



## Student Employment Document Checklist

### **NEW STUDENT WORKERS**

- ☐ SMC Student Employment Application/Contract
- ☐ W-4 form (federal withholding)
- ☐ DE-4 (state withholding)
- ☐ Student Employee Emergency Information/Warrant Recipient Designation form
- ☐ Proof of Employment Eligibility Identification
- ☐ I-9 form
- ☐ Disclosure of Conviction Record form
- ☐ Confidentiality Memo of Understanding form
- ☐ Confidentiality Agreement form
- ☐ Mandated Reporter Status form
- ☐ Student Leave form
- ☐ FERPA Training Completion email
- ☐ Live Scan Fingerprint form (pink copy)
- ☐ TB Test Results form (if applicable)

### **INTERNATIONAL STUDENTS (F-1) must also include copies of these documents:**

- ☐ I-20 Form
- ☐ I-94 Form
- ☐ Foreign Passport

### **CONTINUING STUDENT WORKERS**

- ☐ SMC Student Employment Application/Contract
- ☐ Mandated Reporter Status form
- ☐ Student Leave form
- ☐ FERPA Training Completion email



# 2015-2016 STUDENT EMPLOYMENT APPLICATION AND CONTRACT

Before a student can begin to work, the student must meet the requirements on page 2 of this form and then submit this Application Contract and all payroll forms, along with the student's identification verification to the Student Employment Specialist located in the Financial Aid Office.

## APPLICATION – PLEASE PRINT:

Student Name \_\_\_\_\_ SMC Student I.D. # \_\_\_\_\_  
Last First Middle initial

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Number Street Apartment # (Do not use a P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Skills:** (Please check all that apply) ☐ Customer Service ☐ Telephone ☐ Bookkeeping ☐ Computers ☐ Writing

**Other skills or languages spoken/written:** \_\_\_\_\_

### Work Experience:

Dates of employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Hours that I am available to work each day:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

1. Have you ever pleaded guilty or been convicted of a crime, fined, imprisoned, placed on probation, given a suspended sentence in a civil, criminal or military court? [Omit traffic violations.] Narcotics and sex offenders must be reported even if set aside by PC 1203.4. ☐ YES ☐ NO

2. Do you have any pending criminal actions? ☐ YES ☐ NO

**Note:** If you answered "yes" to either question above, please give an explanation on a separate form that will be provided to you. A "yes" answer will not necessarily disqualify you from employment.

## CONTRACT

Students are paid on the 10<sup>th</sup> and the 25<sup>th</sup> of each month. All paychecks are mailed directly to the address provided by the student. It is the student's responsibility to report any address or name change to the Financial Aid Office. As a candidate for student employment, students need to be aware of the following:

- Students will be on the job at all scheduled hours, will perform the duties assigned to them and will work only when deemed eligible.
- If required, students will be fingerprinted prior to employment, and if the results are unsatisfactory, employment will be terminated.
- If required, students will be tested for tuberculosis (TB,) and if the results are unsatisfactory, this contract will be cancelled.
- If any criminal charges and/or convictions occur against the student anytime during employment at SMC, the student is responsible for notifying the Financial Aid Office immediately and any criminal charges and/or convictions will be reported to the student's supervisor. Upon investigation, these charges may terminate the student's employment.
- Part-time, temporary student employment is without benefits and that employment may be cancelled at any time.
- Students must sign their Daily Hours Work Report each pay period in order to be paid.

I hereby certify that I have read and understand all of the information listed above and that all answers and statements are true. I also understand that any misstatements of material facts contained in this application may cause forfeiture of all my rights to any employment, either present or future in the service of the Santa Monica Community College District. I accept this assignment subject to all terms and conditions herein.

Student Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **AUTHORIZATION TO HIRE STUDENT:** (Only department chairs, faculty leaders, faculty coordinators, and managers have account authority to hire students.)

Hiring Department \_\_\_\_\_ Work hours per week \_\_\_\_\_

I authorize the hiring of this student for employment under: ☐ Work Study ☐ Student Help

Account Number: \_\_\_\_\_

(Note: Account number will be used for students hired under Student Help and in cases when FWS students have exceeded their allocation.)

