

# REQUEST FOR PERSONNEL ACTION

## ACTION REQUESTED FOR POSITION (Please check the box to the left of the action you are requesting):

<input type="checkbox"/> <b>New Position</b>	<input type="checkbox"/> <b>Modify (Change) Position</b>	<input type="checkbox"/> <b>Delimit Assignment (Person)</b>
<input type="checkbox"/> <b>Continue Current Position</b>	<input type="checkbox"/> <b>Defund (Close) Position</b>	

## POSITION/TITLE (Please check the box to the left of the title/position):

<input type="checkbox"/> <b>Teacher Assistant</b>	<input type="checkbox"/> <b>Professional Expert ----</b>	<input type="checkbox"/> <b>Coach / Teacher Advisor ----</b>
<input type="checkbox"/> <b>Education Aide</b>	<input type="checkbox"/> <b>Student Aide ----</b>	<input type="checkbox"/> <b>Support Services</b> <small>(Specify Class Title Below)</small>
<input type="checkbox"/> <b>Classified Relief</b>	<input type="checkbox"/> <b>Community Rep. ----</b>	<b>Job Title</b>
<input type="checkbox"/> <b>Temporary Certificated Assignment ----</b>	<input type="checkbox"/> <b>Other</b>	

## EMPLOYEE / ASSIGNMENT / FUNDING INFORMATION: (Use "tab" to move to the next field)

Name	(Last)		(First)		(M.I.)	Person ID
Beginning Date	Ending Date	Job Code	Rate			
Differential	Personnel Sub Area	Hours per day	Total annual fiscal hours *			
Calendar Option	Emp Sub Group		----			
From Org Unit Name	To Org Unit Name					
Comments						

*\*Mandatory for Part-time employees.*

## BUDGET AND PAYROLL / TIME REPORTING: (Use "tab" to move to the next field)

SACS Fund	Functional Area	EE Group	
LAUSD Program Name	Position ID Number		
IN PLACE OF:	Name	PERNR	

## REQUESTED BY:

Org Unit Name			
ESC or Office	Fund Center / Org Unit Code		
<div style="display: flex; justify-content: space-between;"> <div>Principal / Administrator / Supervisor Signature</div> <div>Print Name</div> <div>Telephone No.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Email</div> <div>Date</div> <div>Contact person</div> <div>Telephone No.</div> </div>			

*If required, appropriate processing packets must be attached to this request. Teacher Assistant packets are available from the Instructional Assistance Office and may be requested by calling (213) 241-6300.*

**Schools: Please return completed form to the ESC Business and Finance Office.**

FOR ESC BUSINESS AND FINANCE OFFICE USE ONLY							
Authorizations:			Date processed:				
FOR HUMAN RESOURCES USE ONLY							
Assign. Tech.		Date:		Auditor:		Date:	



**Los Angeles Unified School District**  
**Human Resources Division**  
**APPLICATION FOR ASSIGNMENT AS PROFESSIONAL EXPERT**

**EMPLOYEE INFORMATION:**

Last Name	First	M.I.
Street Address	City	State
		Zip Code

**EMPLOYMENT WITH THE LOS ANGELES UNIFIED SCHOOL DISTRICT:**

Current Employee	<input type="checkbox"/>				
New Employee	<input type="checkbox"/>	Pers ID/Emp No	Location	Position	Hours
Retired Employee	<input type="checkbox"/>	Year Retired			
Former Employee	<input type="checkbox"/>	Year Last Worked	Applicant Signature	Date	

**TO BE COMPLETED BY SPONSORING SCHOOL OR OFFICE**

**Fingerprint / TB Clearance:** No applicant is authorized to perform any services until all required forms have been processed (including fingerprint / TB clearance for new employees or recent retirees) and the assignment has been approved. Refer to Personnel Policy Guide E12 for additional information.

