



Administrative Office  
411 Sycamore Avenue  
Mill Valley, CA 94941  
Tel (415) 389-7700  
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Mill Valley School District New Employee Information

Legal Name as it appears on official government documents:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. # City, State, Zip

Mailing address (if different): \_\_\_\_\_

Home phone Number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Personal email address: \_\_\_\_\_

**Very Important!** Please circle: Are you a PERS member? **YES or NO** Are you a STRS Member? **YES or NO**

For Certificated Staff: Do you have a PhD or National Board Certification? \_\_\_\_\_

Please click here  to restrict your address/telephone number from appearing in various data requests.

\*Additional legal documentation may be required from you to completely restrict information depending on the request. For any questions please contact Human Resources.

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



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

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

Employer Completes Next Page



**Employment Eligibility Verification**  
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**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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 style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
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>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

### All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <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>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



# Form W-4 (2019)

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

**Purpose.** 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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) 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 <span style="font-size: 2em; font-weight: bold;">2019</span>	
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. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
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 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.					
• Last year I had a right to a refund of all federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of all federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶					
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	



income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).



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

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't 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>	<b>D</b>	<u>        </u>
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	<u>        </u>
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	<u>        </u>
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>        </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

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

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ <u>        </u>
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">}</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul>	<b>2</b>	\$ <u>        </u>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ <u>        </u>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ <u>        </u>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ <u>        </u>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ <u>        </u>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ <u>        </u>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	<u>        </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	<u>        </u>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	<u>        </u>

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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 2011 \_\_\_\_\_  
 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
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----- 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 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:

- You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- 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 personal income tax 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.**

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 EDD's Web site 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 Web site 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 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 Franchise Tax Board (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 \$7,340 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$3,670 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 . . . . . Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.	8. _____
9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income) . . . . .	9. _____
10. Enter amount from line 5 (deductions) . . . . .	10. _____
11. Subtract line 10 from line 9, enter difference . . . . . <u>Complete Worksheet C</u>	11. _____

\*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 2011 ..... 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 2011 tax rate schedules below ..... 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$108.90) ..... 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 2011. 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 2011. 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 2011 ..... 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 2011 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER ...		PLUS*
\$0	\$7,124	1.100%	\$0	\$0.00
\$7,124	\$16,890	2.200%	\$7,124	\$78.36
\$16,890	\$26,657	4.400%	\$16,890	\$293.21
\$26,657	\$37,005	6.600%	\$26,657	\$722.96
\$37,005	\$46,766	8.800%	\$37,005	\$1,405.93
\$46,766	\$1,000,000	10.230%	\$46,766	\$2,264.90
\$1,000,000	and over	11.330%	\$1,000,000	\$99,780.74

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	\$14,248	1.100%	\$0	\$0.00
\$14,248	\$33,780	2.200%	\$14,248	\$156.73
\$33,780	\$53,314	4.400%	\$33,780	\$586.43
\$53,314	\$74,010	6.600%	\$53,314	\$1,445.93
\$74,010	\$93,532	8.800%	\$74,010	\$2,811.87
\$93,532	\$1,000,000	10.230%	\$93,532	\$4,529.81
\$1,000,000	and over	11.330%	\$1,000,000	\$97,261.49

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER ...		PLUS*
\$0	\$14,257	1.100%	\$0	\$0.00
\$14,257	\$33,780	2.200%	\$14,257	\$156.83
\$33,780	\$43,545	4.400%	\$33,780	\$586.34
\$43,545	\$53,893	6.600%	\$43,545	\$1,016.00
\$53,893	\$63,657	8.800%	\$53,893	\$1,698.97
\$63,657	\$1,000,000	10.230%	\$63,657	\$2,558.20
\$1,000,000	and over	11.330%	\$1,000,000	\$98,346.09

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 (916) 845-6500  
(Not Toll Free)

\*marginal tax

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.