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title of Department Chair / Faculty Leader / Faculty Coordinator / Manager \_\_\_\_\_

Designated Person Reporting Hours \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_

**FOR STUDENT EMPLOYMENT USE ONLY:** Student Help ☐ FWS ☐ Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_ CWWS ☐ FERPA ☐ MRSF ☐ SLF ☐

**Current Units:** Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ **FP date** \_\_\_\_\_ **TB test date** \_\_\_\_\_

**Student Employment Official's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Student Employment at SMC

## REQUIREMENTS:

### STUDENT HELP (SH) – (Department Budget)

Students must be enrolled in 12 units or more at SMC for the fall and spring semesters, to be able to work the summer or winter terms. A student can work in the winter or summer semester if not enrolled in 12 units, as long as they are enrolled in 3 units during those semesters.

### FEDERAL WORK STUDY (FWS) – (Students' Financial Aid Award)

In the fall and spring semesters, students must be enrolled in 6 or more units at SMC and *you must be eligible for Federal Work Study*. To work in the winter semester, students must be enrolled in at least 3 units and have a Federal Work Study award.

## PROCEDURES:

1. Employment opportunities are listed on the SMC website under Financial Aid - Student Employment.
2. To be eligible to apply for a job, you must meet the requirements above and the specific employment requirements stated on the Job Opening listing. Once you have found a job in which you are interested, contact the supervisor directly as indicated on the Job Opening listing.
3. Once you are hired, a supervisor will complete the authorization portion of your Student Employment Application/Contract. You must then complete the rest of the packet of documents and requirements listed below.
4. **Return the following documents to the Financial Aid Office:**

### New Students

- SMC Student Employment Application/Contract
- Confidentiality Memo of Understanding form
- Confidentiality Agreement form
- W-4 Federal Withholding form
- DE-4 State Withholding form
- I-9 form and Verification Identification documents
- I-9 Employment Verification identification form
- Emergency Contact /Warrant Designation form
- Disclosure of Conviction Record form
- FERPA Training Completion email
- Mandated Reporter Status form
- Student Leave form
- Live Scan Fingerprint form \*
- TB Test (if applicable)

### **\* Fingerprinting procedure:**

- You first need to obtain a fingerprint scan form from the Financial Aid Office.
- Take the form to the SMC Campus Police Department. Campus police will scan your fingerprints and return the pink form - for you to include in your employment packet. Hours open for fingerprinting: M-F-10:00-11:00 & 2:00-3:00.

### Continuing Students

- SMC Student Employment Application/Contract
- FERPA Training Completion Email
- Mandated Reporter Status form
- Student Leave form

5. **Daily Hours Work Reports** will be supplied by the department where you will be working for each pay period and processed bimonthly in payroll from the 1<sup>st</sup> to the 15<sup>th</sup> and from the 16<sup>th</sup> to the end of the month. Your paychecks will be mailed to your home address and your first paycheck will be issued to you approximately one month after your first day of employment. You must sign your Daily Hours Work Report or your paycheck will be held back in the payroll office. Payroll Schedules of check mailing dates can be found on the Student Employment website.
6. You should discuss the following information with your supervisor: your work schedule, break time, lunch time, number of hours worked on your sign-in report, and any questions you have about your employment.
7. Do not work more than you are scheduled to work. **Note:** Students cannot work more than 7 hours in a day.
8. If you have any general questions about your employment, call the Financial Aid Office at 310-434-4343. For specific questions about your hours or pay, contact your direct supervisor.

**Note: Do not start working if your supervisor has not received the email authorization for you to work.**

# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 \$1,050 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 2015. 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 <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <div><ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul></div> . . . . .	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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 <b>dependents</b> (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 <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> 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. <ul style="list-style-type: none"><li>• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children.</li><li>• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li></ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>	_____
<div>For accuracy, complete all worksheets that apply. <div><ul style="list-style-type: none"><li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li><li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li><li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li></ul></div></div>			

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>2015</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code				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 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> 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.