**Statement of Duties:** Must be attached describing in sufficient detail justification of proposed salary rate.

Job Code/Class Code (A, B, C, D, E, F)	Rate of Pay Per Hour	Hours Per Pay Period	Total Hours	Time of Day Work Performed	Beginning Date	Ending Date

**CERTIFICATION:**

I certify that the above-named individual will perform the duties described on the attachment and will not render service normally included in the duty statements of Classified, Certificated, or other Unclassified employees, and I request that the individual be employed as a Professional Expert:

Signature of Sponsoring Official	Title	School / Office
Fund / Program Code	Telephone	Date

**BUDGET AUTHORIZATION:**

Fiscal Unit Approval	Fund	Program Code	Date
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**PERSONNEL AUTHORIZATION:**

○	○	
Personnel Office	Approved	Not Approved
		Date

**PROCEDURE:** Submit copy to the appropriate Fiscal Budget Specialist or your division office for budget authorization. The Fiscal Budget Specialist or your division office will attach a Request for Personnel Action form and forward it to the Certificated Assignment Unit, 333 S. Beaudry, 15<sup>th</sup> floor for assignment processing.



LOS ANGELES UNIFIED SCHOOL DISTRICT  
Human Resources Division

**EMPLOYMENT INFORMATION** (Please Print)

1. NAME \_\_\_\_\_ 2. SEX: ☐ Male ☐ Female  
Last First Middle

3. ETHNICITY: Latino? (Select only one)

☐ No, Latino ☐ Yes, Latino

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 to be.

RACE: What is your race? (Select one or more)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hmong	<input type="checkbox"/> Samoan
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Filipino	<input type="checkbox"/> Laotian	<input type="checkbox"/> White

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_  
BIRTHDATE (MM/DD/YYYY) SOCIAL SECURITY # CALIFORNIA DRIVER LICENSE #

7. CITIZENSHIP: ☐ I am a citizen of the United States of America.  
☐ I am not a citizen of the United States of America, but under federal law I am eligible for employment.

8. PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. ☐ Yes ☐ No

Job Title	Approximate Dates	Employee Number
Name while employed if different from #1 above: _____		

9. RETIREMENT SYSTEM INFORMATION:

A. Check the box below if you are retired and are receiving a retirement allowance from either or both of the retirement systems:  
☐ State Teachers' Retirement System (STRS) ☐ Public Employees' Retirement System (PERS)

B. If you are not retired, but are a member of one or both retirement system(s), check the appropriate box (es):

☐ I am currently enrolled in STRS, or have funds on deposit with STRS.  
☐ I am currently enrolled in PERS, or have funds on deposit with PERS.

C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

10. REPORT OF CONVICTIONS/PENDING COURT CASES (Form 6087): A record of convictions, arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions, arrest and pending criminal court cases will result in disqualification and/or separation from service.

You must request and complete Form 6087 if you have ever been **convicted** of any violation of law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail, and regardless of any subsequent court dismissal or expungement. You must also report any **pending** criminal court cases. (Do not include minor traffic violations such parking or speeding.)

I have a conviction or pending criminal court case to report and hereby request Form 6087. ☐ YES ☐ NO

11. DECLARATION: I declare under penalty of perjury that all information I have provided on this form is true and correct.

Address	Signature	Date
Street City, State Zip Code		
Area Telephone Number		

HUMAN RESOURCES USE ONLY

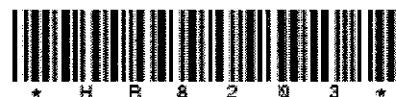
Document/Notes

Date and Initials

Employment Authorization verified (I-9) \_\_\_\_\_

HR-Employee Relations approval needed if item 10 is Yes \_\_\_\_\_

Pers ID/Emp No.





**LOS ANGELES UNIFIED SCHOOL DISTRICT  
CHILD ABUSE AND NEGLECT REPORTING REQUIREMENTS  
POLICY BULLETIN No. BUL-1347.2**

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**LOS ANGELES UNIFIED SCHOOL DISTRICT  
EMPLOYEE ACKNOWLEDGEMENT  
OF SUSPECTED CHILD ABUSE REPORTING  
DISTRICT POLICY AND LEGAL REQUIREMENTS**

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.
2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.
3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.
4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency and I must inform my supervising administrator of the alleged inappropriate conduct.
5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet* (Attachment B of District policy bulletin No. BUL-1347.2, "*Child Abuse and Neglect Reporting Requirements*") which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the suspected child abuse reporting legal mandates, LAUSD child abuse reporting procedures, and that I will comply with them.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Employee Number: \_\_\_\_\_ Position: \_\_\_\_\_

School / Office Location: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF THIS CERTIFICATION WILL BE RETAINED  
BY YOUR SCHOOL OR SITE ADMINISTRATOR**

Los Angeles Unified School District  
Payroll Administration  
**RETIREMENT CONTRIBUTION INFORMATION**