## Race and Ethnicity Data Collection

To comply with the U.S. Department of Education and the CA Department of Education the district is required to gather race and ethnicity information on all newly hired staff. Please fill out the information requested on this form and return to the Human Resources Department.

---

### Identification Information:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

---

### Ethnicity Information:

Select one:

No, not Hispanic or Latino

Yes, Hispanic or Latino

---

### Race Information:

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

Select one or more:

American Indian or Alaskan Native

#### Asian

- Chinese
- Japanese
- Korean
- Vietnamese
- Asian Indian
- Laotian
- Cambodian
- Filipino
- Hmong
- Other Asian

#### Native Hawaiian or Other Pacific Islander

- Hawaiian
- Guamanian
- Samoan
- Tahitian
- Other Pacific Islander

Black or African American

White



Administrative Office  
411 Sycamore Avenue  
Mill Valley, CA 94941  
Tel (415) 389-7700  
Fax (415) 389-7773

October 1, 2013

## HEALTH CARE REFORM: The Public Health Insurance Market Place

As your employer, we are required to provide you with certain information about the Affordable Care Act (also known as "Health Care Reform"). This notice contains general information about the ability to purchase medical coverage through a Public Marketplace.

The Affordable Care Act (ACA) was signed into law by President Obama in 2010. This law provides changes in the way employers offer health insurance to their employees who are **not already** enrolled in a health insurance program and will become effective January 1, 2014.

**The required notice provides background information as to how this new law will be implemented and applies primarily to those who are not currently eligible for health insurance through the Mill Valley School District.** The notice explains something called the "Health Insurance Marketplace," otherwise known as the California Health Benefits Exchange, and how it provides options for those employees who are eligible to participate in the ACA program.

Also, below we have added some information we thought would be helpful. Please carefully read all pages of this memo.

### What you need to know:

#### 1. Almost everyone must have medical coverage by January 1, 2014 or pay a tax penalty

- You may get your medical coverage through:
  - Our employer-sponsored group health plan,
  - A spouse's employer-sponsored group health plan (if available), or
  - An individual policy
- You may purchase an individual policy in the private market or through the Public Marketplace in your state

#### 2. You should carefully evaluate your coverage options

You may hear about the state Public Marketplaces through the media and other advertisements announcing that you can locate coverage through the Public Marketplace as of October 1, 2013. You may also receive advertisements from insurance companies marketing policies.

#### 3. Before declining our group health plan coverage, evaluate your options carefully



- If I get medical coverage from:		
	Our Employer Plan	A Public Marketplace
Who is eligible for coverage?	<ul style="list-style-type: none"> <li>➤ Represented certificated and classified employees who are subject to the applicable MVTA or CSEA Collective Bargaining Agreements; non-bargaining unit employees, Confidential &amp; management employees who are eligible to receive the District contribution to medical benefits (contribution is prorated for less than full-time employees)</li> <li>➤ All employees working at least 30 hours per week or grandfathered in who are not eligible for the District contribution to medical benefits</li> </ul>	<p>For eligibility or other questions:</p> <p>Call the Covered California Information Line at 1-888-975-1142</p> <p>Visit <a href="http://www.coveredca.com">www.coveredca.com</a></p> <p>Additional information regarding Health Care Reform can be found at: <a href="http://www.healthcare.gov">www.healthcare.gov</a></p>
Who pays for coverage?	You and/or your employer	You
How do I pay for costs?	May be with pre-tax income (Section 125)	After-tax income
How much does it cost?	Contact Clemencia Vargas, Payroll Specialist, <a href="mailto:cvargas@mvschools.org">cvargas@mvschools.org</a>	<p>Call the Covered California Information Line at 1-888-975-1142</p> <p>Visit <a href="http://www.coveredca.com">www.coveredca.com</a></p> <p>Additional information regarding Health Care Reform can be found at: <a href="http://www.healthcare.gov">www.healthcare.gov</a></p>
What level of benefits is offered?	Our medical plans all meet or exceed the plans offered through the Public Marketplace.	You choose a ‘Bronze’, ‘Silver’, ‘Gold’, or ‘Platinum’ level of coverage
Will the government pay for any of my coverage?	No	<b>Only if you qualify for a federal subsidy.</b> The District’s employer- sponsored plan is designed to meet the minimum value and affordability standards set by the Affordable Care Act, which would generally prevent you from qualifying for a subsidy.