- 1 Enter an estimate of your 2015 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, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details. 1 \$
- 2 Enter:  $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$  2 \$
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$
- 4 Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

**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.

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

**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.

- 4 Enter the number from line 2 of this worksheet 4
- 5 Enter the number from line 1 of this worksheet 5
- 6 **Subtract** line 5 from line 4 6
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$
- 9 Divide line 8 by the number of pay periods remaining in 2015. 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 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$

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

Married Filing Jointly		All Others		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 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5				
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 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 <input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD
City, State, and ZIP Code	

1. 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 2012 \_\_\_\_\_  
 OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR
3. 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.

---

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

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's (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's website at: [www.ftb.ca.gov/individuals/index.shtml](http://www.ftb.ca.gov/individuals/index.shtml).

---

**NOTIFICATION:** Your employer is required to send a copy of your DE 4 to the Franchise Tax Board (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 the federal determination 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 FTB. In the event FTB or 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 19176 of the California Revenue and Taxation Code.

## INSTRUCTIONS — 1 — ALLOWANCES\*

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

- Do you claim allowances for dependents or blindness?
- Are you going to 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 540 form 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 540 form . . . . . 1. \_\_\_\_\_
2. Enter \$7,538 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$3,769 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 new 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 2012 . . . . . 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 2012 tax rate schedules below . . . . . 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$112.20) . . . . . 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference . . . . . 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540) . . . . . 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability . . . . . 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2012. 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 2012. 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 2012 . . . . . 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 2012 ONLY*

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$7,316	1.100%	\$0	\$0.00
\$7,316	\$17,346	2.200%	\$7,316	\$80.48
\$17,346	\$27,377	4.400%	\$17,346	\$301.14
\$27,377	\$38,004	6.600%	\$27,377	\$742.50
\$38,004	\$48,029	8.800%	\$38,004	\$1,443.88
\$48,029	\$1,000,000	10.230%	\$48,029	\$2,326.08
\$1,000,000	and over	11.330%	\$1,000,000	\$99,712.71

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	\$14,632	1.100%	\$0	\$0.00
\$14,632	\$34,692	2.200%	\$14,632	\$160.95
\$34,692	\$54,754	4.400%	\$34,692	\$602.27
\$54,754	\$76,008	6.600%	\$54,754	\$1,485.00
\$76,008	\$96,058	8.800%	\$76,008	\$2,887.76
\$96,058	\$1,000,000	10.230%	\$96,058	\$4,652.16
\$1,000,000	and over	11.330%	\$1,000,000	\$97,125.43

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS*
\$0	\$14,642	1.100%	\$0	\$0.00
\$14,642	\$34,692	2.200%	\$14,642	\$161.06
\$34,692	\$44,721	4.400%	\$34,692	\$602.16
\$44,721	\$55,348	6.600%	\$44,721	\$1,043.44
\$55,348	\$65,376	8.800%	\$55,348	\$1,744.82
\$65,376	\$1,000,000	10.230%	\$65,376	\$2,627.28
\$1,000,000	and over	11.330%	\$1,000,000	\$98,239.32

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

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

\*marginal tax

The DE 4 information is collected for purposes of administering the Personal Income Tax law and under the authority of Title 22 of the 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.



## Student Employee Emergency Information

Student's Full Name

Student ID#

Social Security Number

Street Address

City

State

Zip

Telephone Number

### *Who Should Be Contacted In Case of Emergency?*

Name

Relationship to Student

Telephone Numbers:

Home

Work

Student Employee's Signature

Date

\*\*\*\*\*

### **Warrant Recipient Designation**

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person to receive any and all warrants (paychecks) payable to me and issued by the Santa Monica Community College District:

Designee's Full Name

Relationship to Student

Street Address

City

State

Country

Zip

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in writing. It is expressly understood and agreed to that the Santa Monica Community College District is not obligated to deliver said warrants to the person designated above unless the designated person claims such warrants from the SMC College District and provided the SMC College District with sufficient proof of identity.

Student Employee's Signature

Date



# 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):
------------------------	--------------------

**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:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

## Certification

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

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

Signature of Employer or Authorized Representative		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.)