PRINTED NAME: \_\_\_\_\_ SEX: M ☐ F ☐  
Last First Middle

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_  
(MM/DD/YYYY)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

**PREVIOUS EMPLOYMENT WITH ANY CALIFORNIA PUBLIC AGENCY:** I am currently employed or have had previous employment with a Public Agency. Yes ☐ No ☐

Agency Name	Job Title	Approximate Dates
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**PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT:** I am currently employed or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. YES ☐ No ☐

Job Title	Approximate Dates	Employee Number
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**RETIREMENT SYSTEMS INFORMATION:**

- A. Please check all box(s) below that apply if you are retired and are receiving a retirement allowance. If your retirement system is not listed and you are receiving a retirement allowance, please check other and indicate the retirement system name:

☐ State Teachers' Retirement System (STRS) ☐ Public Employees' Retirement System (PERS)

☐ Other: \_\_\_\_\_

- B. If you are **not** retired but are a member of a retirement system, check the appropriate box(es). If the retirement system is not listed, please check the last box and indicate the retirement system name you are a member of:

☐ I am currently enrolled in STRS, or have funds on deposit with STRS.  
☐ I am currently enrolled in PERS, or have funds on deposit with PERS.  
☐ I am currently enrolled in \_\_\_\_\_, or have funds on deposit with \_\_\_\_\_.

- C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

Signature	Date
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**PLEASE NOTE:**

- The above information is required to be in compliance with Assembly Bill 340 - California Public Employees' Pension Reform Act (PEPRA)
- Completed form must be submitted to Retirement Unit, Payroll Administration, 27<sup>th</sup> Floor Beaudry Bldg

Attn: Charlotte Daniels

Retire Form (12/2012)



**LOS ANGELES UNIFIED SCHOOL DISTRICT  
WARRANT(S) RECIPIENT DESIGNATION**

<b>EMPLOYEE NUMBER</b>	<b>EMPLOYEE'S PAYROLL NAME</b>	<b>SOCIAL SECURITY NUMBER</b>
<p>Under the provisions of Section 53245 of the California Government Code (see below), in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Los Angeles Unified School District, had I survived.</p>		
<b>Designee's Name in Full</b>		<b>Relationship</b>
<b>Designee's Address (Number, Street, State, and Zip Code)</b>		
<p>This designation cancels and replaces any, previously signed by me for this purpose and shall remain in effect until cancelled in writing, by me.</p> <p>It is expressly understood and agreed that the Los Angeles Unified School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Los Angeles Unified School District and provides Los Angeles Unified School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.</p>		
Date	Signature	

**GOVERNMENT CODE, STATE OF CALIFORNIA: Section 53245**

"Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee."

LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE

(Required by Article XX Section 3 of the Constitution of the State of California)

"I, (Print Name) \_\_\_\_\_,  
First Middle Last

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the state of California by force or violence or other unlawful means except as follows:

(If no affiliations, write in the words "No Exceptions")

and that during such time as I hold the office of **Employment with the Los Angeles Unified School District** I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means."

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

at \_\_\_\_\_, California  
City

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street

City

State

Zip Code



# **INTEROFFICE CORRESPONDENCE**

**Los Angeles Unified School District  
Office of the Superintendent**

**TO:** All Schools and Offices

**DATE:** June 13, 2013

**FROM:** Michelle King, Senior Deputy Superintendent  
School Operations 

**SUBJECT: UPDATE TO HIRING FREEZE FOR CERTIFICATED AND  
CLASSIFIED POSITIONS**

Now that the 2013-14 classified placements have been implemented, this memo provides an update to the current freeze policy for Classified and Certificated positions.

The hiring freeze will remain in effect as indicated:

## **CERTIFICATED POSITIONS**

### **Freeze approval IS required for:**

1. Creating new positions in central and other non-school based offices (includes converting a position in a discreet classification to a temp advisor)
2. Reallocating the salary of a position upward
3. Increasing the basis of a position
4. Opening a limited-term assignment (includes, but is not limited to: Professional Experts, and Temporary Certificated Assignments)

### **Freeze is NOT required for:**

1. Filling vacant positions
2. Changing a position's funding source
3. Decreasing the basis of a position

### **The following are exempt from all freeze restrictions:**

1. School-based certificated positions
2. School-based Community Representatives
3. Categorical Limited Contract Teachers