**For more Information:**

- Contact Clemencia Vargas, Payroll Specialist at [cvargas@mvschools.org](mailto:cvargas@mvschools.org) for information about our employer-sponsored medical coverage
- Call the Covered California Information Line at 1-888-975-1142
- Visit [www.coveredca.com](http://www.coveredca.com)
- Additional information regarding Health Care Reform can be found at [www.healthcare.gov](http://www.healthcare.gov).
- If your household income falls below 138% of the Federal Poverty Level, you may be eligible for Medicaid - Contact your State Medicaid office for more information

Questions regarding the Public Marketplace should be addressed by the public marketplace for the state in which you reside.

I have read and received the Health Care Reform Act notice (2 pages) provided by Mill Valley School District.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Administrative Office  
411 Sycamore Avenue  
Mill Valley, CA 94941  
Tel (415) 389-7700  
Fax (415) 389-7773

I fully understand that I am not covered by State Disability Insurance through the Mill Valley School District.

The District offers disability insurance through American Fidelity, AFLAC and The Standard (certificated employees only) and has been made available to me on a voluntary basis. I have received information regarding the various plans and have chosen not to apply at this time

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



**MILL VALLEY SCHOOL DISTRICT**  
**Electronic Information Services**  
**TERMS AND CONDITIONS**

The Mill Valley School District (District) may provide electronic-information services (EIS) to all personnel who are employed by the District. Employees who use EIS services must sign an EIS user's agreement. EIS includes networks (internet), databases, e-mail (both school supplied addresses and private addresses originating from District computers), Broadband, Cell phone (District supplied), text messages, websites maintained by the District, digital storage, instant messaging, internet-based voice communications, or other electronic sources. The uses of any or all of these services while on duty or on District-provided equipment shall be in support of education, research, and the educational goals of the District.

The District requires anyone who is granted the privilege to use the District's EIS services must agree in writing to follow these guidelines and procedures for appropriate use. If a user violates any of these provisions, the privilege may be terminated and future access will be denied. Your signature is legally binding and indicates that you have read the terms and conditions carefully, and understand their significance.

Employee use of EIS services is a privilege granted to individual employees at the discretion of the District. Employees do not have any expectation of privacy for e-mails and other messages sent through the District's EIS system or equipment. The District may log the use of all systems and monitor all system utilization. Employee understands that any and all information, including personal e-mails, on the District's e-mail and other message, with the exception of student records, is not deemed private and is potentially a public record. Contents of personal folders, PC hard drives, and e-mail may be monitored and occasionally read. The District reserves the right to discipline employees when there is evidence that suggests that employee has either repeatedly or grossly violated the terms and procedures of this agreement.

The District does recognize employees' rights to First Amendment freedom of expression in the content of messages and other communications sent through the system. The District will make every effort to protect the privacy of employee's electronic communication and storage devices, unless there is clear evidence that suggests that this agreement has been violated. Accounts may be suspended and inappropriate files may be deleted at the discretion of the District or its representative. The District is not responsible for any service interruptions, loss or corruption of data, changes, or consequences of changes to the system. The District also reserves the right to establish rules and regulations to ensure the efficient operation of the EIS.

**1. Acceptable Use** – The uses of any or all of the EIS services while on duty or on District-provided equipment shall be in support of education, research, and the educational goals of the District. Employees not provided a primary computer, for their personal use, may only use workstations designated by the site administrator as publicly accessible.

**2. Unacceptable Use** – Transmission of any material in violation of any federal or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening, harassing or obscene material, known viruses, spam, or material protected by trade secret. Use for commercial activities, product advertisement or political lobbying is prohibited. Any transmission or reception of pornographic or "Adult" material that is inappropriate for children is expressly prohibited.