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

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:
---	--------------------	--

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	Documents that Establish Identity	Documents that Establish Employment Authorization
OR AND		
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(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.</div></div></div> <div>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</div>	<div>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</div> <div>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</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>	<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</div> <div>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</div> <div>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</div> <div>5. Native American tribal document</div> <div>6. U.S. Citizen ID Card (Form I-197)</div> <div>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>8. Employment authorization document issued by the Department of Homeland Security</div>

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.

**SANTA MONICA COMMUNITY COLLEGE DISTRICT****OFFICE OF HUMAN RESOURCES****DISCLOSURE OF CONVICTION RECORD**

NAME ( Please print below)

Last:	First:	Middle
-------	--------	--------

ADDRESS

Street:	City:	State:	Zip:
---------	-------	--------	------

***District Requirement:***

California Community Colleges' are required by the California State Education Code to adhere to the education code provisions in considering applicants with conviction records. Consequently, applicants considered for employment must be fingerprinted for a Criminal Offender Record check prior to their hire date through the Department of Justice. Additionally, an applicant may be disqualified from an employment interview or dismissed from employment with the Santa Monica Community College District due to specific types of convictions or for failing to disclose convictions at the time of application for employment.

***Applicant Instructions:***

In the spaces below, please provide complete information for every incident you, as a juvenile or adult, have been convicted, fined, imprisoned, placed on probation, given a suspended sentence or have forfeited bail in connection with any offense, in civilian or military life (do not include minor traffic violation such as parking or speeding, \$50.00 fine or less, unless a warrant was issued for your arrest for failure to appear for a fine or sentencing). If you are uncertain whether an arrest led to a conviction, list the arrest and an explanation.

*Begin with your first conviction and write as much information as you can in the spaces provided.*

**INCIDENT 1:**

<b><i>Specifics:</i></b> Provide approximate date(s), city, state of arrest and conviction.	

<b><i>Charge(s):</i></b> Charge or reason given by law enforcement for arrest.	

<b><i>Ruling:</i></b> Amount of fine; duration of imprisonment and/or probation.	

<b><i>Remarks:</i></b> Explain briefly the events that led to your arrest along with any other particulars not already covered.	

(if additional space is needed, you may use the reverse side)

I have listed all arrests, which led to a conviction for a crime.

Signature:	Date:	Phone:
------------	-------	--------

***THIS FORM WILL BE KEPT CONFIDENTIAL IN THE OFFICE OF HUMAN RESOURCES***

**INCIDENT 2:**

<b><i>Specifics:</i></b> Provide approximate date(s), city, state of arrest and conviction.	
<b><i>Charge(s):</i></b> Charge or reason given by law enforcement for arrest.	
<b><i>Ruling:</i></b> Amount of fine; duration of imprisonment and/or probation.	
<b><i>Remarks:</i></b> Explain briefly the events that led to your arrest along with any other particulars not already covered.	

**INCIDENT 3:**

<b><i>Specifics:</i></b> Provide approximate date(s), city, state of arrest and conviction.	
<b><i>Charge(s):</i></b> Charge or reason given by law enforcement for arrest.	
<b><i>Ruling:</i></b> Amount of fine; duration of imprisonment and/or probation.	
<b><i>Remarks:</i></b> Explain briefly the events that led to your arrest along with any other particulars not already covered.	



## Confidentiality Memo of Understanding

***This document confirms that you understand and follow the Federal Privacy Act and FERPA regulations.***

Information included in student records and confirmation about student participation in the college is confidential and governed by federal, state and college regulations. This covers information stored as hard copy and information that can be retrieved from the computer as well as verbal communication. No other individual including family, spouse, friends, or fellow students may receive information on a student without permission from the student.

Should a student inquire about their own enrollment, staff should ask to see identification to verify their identity or direct them to a computer where they can assist the student in finding the information they need.