## **CLASSIFIED POSITIONS**

### **Freeze approval IS required for:**

1. The closure of an occupied position
2. Requests for new classifications or upward reclassifications
3. Requests for changes in basis or hours
4. Establishment of new, central-office based classified positions



All Schools and Offices

June 13, 2013

Page two

**Freeze approval is NOT required for:**

1. Filling of existing classified and Teacher Assistant positions
2. Establishment of new school-based classified positions
3. Closure of any vacant classified position (still requires PC review)
4. Relief positions

Classified positions closed in budget development for FY 2013-14 cannot be reopened for one (1) year. Vacant positions will be filled via reemployment lists, where applicable.

c: Dr. Jaime Aquino

Dave Holmquist

Vivian Ekhian

Janalyn Glymph

John Bowes

Megan Reilly

Tony Atienza

Matt Hill

Jefferson Crain

# Los Angeles Unified School District

## Request for Freeze Exemption: Staffing

**Please use this form to request any of the following actions:**

- |   |  |
|---|--|
| <input type="checkbox"/> Create a new position<br><input type="checkbox"/> Close a position<br><input type="checkbox"/> Reclassify a position/class upward (classified)<br><input type="checkbox"/> Reallocate the salary of a position upward (certificated) | <input type="checkbox"/> Open a limited-term assignment<br><input type="checkbox"/> Change in hours (classified)<br><input type="checkbox"/> Change in Basis (from ____ Basis to ____ Basis) |
|---|--|

Current/Most Recent Incumbent (if applicable)		Branch/Division	
Class Title/Class Code	Bargaining Unit (if applicable)	Maximum Salary Range/Schedule	Basis
Location Name	Location Code	Funding Source	Position Control Number

**Please attach responses to the following questions on a separate sheet of paper:**

1. Please provide an explanation justifying why this position is essential to the operations of the school or office.
2. Identify at a minimum ten typical duties that will be assigned to this position. (Please do not copy from the class description.)
3. Please provide a current organizational chart with the position and supervisor indicated. If upgrading a position or closing a position to open a new one, please indicate that on the organizational chart.
4. Please identify the funding source (include name of funding source in addition to code). If grant funded, please specify the duration of the grant.

**New position requests:**

1. How are the responsibilities of this position currently being fulfilled?

**Signatures Required:**

Branch/Section Head	Date	Division Head/Local District Supt.	Date
Contact Person (print)	Phone	Fax & E-mail	

☐ Approved
☐ Not Approved
☐ Additional information Needed

Michelle King, Senior Deputy Superintendent, School Operations

***SUBMIT CERTIFICATED REQUESTS TO:*** Pablo Ortega, Human Resources, [pablo.ortega@lausd.net](mailto:pablo.ortega@lausd.net) fax: (213) 241-8418  
***SUBMIT CLASSIFIED REQUESTS TO:*** Wendy Guzman, Personnel Commission, [wendy.guzman@lausd.net](mailto:wendy.guzman@lausd.net) fax: (213) 241-6803

**LOS ANGELES UNIFIED SCHOOL DISTRICT**  
**HUMAN RESOURCES DIVISION – EMPLOYEE HEALTH SERVICES UNIT**

**Tuberculosis Compliance Program**

333 S. Beaudry Ave., 14<sup>th</sup> Floor, Los Angeles, CA 90017

Phone: (213) 241-6326 Fax: (213) 241-8918 E-mail: [employeehealth@lausd.net](mailto:employeehealth@lausd.net)

**Tuberculosis Test Result Form**

(For Permanent LAUSD Employees)

**You can have the test performed by:**

- **Your personal health care provider**
- **Your local county health department (uninsured employees only)**  
For L.A. County residents, visit [publichealth.lacounty.gov/tb/skintest.htm](http://publichealth.lacounty.gov/tb/skintest.htm) for a list of clinics and community health centers.
- **Employee Health Services (Beaudry Bldg.) no longer provide Mantoux skin tests or chest x-rays**