While users are not responsible for items of this kind that they receive unsolicited and involuntarily, they are expected to delete inappropriate e-mail, programs, photos, movies or other material in prompt fashion and report repeated violations by spammers or senders of inappropriate materials to the system administrator within three days of receipt and being opened on the system.

The use of INTERNET and electronic mail is a privilege, and any unacceptable use will result in a cancellation of those privileges.

3. **Network Etiquette** – Users are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- Be polite
- Use appropriate language
- Do not reveal your personal address or phone numbers, or those of fellow users or colleagues
- Note that electronic mail (e-mail) is not guaranteed to be private. Messages relating to or in support of illegal activities may be reported to the authorities or can be used as grounds for discipline
- Do not use the network in any way that you would disrupt the use of the network by other users
- Comply with and cooperate with the system administrators
- Use a consistent, traceable identity on all District computers unless the use serves a clear pedagogical purpose. In such cases, the system administrator should be notified of the alternate identity and its purpose
- Appropriation of another individual’s known identity or attempts to use names or other identifying characteristic that would reasonably confuse others is prohibited
- Users may not attempt to circumvent the District’s online filtering system to get access to sites identified as inappropriate for District use
- Links to the District, District addresses or sites, and to your District e-mail address on non-District computers or sites should be cleared with the Superintendent or his or her designee
- Users shall not use District EIS services for personal commercial gain
- Users may not file share copyrighted materials with others
- All communications and information accessible via the network should be assumed to be private property

4. The Mill Valley School District makes no guarantees of any kind, whether expressed or implied, for the service it is providing. The Mill Valley School District will not be responsible for any damages you suffer; this includes loss of data resulting from delays, non-deliveries, misdeliveries or service interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via the INTERNET is at the user’s own risk.

5. District employees are required to comply with the Family Education and Privacy Rights Act of 1974 (FERPA) 20 USC 1232 g which prohibits the disclosure of personally identifiable information from student records without express written permission from parents. Exchange of such information electronically can be a violation of FERPA.

6. **Security** – Security on any computer system is a high priority, especially when the system involves many users. If a user can identify a security problem on the INTERNET, the Director of Technology should be notified promptly. Attempts to log in to any INTERNET system as a system administrator will result in cancellation of user’s privileges.

7. **Vandalism** – Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm, destroy or misrepresent data of another user, agency or other networks that are connected. This includes, but is not limited to, the uploading or creation of computer viruses.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
User’s Signature

\_\_\_\_\_  
Date



MILL VALLEY SCHOOL DISTRICT  
411 Sycamore Avenue, Mill Valley, CA 94941

*Per Article 20, Section 3 of the California Constitution, all public employees shall, before they enter upon the duties of their respective offices, take and subscribe the following oath or affirmation:*

**OATH OR AFFIRMATION OF ALLEGIANCE FOR PUBLIC EMPLOYEES**

I, \_\_\_\_\_, 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.

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

Certified by: \_\_\_\_\_  
(Signature of person who administers oath)

\_\_\_\_\_  
Human Resources Specialist  
(Position)



Child Abuse Reporting Statement

I, \_\_\_\_\_ acknowledge I have received a copy of Penal Code Sections 11165.7, 11166, and 11167. \_\_\_\_\_ (Initials)

I have fully read and familiarized myself with the provisions of these sections, and have had the opportunity to have any of my questions about these provisions clarified.