### **Examples of requests for information and suggested procedures:**

- A fellow student that you know comes to ask for their list of classes.  
*Ask for their picture identification and inform them, "It is college policy to confirm who you say you are by asking for identification." All students must be treated in the SAME fashion. Should a student balk, suggest that you can assist them at the computer stations where they will be able to find the information independently.*
- An attorney calls and asks if a student is enrolled.  
*All legal inquiries are referred to Admissions, 310-434-4450. Police inquiries should be referred to a staff member.*
- A parent asks to know the classroom where the student is attending class.  
*NO ONE other than the student is to have this information – not even a family member according to the FERPA guidelines. Forward the inquiry to a staff member.*
- A student is in our office requesting a copy of the list of classes for himself and his wife.  
*Technically, he cannot have a copy of his wife's confirmation of classes. He can only receive a copy of his class confirmation after showing his picture ID. The wife will need to come in herself.*
- A family emergency requires contacting a student in class.  
*Please refer this to a staff member to handle.*
- A student telephone caller requests information about their enrolled classes.  
*Inform the student they have the option of using Corsair Connect to verify their class list. A confirmation of classes can be sent through the mail to the address in the computer only.*
- An enrolled student asks for an instructor's telephone number.  
*Federal Law prohibits us from releasing any personal information on staff, students or instructors. Even if the instructor included it in the class handout, we cannot release the information. They should follow-up with their instructor the next time they are in class.*

My printed name below indicates that I have read the above information and agree to abide by the confidentiality provisions.

Date: \_\_\_\_\_ Print name: \_\_\_\_\_

**Continue to the CONFIDENTIALITY AGREEMENT on the next page**

*Completion of the FERPA training, the Confidentiality Memo and Agreement, Employment Application/Contract and other forms for the employment packet must be turned-in to the Financial Aid Office before employment begins.*





# SMC: Confidentiality Agreement

## Policy Regarding Privacy of Student Records

I understand that by virtue of my employment at Santa Monica College, I may have access to records containing individually identifiable information. Under law, information in this category is protected and can be disclosed only where the law has made exceptions. The law also has defined certain information about students which *can be released* to the public. This information is called Directory Information, which only includes the items noted below. *All other information about the student cannot be released.*

- Student Name
- City of Residence
- Age
- Major field of study
- Dates of attendance
- Photograph
- Dates of degrees awarded
- Participation in officially organized activities and sports
- Height and weight of members of athletic teams
- Most recent or previous school attended

---

**Please write your initials by each indicating that you have read and understand the statement:**

\_\_\_\_\_ I have successfully completed the online FERPA training.

\_\_\_\_\_ I understand the only student information that may be released is Directory Information as defined above.

\_\_\_\_\_ I understand that I will not release any information before verifying whether or not the student has requested that the information be kept confidential. **(Confidential Hold)**

\_\_\_\_\_ I understand that all other information on students in any data system used at SMC or in any hard-copy files is absolutely confidential and may not be released without the written authorization from the student.

\_\_\_\_\_ I acknowledge that any willful or unauthorized disclosure of students' personal and academic information is a violation of the law re: confidentiality of student records.

\_\_\_\_\_ I understand that I cannot access any students' information for my personal use.

\_\_\_\_\_ I further understand that any violation of this policy can result in dismissal.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Completion of the FERPA training, the Confidentiality Memo and Agreement, Employment Application/Contract and other forms for the employment packet must be turned-in to the Financial Aid Office before employment begins.*



Santa Monica Community College District  
**Acknowledgement of Mandated Reporter Status**

*California law requires certain persons to report known or suspected child abuse or neglect. These individuals are known under the law as "mandated reporters." California Penal Code § 11166.5(a) requires that all mandated reporters of child abuse and neglect sign an acknowledgement of their legal duties and that the district retain it. Further, it requires that all mandated reporters be provided with the Penal Code provisions.*

**Child Abuse and Neglect Reporting Law (Penal Code, § 11166.5) Definitions:** The following situations involving individuals under 18 years of age are reportable child abuse and neglect conditions:

- 1) Physical abuse
- 2) Sexual abuse
- 3) Child exploitation, child pornography and child prostitution
- 4) Severe or general neglect
- 5) Extreme corporal punishment resulting in injury
- 6) Willful cruelty or unjustifiable punishment
- 7) Abuse or neglect in out-of-home care

**Who must Report:** Any employee whose duties bring them into contact with children on a regular basis or any supervisor of such an employee is a mandated reporter effective January 1, 2013. This includes nearly all Santa Monica College employees including all Coaches and Assistant Coaches.