**IMPORTANT NOTES – READ CAREFULLY:**

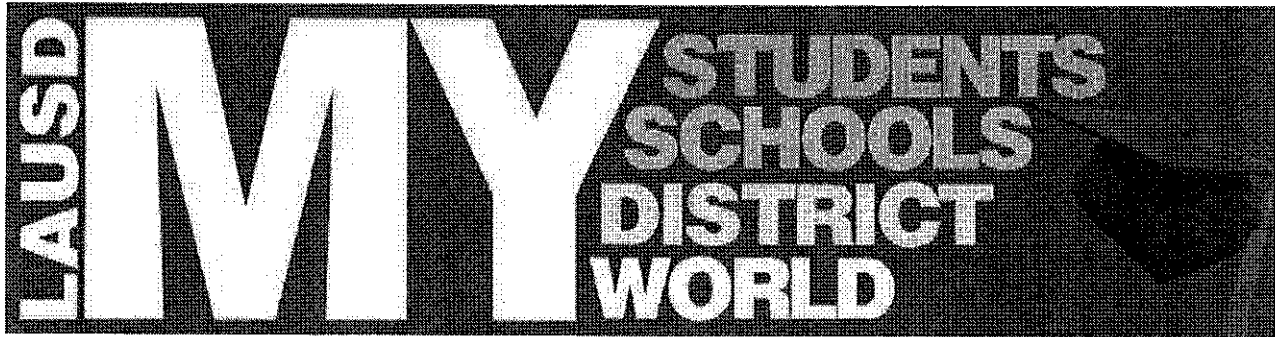
1. You may submit evidence of a negative Mantoux skin test or chest x-ray performed within the last three years.
2. Chest x-rays are only used if (1) you've ever had a positive skin test and (2) a physician (MD or DO only) signs the result form.
3. We suggest you use the result form below. If you submit a different result form, it **must** include your employee number and all information required below for the specific test.
4. We will not accept incomplete/invalid documentation. Make sure your documentation has the required information.
5. Neither test shall be performed on work/duty time. If necessary, you may use illness time as you would for any medical related appointment.

<b>Emp#:</b> _____	<b>Name:</b> _____		
<b>Phone:</b> _____			
<b>MANTOUX SKIN TEST</b> (5 TU PPD required. Tine skin test unacceptable.)		<b>CHEST X-RAY</b>	
Test Date _____		Positive Skin Test Date (estimate) _____	
Placed By _____		Date X-ray Taken _____	
Date Read _____		Impression (Not Prelim.) _____	
Read By _____		Person is free of communicable TB: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Induration _____ Millimeters (>9mm is positive)		Physician's Name _____	
<b>MEDICAL OFFICE CONTACT INFO:</b>		Physician's Degree ( <u>must</u> be MD or DO) _____	
		Physician's Signature _____	
		<b>MEDICAL OFFICE CONTACT INFO:</b>	
		Name _____	
Address _____		Address _____	
Phone _____		Phone _____	

<b>Submit Your Result Form Via:</b>	
<b>Fax:</b>	(213) 241-8918 Attn. TB Compliance
<b>E-mail:</b>	<a href="mailto:employeehealth@lausd.net">employeehealth@lausd.net</a> Subject: TB Compliance
<b>School Mail:</b>	Employee Health Services Attn. TB Compliance Beaudry Bldg., 14th Floor
<b>U.S. Mail:</b>	Employee Health Svcs (14th FL) Attn. TB Compliance P.O. Box 3307 Los Angeles, CA 90051
<b>To Confirm Compliance:</b>	
If you want to confirm our office received your result form, send an e-mail to: <a href="mailto:employeehealth@lausd.net">employeehealth@lausd.net</a> Subject: TB Confirmation - Emp# xxxxxx	

\*\*\* Keep a copy of your result form for your records \*\*\*





Dear LAUSD Employee,

The Los Angeles Unified School District continues working to become more environmentally friendly and generate savings to be reinvested in our schools. Together, our efforts to find creative solutions will make a great difference in the District's overall financial future.

You can play an active part in this work by enrolling for automatic deposit of your paycheck into your bank account (checking or savings). By doing so, you will not only help us with the goals above, but you will benefit by instant access to your funds on payday.

To activate automatic deposit of your paycheck on each payday, follow these three easy steps:

1. Complete the authorization card below
2. Attach a voided check or a savings account statement
3. Mail to Payroll Administration at 333 South Beaudry Avenue (27<sup>th</sup> Floor), Los Angeles, CA 90017

Every time you receive your pay through automatic deposit instead of receiving a paper paycheck, you help put twenty-five cents back into classrooms.

Thank you for helping the District and making a difference for our environment!