I further understand the following:

- 1. Section 11166 of the Penal Code requires any child care custodian, health practitioner, employee of a child protective agency or child visitation monitor who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of a child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report (fax or electronic transmission is permitted) thereof within 36 hours of receiving the information concerning the incident.
2. 'Child Care Custodian' includes teacher, instructional aides, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel of any public or private school; administrators of a public or private day camp; licensees, administrators and employees of community care facilities or child day care facilities licensed to care for children; headstart teachers; licensing workers; or licensing evaluators; public assistance workers; employees of a child care institution including, but not limited to foster parents, group home personnel, and personnel of residential care facilities; and social workers, probation officers, or parole officers.
3. 'Health Practitioner' includes physicians and surgeons, psychiatrists, psychologists, dentist, residents, interns, podiatrists, chiropractors, licensed nurses, dental hygienists, optometrists, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code or emergency medical technicians I or II, paramedics, or other persons certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; psychological assistants registered pursuant to Section 2913 of the Business and Professions Code, and Marriage, Family and Child Counselors.
4. Section 11165.7 of the Penal Code includes definitions of 'mandated reporter' by position.
5. Section 11167 of the Penal Code protects the confidentiality of any child abuse report I make and that my identity as a reporter will only be shared among agencies receiving or investigating mandated reports and that the agency receiving my report shall not disclose my identity to my employer except with my consent or by court order.

As an employee of \_\_\_\_\_, I certify that I have read and understood this statement and will comply with my obligations under the child abuse reporting law.

Print Name

Signature

Date

Department



**MILL VALLEY SCHOOL DISTRICT**  
**CERTIFICATED SUBSTITUTE EMPLOYEE PROFILE**

NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(This number will be your Access Code and will be used to contact you for potential jobs)

EMAIL: \_\_\_\_\_

Select subject(s) in which you prefer to substitute.

**Elementary School:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Pre-Kindergarten       | <input type="checkbox"/> Kindergarten       | <input type="checkbox"/> 1 <sup>st</sup> – 3 <sup>rd</sup> Grade | <input type="checkbox"/> 4 <sup>th</sup> – 5 <sup>th</sup> Grade |
| <input type="checkbox"/> Kindergarten Aide (CL) | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Art                                     | <input type="checkbox"/> Special Ed Teacher                      |
| <input type="checkbox"/> Special Ed Aide (CL)   | <input type="checkbox"/> Roving Substitute  |  |  |

**Mill Valley Middle School (6<sup>th</sup>-8<sup>th</sup>):**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Art                  | <input type="checkbox"/> 6 <sup>th</sup> SS/Lang Arts | <input type="checkbox"/> Math/Algebra   | <input type="checkbox"/> Science            |
| <input type="checkbox"/> Physical Education   | <input type="checkbox"/> 7 <sup>th</sup> SS/Lang Arts | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Special Ed Teacher |
| <input type="checkbox"/> Special Ed Aide (CL) | <input type="checkbox"/> 8 <sup>th</sup> SS/Lang Arts | <input type="checkbox"/> Music          | <input type="checkbox"/> Foreign Language   |
| <input type="checkbox"/> Electives Course     | <input type="checkbox"/> Roving Substitute            | <input type="checkbox"/> Librarian**    | <input type="checkbox"/> Electives/Wheel    |

\*\*Requires Multiple Subject Credential.

**Locations:**

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Old Mill         | <input type="checkbox"/> Edna Maguire | <input type="checkbox"/> Park School               |
| <input type="checkbox"/> Strawberry Point | <input type="checkbox"/> Tam Valley   | <input type="checkbox"/> Mill Valley Middle School |

Please indicate any days/times of the week that you are available below:

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=====  
District Use Only:

Start Date: \_\_\_\_\_

DE 34 \_\_\_\_\_  
MA \_\_\_\_\_  
REAP \_\_\_\_\_  
MR 87 \_\_\_\_\_  
W-4 \_\_\_\_\_

**PLEASE PRINT**



Administrative Office  
411 Sycamore Avenue  
Mill Valley, CA 94941  
Tel (415) 389-7700  
Fax (415) 389-7773

**MILL VALLEY SCHOOL DISTRICT  
EMERGENCY CONTACT FORM**

EMERGENCY CONTACT INFORMATION MUST BE KEPT CURRENT AT ALL TIMES! THANK YOU

Name: \_\_\_\_\_  
Last First Middle

Street Address, Apt. City Zip Personal Email address

Home Telephone : ( ) Cell Phone : ( )