**When to Report:** Employees must make a telephone report immediately when the employee observes a child in his/her professional capacity or within the scope of his/her employment and has knowledge of, or has reasonable suspicion that the child has been abused. The employee must submit a written report, on a standard form, within 36 hours after the telephone report has been made.

**To Whom Do You Report:** Employees should report to the Child Protection Hotline, available 24 hours a day, 7 days a week, by calling toll-free within California to (800) 540-4000. Alternatively, reports may be made to certain law enforcement agencies (but not Campus Police).

**Reporting:** Mandated reporters are required to give their names. Child protective agencies are required to keep the mandated reporter's name confidential, unless a court orders the information disclosed.

**Immunity:** Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, the state will reimburse attorneys' fees incurred up to \$50,000 (Penal Code, § 11172). In addition, the Santa Monica Community College District will pay for any mandated reporters' attorneys' fees or judgment arising out of any report made in good faith in the course and scope of employment. No individual can be dismissed, disciplined or harassed for making a report of suspected child abuse.

**Liability:** Legally mandated reporters may be criminally liable for failing to report suspected abuse. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. Mandated reporters can also be civilly liable for failure to report.

**Notification Regarding Abuse:** You are not legally required to notify the parents that you are making a report.

**Information:** Additional information and training is available through the Santa Monica College Human Resources Office. For questions regarding this form, please contact the Human Resources Office at (310) 434-4415.

I have been provided copies of California Penal Code §§ 11165.7, 11666, and 11167. Under California Penal Code §11165.7, I am a mandated reporter of child abuse and neglect. As a mandated reporter of child abuse and neglect, I understand that **I have a legal obligation to report child abuse and neglect** and will comply with the law.

**Employee Type:** ☐ Adjunct ☐ Full-Time Faculty ☐ Management ☐ Regular Classified ☒ **Student Employee** ☐ Confidential

\_\_\_\_\_  
**Student Employee's Name (Print)**

\_\_\_\_\_  
**Signature- Student Employee**

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



## SANTA MONICA COMMUNITY COLLEGE DISTRICT

### OFFICE OF HUMAN RESOURCES

## SICK LEAVE POLICY - STUDENT WORKERS

The purpose of this notice is to inform Student Workers of the sick leave policy at Santa Monica Community College District ("District"). To comply with the *Healthy Workplaces/Health Families Act of 2014 Paid Sick Leave (AB 1522)*, the District has established sick leave policies under Administrative Regulation 3117 and Merit Rule 11.10.5.

The minimum requirements under AB 1522 provide that an employee:

- May accrue paid sick leave at one hour for every 30 hours worked from the commencement of employment or July 1, 2015, whichever is later. Accrual is capped at no more than 48 hours of sick leave;
- May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- Has the right to file a complaint against an employer who retaliates or discriminates against an employee for requesting or using accrued sick days; attempting to exercise the right to use accrued paid sick days; filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code; cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

Attached is a copy the District's sick leave policy for student workers explaining the terms and conditions for accrual and use of paid sick leave.

This policy shall not apply to district employees accruing paid sick leave pursuant to other provisions under a district policy or collective bargaining agreement.

If you have any questions, please contact the Office of Human Resources at 310-434-4415.

### **Acknowledgement of Receipt:**

My signature on this notice merely constitutes acknowledgement of receipt of Santa Monica Community College District sick leave policy for Student Workers.

---

**Print Name of Employee**

---

**Signature of Employee**

**Date**

**Send Original Signed Copy to the Office of Human Resources**

Santa Monica Community College District • Office of Human Resources  
1900 Pico Blvd., Santa Monica, CA 90405-1628 • Phone (310) 434-4415 • Facsimile (310) 434-4256

Rev. 06/15