**AUTOMATIC PAYROLL DEPOSIT AUTHORIZATION FORM**  
LOS ANGELES UNIFIED SCHOOL DISTRICT

EMPLOYEE NUMBER 

--	--	--	--	--	--	--	--	--	--

 FI MI LAST NAME

I HEREBY AUTHORIZE THE LOS ANGELES UNIFIED SCHOOL DISTRICT OR ITS AGENTS, TO INITIATE DEPOSITS (AND/OR CORRECTIONS TO PREVIOUS DEPOSITS) TO THE FINANCIAL INSTITUTION INDICATED BELOW. THE INSTITUTION IS AUTHORIZED TO DEPOSIT AND/OR CORRECT THE AMOUNTS TO MY ACCOUNT. I MUST SUBMIT A NEW AUTHORIZATION CARD IF I CHANGE OR CLOSE MY ACCOUNT. THIS AUTHORIZATION REPLACES ANY PREVIOUSLY MADE BY ME AND IS TO REMAIN IN EFFECT UNTIL I SUBMIT A NEW AUTHORIZATION CARD. PLEASE ALLOW 1 TO 2 PAY CYCLES FOR AUTHORIZATION TO BE EFFECTIVE.

BANK NAME ☐ CANCEL APD 50 BRANCH ☐ CHANGE ACCOUNT NUMBER BANK PHONE NO. ☐ CHECK BOX IF SAVINGS ACCOUNT 51

School or Office Date Employee's Authorized Signature

Please forward this card to Payroll Administration, 333 South Beaudry Avenue, 27<sup>th</sup> Floor, Los Angeles, CA 90017. For Direct Deposit please attach a voided check or savings account statement showing your account number.

DO NOT COMPLETE THIS SECTION - PAYROLL ADMINISTRATION USE ONLY																			
TRANSIT NO.				ABA NO.				ACCOUNT NUMBER INFORMATION											
24	25	26	27	28	29	30	31	33	34	35	36	37	38	39	40	41	42	43	49

# Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	_____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2014</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)				
City or town, state, and ZIP code				
3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.				
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>				
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . . . . .				7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)****Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____

**Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1****Table 2**

Married Filing Jointly				All Others			
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; 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.

# EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A \_\_\_\_\_  
 Number of allowances from the Estimated Deductions, Worksheet B \_\_\_\_\_  
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2014 \_\_\_\_\_  
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (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.**

Signature _____ Date _____	
Employer's Name and Address	California Employer Account Number

----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

## **YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.**

**IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.**

**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.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

**THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.**

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

**certificate for your state income tax withholding, you may be significantly underwithheld.** This is particularly true if your household income is derived from more than one source.

**CHECK YOUR WITHHOLDING:** After your Form W-4 and/or 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, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

**EXEMPTION FROM WITHHOLDING:** If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

**EXEMPTION FROM WITHHOLDING** (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

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**IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).**

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

800-852-5711 (voice)

800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) 916-845-6500

The *California Employer's Guide* (DE 44) provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at [www.edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the Franchise Tax Board website at [www.ftb.ca.gov/individuals/index.shtml](http://www.ftb.ca.gov/individuals/index.shtml).

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**NOTIFICATION:** Your employer is required to send a copy of your DE 4 to the FTB if it meets either of the following two conditions:

- You claim more than 10 withholding allowances.
- You claim exemption from state or federal income tax withholding and your employer expects your usual weekly wages to exceed \$200 per week.

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

W-4 Unit  
Franchise Tax Board MS F180  
P.O. Box 2952  
Sacramento, CA 95812-2952  
Fax: 916-843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing that the federal determination is incorrect for state withholding purposes. The FTB will limit its review to that issue. The FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by the FTB. In the event the FTB or the IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your Form W-4/DE 4, you may be subject to a penalty.

**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 for by Section 13101 of the California Unemployment Insurance Code.



## 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-EARNER/TWO-JOBS:** When earnings are derived from more than one source, underwithholding 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 or Form W-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 . . . . . (F) \_\_\_\_\_

## INSTRUCTIONS — 2 — 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

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 \$7,812 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$3,906 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);  
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. \_\_\_\_\_  
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
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 Personal Income Tax (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 888-745-3886.

