it is my responsibility to submit this time sheet to payroll by the last day of the bimonthly pay period worked. I understand that if this timesheet is submitted late, it will be processed on the next payroll cycle. I also understand that unsigned or incomplete timesheets cannot be processed and will be returned.</i>					
Employee Signature _____				Date _____	
FOR OFFICE USE ONLY					
# DAYS WORKED _____ x DAILY RATE _____ = \$ _____				TOTAL GROSS AMOUNT \$ _____	
Principal _____ Date _____				ADMIN VERIFIED _____ HR VERIFIED _____	

THE ACADEMIES CHARTER MANAGEMENT ORGANIZATION
Timesheet Instructions

You are responsible for making sure that your timesheet is submitted to the Administrative Assistant or HR & Admin Manager by the due date.

Timesheets are due by 5 p.m. on the last day of the pay period (24th or 8th). When the last day of the pay period falls on a weekend, timesheets are due the Friday before. If you are not able to hand-deliver, submit to:

HR & Admin Manager
Attn: Shauna Dolin
P.O. Box 1189
Visalia, CA 93278

All information on this timesheet must be completed. Any missing information will cause the timesheet to be returned for completion.

Only the original, colored copy will be accepted. You may make a copy of your timesheet before you turn it in if you want to keep a copy.

All timesheets will be paid on either the 15th or last day of the month, depending on the current pay period. Your payroll check will be mailed to your home address as listed in your records. You are responsible for notifying the HR & Admin Manager of any change in mailing address. Automatic deposit is available. If you are interested, complete an automatic deposit form.

If, for whatever reason, your timesheet is late it will be held and processed for the next payroll cycle.

Understanding Your Paycheck


The numbers below all indicate one part of your paycheck. On the next page, find the number that corresponds to the part you want to learn more about.

BENJAMINS BACKYARD BBQ
123 HAMBURGER LANE
ARLINGTON HEIGHTS, IL 60005

1

Direct Deposit Advice
Check Date August 5, 2011

2


Voucher Number 101738

DIRECT DEPOSIT VOUCHER				Direct Deposits	Type	Account	Amount
Train35 110 12 101738 7203				CHARTER	C	***0000	334.93
Matt Coal				ONE BANK,			
222 Grill Court				N.			
Lake Forest, IL 60045				CHARTER	S	***0000	200.00
				ONE BANK,			
				N.			
				Total Direct Deposits			534.93

3

4

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

BENJAMINS BACKYARD BBQ
Matt Coal
Employee ID 12
Location 110
Hourly \$18.00

Fed Taxable Income 649.90
Fed Filing Status M-1
State Filing Status M-1

5

Check Date August 5, 2011
Period Beginning July 23, 2011
Period Ending July 29, 2011

Earnings Statement
Voucher Number 101738
Net Pay 534.93

Earnings	Rate	Hours	Amount	YTD	Deductions	Amount	YTD
REGULAR	18.00	40.00	720.00	6,906.96	Health Insurance		125.00
SICK				135.00	Medical	55.60	1,056.40
VACATIO				1,404.00	Dentl Plan	14.50	290.00
OVERTIM				13.50	Deductions	70.10	1,471.40
Personal T				720.00			
BONUS				3,150.00			
Gross Earnings		40.00	720.00	12,329.46	Direct Deposits		
					CHARTER	C	***0000
					ONE BANK,		
					N.A.		
					CHARTER	S	***0000
					ONE BANK,		
					N.A.		
					Total Direct Deposits		534.93

Taxes	Amount	YTD
FITW	47.68	1,054.17
IL	30.57	496.15
MED	9.42	157.43
SS	27.30	456.05
Taxes	114.97	2,163.80

6

7

8

9

Checks may vary slightly from company to company. In order to maintain confidentiality, employees must contact their Company Administrator with questions. Paylocity is not authorized to speak directly with employees.

PAYCHECK INFORMATION

1. Employee Information	Employer name and address information
2. Check Date	The date your check can be cashed or when you should expect direct deposit
3. Demographic Information	Employee name and address information
4. Net Pay	Also known as take-home pay, income after necessary taxes and deductions have been withheld; may include direct deposit bank account information

EARNINGS STATEMENT INFORMATION

5. Allowances and Exemptions	Personal exemptions reduce the employee's taxable income on Form 1040. When entered into the payroll system, they reduce the same amount of wages from income tax withholding and approximate the employee's tax liability and the end of the year
6. Earnings	Gross pay before taxes and deductions; contains hour, wage, and salary information for current pay period
7. Deductions	Amount that is or may be subtracted from an employee's paycheck; can be taken pre-tax or post-tax depending on the type of deduction. Also includes voluntary and involuntary deductions (e.g. child support)
8. Taxes	Withholding amounts for each applicable tax authority. Federal taxes are paid to the IRS; FICA funds both Medicare and Social Security; state and local taxes paid to the city/state where you live, if applicable
9. Direct Deposit and Account Type	Bank account information and amounts deposited, if applicable

QUICK TIPS ON CALCULATING THE NET PAY

Using the paycheck in this document as an example, follow these steps:

Step 1	Calculate total earnings	\$720.00
Step 2	Calculate social security	-\$27.30
Step 3	Calculate Medicare	-\$9.42
Step 4	Calculate federal withholding	-\$47.68
Step 5	Calculate applicable state, local, disability, and unemployment insurance withholdings	-\$30.57
Step 6	Calculate adjustments (pre-tax and post-tax amounts)	-\$70.10
Step 7	From total earnings, subtract all employee withholding taxes, then add or subtract all adjustments based on how they impact net pay. End result is net (take-home) pay.	\$534.93

VIEWING YOUR CHECK ONLINE

Do you have a login to view your check online? If so, remember you can access your current and historical check information at any time by logging into Web Pay. Based on your company's configuration, you may land directly in the Self Service Portal. From there, click your most recent paycheck date link under Compensation.

If you do not have access to the Self Service Portal, click Employees from the top navigation menu and select Current Checks to access the same information.