***In case of an emergency:***

**Primary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Cell: ( ) Home: ( )

Street Address, Apt. City State Zip

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

**Secondary Contact (Out of Marin County):** \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: ( ) Cell: ( )

Street Address, Apt. City State Zip

**Third Contact (Out of State or Region):** \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: ( ) Cell: ( )

Location: \_\_\_\_\_

I hereby authorize Mill Valley School District, or persons to whom it has delegated this authority, to contact any one of the individuals listed above in case it is deemed necessary to do so in an emergency. I shall deem it my personal responsibility to notify the Mill Valley School District, in writing, if there is any change with regard to person(s) to contact in case of emergency or doctor to contact in case of an emergency.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone : ( )

**Revised: 10/27/2016** Please list any allergies: \_\_\_\_\_



## How to reach us

Help that goes where you do.  
Take us along. Here is a way to  
keep us handy.

### Employee Assistance Program

800-999-7222  
anthemEAP.com  
Enter SISC to log in.

Free, confidential help  
24 hours a day,  
7 days a week

### Employee Assistance Program

800-999-7222  
anthemEAP.com  
Enter SISC to log in.



## Lean on us We're here to help



What is your Employee Assistance Program (EAP)?  
We're the folks you can turn to when you need  
help meeting the everyday challenges of life. Call  
800-999-7222 or visit anthemEAP.com and enter  
SISC to log in.



#### Language Access Services - (TTY/TDD: 711)

Spanish - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese - 您有權使用您的語言免費獲得資訊和協助。

請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Anthem Blue Cross is the trade name of Blue Cross of California, Anthem Blue Cross and Anthem Blue Cross Life and Health Insured Company are independent licensees of the Blue Cross Association, ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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**Lean on us — 24/7.** We're here to help you with everyday problems and questions, big or small. No need to fill out paperwork or make an appointment to speak with your EAP staff member. Just call 800-999-7222 or visit [anthemEAP.com](http://anthemEAP.com). You'll be connected in an instant. We're available day and night to help you get the support you need — at no cost.

**Put your mind at ease.** Need some help getting your hands on legal forms like wills, or tips on buying or selling a home? Looking for information on emotional well-being? New to town and looking for a daycare center? Need pet care? Help for these and many more of life's demands can be found at [anthemEAP.com](http://anthemEAP.com).

**It's easy to reach us.** Call the toll-free number and a representative will help you find resources near you with complete confidentiality. \* Sometimes it's better to meet face to face with a professional. That's where your EAP counseling comes in. You have up to 6 free counseling visits per issue. Ask us about online visits with LiveHealth Online.

Maybe you just need to ask a quick question about something. Call us. And, if you or a member of your household is in crisis, don't wait; call. We can help with that, too.

### Get to know your EAP better at [anthemEAP.com](http://anthemEAP.com)

You'll find articles, checklists, quizzes and other helpful tools online. You can browse resources, attend a webinar or take an online class — right at your own computer. Here are some topics covered:

- Meeting the needs of work and family
- Finding child and elder care
- Giving and receiving feedback
- Handling grief and loss
- Parenting a child with special needs
- Living within a realistic budget
- Addressing addiction and recovery
- Dealing with identity theft
- Managing stress

**Your privacy matters.** Remember, EAP is here for you 24/7, so you can call from wherever or whenever it's convenient for you. Your privacy is important to us. No one will know you've contacted EAP unless you give permission in writing. \* When you need answers, let EAP give you a helping hand. Just call 800-999-7222 or go to [anthemEAP.com](http://anthemEAP.com) and enter SISC.

\*In accordance with federal and state law, and professional ethical standards.



**myStrength.** Emotional health is a key component of your overall well-being. And that's why the EAP website offers myStrength, "the health club for your mind." This online and mobile tool gives you unlimited access to evidenced-based resources that promote emotional health.

This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