**WORKSHEET C**
**TAX WITHHOLDING AND ESTIMATED TAX**

1. Enter estimate of total wages for tax year 2014 ..... 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 2014 tax rate schedules below ..... 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$116.60) ..... 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 2014. 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 2014. 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 2014 ..... 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 2014 ONLY**

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER ...		PLUS*
\$0	\$7,582 ...	1.100%	\$0	\$0.00
\$7,582	\$17,976 ...	2.200%	\$7,582	\$83.40
\$17,976	\$28,371 ...	4.400%	\$17,976	\$312.07
\$28,371	\$39,384 ...	6.600%	\$28,371	\$769.45
\$39,384	\$49,774 ...	8.800%	\$39,384	\$1,496.31
\$49,774	\$254,250 ...	10.230%	\$49,774	\$2,410.63
\$254,250	\$305,100 ...	11.330%	\$254,250	\$23,328.52
\$305,100	\$508,500 ...	12.430%	\$305,100	\$29,089.83
\$508,500	\$1,000,000 ...	13.530%	\$508,500	\$54,372.45
\$1,000,000	and over	14.630%	\$1,000,000	\$120,872.40

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER ...		PLUS*
\$0	\$15,164 ...	1.100%	\$0	\$0.00
\$15,164	\$35,952 ...	2.200%	\$15,164	\$166.80
\$35,952	\$56,742 ...	4.400%	\$35,952	\$624.14
\$56,742	\$78,768 ...	6.600%	\$56,742	\$1,538.90
\$78,768	\$99,584 ...	8.800%	\$78,768	\$2,992.62
\$99,584	\$508,500 ...	10.230%	\$99,584	\$4,821.26
\$508,500	\$610,200 ...	11.330%	\$508,500	\$46,657.05
\$610,200	\$1,000,000 ...	12.430%	\$610,200	\$58,179.66
\$1,000,000	\$1,017,000 ...	13.530%	\$1,000,000	\$106,631.80
\$1,017,000	and over	14.630%	\$1,017,000	\$108,931.90

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER ...		PLUS*
\$0	\$15,174 ...	1.100%	\$0	\$0.00
\$15,174	\$35,952 ...	2.200%	\$15,174	\$166.91
\$35,952	\$46,346 ...	4.400%	\$35,952	\$624.03
\$46,346	\$57,359 ...	6.600%	\$46,346	\$1,081.37
\$57,359	\$67,751 ...	8.800%	\$57,359	\$1,808.23
\$67,751	\$345,780 ...	10.230%	\$67,751	\$2,722.73
\$345,780	\$414,936 ...	11.330%	\$345,780	\$31,165.10
\$414,936	\$691,560 ...	12.430%	\$414,936	\$39,000.47
\$691,560	\$1,000,000 ...	13.530%	\$691,560	\$73,384.83
\$1,000,000	and over	14.630%	\$1,000,000	\$115,116.76

\*marginal tax

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)  
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES  
(Not Toll Free) 916-845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, California Code of Regulations, and the 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 income tax return.



# Instructions for Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

**Read all instructions carefully before completing this form.**

**Anti-Discrimination Notice.** It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit [www.justice.gov/crt/about/osc](http://www.justice.gov/crt/about/osc).

## What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

## General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

## Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

**Name:** Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

**Other names used:** Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

**Address:** Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

**E-mail Address and Telephone Number (Optional):** You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

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All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

**1. A citizen of the United States**

**2. A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

**3. A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

**4. An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

**a.** Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

**b.** Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

**(1)** If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

**(2)** If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

## Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
  4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
  5. Sign and date the attestation on the date Section 2 is completed.
  6. Record the employer's business name and address.
  7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

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## Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central ([www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)) for examples.

## Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central) for more information on receipts.

## Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
  - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

### What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

### USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central), by e-mailing USCIS at [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov), or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at [www.uscis.gov/forms](http://www.uscis.gov/forms). You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify), by e-mailing USCIS at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov) or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**





# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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 [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

**3-D Barcode**  
**Do Not Write in This Space**

Signature of Employee:	Date (mm/dd/yyyy):
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**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		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*



**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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

**Employee Last Name, First Name and Middle Initial from Section 1:**

<b>List A</b> Identity and Employment Authorization	<b>OR</b>	<b>List B</b> Identity	<b>AND</b>	<b>List C</b> 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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode**  
**Do Not Write in This Space**

**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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

<b>A. New Name (if applicable)</b> Last Name (Family Name) First Name (Given Name) Middle Initial	<b>B. Date of Rehire (if applicable) (mm/dd/yyyy):</b>
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**C.** If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print 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.

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

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.