

CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Employment Guidelines for New Hires

1. Hiring Administrator must verify and check off that student assistants are enrolled in at least one class. (**Exemption: summer employment – a student must have successfully completed the Spring semester ending just before the summer they are to be employed**)
2. Work Hours:
 - a) The work hours for student assistants are not to exceed twenty (20) hours per week while classes are in session; thirty-four (34) hours per week during session breaks/summer session. Classes are considered to be in session during final examination week.
 - b) Students may be employed by several on-campus offices concurrently; however, they may not exceed the maximum number of hours (20) allowed per week.¹
3. Federal Work Study (FWS) jobs are part of a student's financial aid award, and are paid from federal financial aid funds. FWS students must be enrolled in at least 6 units (halftime) during fall and spring. Employment is possible during the summer break pending availability of funds. Students must be enrolled in at least 3 units to work during summer. Hiring Administrator must verify and check off that FWS students are enrolled for the appropriate number of units before they are hired.
4. Students may be employed as provided in the Education Code and upon authorization of the Chancellor as needed in such student positions as clerks, laboratory assistants, custodians, campus patrol and MIS assistants. Employment of either full-time or part-time students in any college work-study program or in a work experience education program shall not result in the displacement of classified personnel or impair existing contracts for services. Student positions are exempt from the classified service.²
5. It is the supervisor's responsibility to inform the students that they are entitled to a 15-minute paid break for every four (4) consecutive hours of work, at approximately the midway point. They must take uninterrupted unpaid lunch for at least 30 minutes when working six (6) or more consecutive hours in one (1) day.
6. Student assistant positions are of a temporary nature. The maximum effective employment period of a student assistant is from July 1 to June 30. Student assistant services are automatically terminated June 30 of each fiscal year. Student assistants may be rehired effective on or after July 1 of the new fiscal year.³
7. International students may be hired only if they have an F-1 visa. International students must have approval from the Director of Admissions and Records (Chabot) or the Assistant Dean of Admissions and Records (Las Positas).⁴
8. As provided in the Education Code, all employees, upon initial employment are required to present a certificate from the examining physician and surgeon giving evidence of freedom from active tuberculosis. These provisions shall not apply to any employee who files an affidavit based on adherence to the faith or teachings of any well-organized religious sect, denomination or organization as provided in the Education Code.⁵
9. **Hiring packets submitted to HR must include all of the following forms for new-hires:**
 - **Student Employment Requisition**
 - **Verification of student enrollment in classes**
 - **Oath of Allegiance**
 - **Student Employee Confidentiality Agreement**
 - **Student Personal Information Form**
 - **TB Certificate Information Form**
 - **TB Certificate (not older than 4 years)**
 - **I-9 form**
 - **W-4 form**

****All forms must be submitted to the Office of Human Resource Services by the date of hire. Submission delay will affect time processing of student pay.****

¹ Personnel – General / Administrative Rules and Procedures / 4008 Student Assistants: <http://www.clpccd.org/board/documents/4008ARP.pdf>

² Personnel – General / 4008 Student Assistants: <http://www.clpccd.org/board/documents/4008Policy.pdf>

³ Personnel – General / Administrative Rules and Procedures / 4008 Student Assistants: <http://www.clpccd.org/board/documents/4008ARP.pdf>

⁴ Personnel – General / Administrative Rules and Procedures / 4008 Student Assistants: <http://www.clpccd.org/board/documents/4008ARP.pdf>

⁵ Personnel – General / Employment / 4015 Freedom from Tuberculosis: <http://www.clpccd.org/board/documents/4015Policy.pdf>

CHABOT – LAS POSITAS COMMUNITY COLLEGE DISTRICT

[For more information regarding student employment contact the following:](#)

- Chabot College Student Services at (510)723-7105
- Las Positas College Student Services at (925)424-1632
- Human Resources at (925)485-5236 or (925)485-5238

Student Pay Schedule

Effective January 1, 2007, the State minimum wage increased to \$7.50 per hour. On January 1, 2008, the State minimum wage will increase to \$8.00 per hour.

Category	Step 1	Step 2
A	\$ 8.00	\$ 8.50
B	\$ 8.75	\$ 9.25
C	\$ 9.50	\$10.00
D	\$10.25	\$10.75

Student Pay Categories

*****NOTE*****

1. **Hiring Administrator determines pay category based on job duties.**
2. **New hires begin at Step 1.**
3. **New hires may be approved to begin at Step 2 only by special exemption. Statement must be attached to hiring requisition detailing justification for exemption.**
4. **Special exemption must be approved on Hiring Requisition form by signature of the appropriate vice president.**
5. **New Hires must work a minimum of 200 hours in the same position at Step 1 before being placed at Step 2.**

PAY CATEGORY AND RATE SCHEDULE (effective 7-1-07)	Step 1	Step 2
Category A - Student Assistant No experience required. Under direct supervision, performs entry-level manual and clerical tasks that require one-step demonstration and limited use of independent judgment and creativity. Tasks are simple, routine and recurring.	\$8.00	\$8.50
Category B - Student Assistant Requires specialized training, broader range of expertise and greater responsibility. Experience and/or education in an area related to the work assignment is required. Under general supervision, performs tasks that require a moderate degree of experience and independent judgment.	\$8.75	\$9.25
Category C - Student Assistant Requires minimum of one year's work experience which will demonstrate the skills, ability and proficiency to work on complex assignments within the scope of student assignments, under general and limited supervision.	\$9.50	\$10.00
Placement in this category must be approved by the appropriate vice president. Category D - Student Assistant Requires a high degree of knowledge of work assignment or closely related area. Must possess skills and demonstrate a high level of proficiency necessary to perform highly complex tasks. Must be able to assume considerable responsibility and/or work under little supervision. Performs tasks that require a high degree of independence, responsibility and creativity within the scope of student assignments.	\$10.25	\$10.75

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Assistant Employment Requisition

For the 20____ to 20____ School Year

1. STUDENT APPLICANT INFORMATION (please type or print in ink)

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Birth Date: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

I am a Chabot Las Positas College student currently enrolled/preregistered in _____ units for _____ semester, 20____.

Verification of student enrollment must be attached. Please print verification from Class-Web and attach with this requisition.

I have read the attached "Guidelines for Student Employment." I understand that my employment on campus is temporary and can be immediately terminated.

Student Signature: _____ **Date:** _____

2. TO BE COMPLETED BY HIRING DIVISION

Please note: Employment is limited to twenty [20] hours per week (in all combined areas of the college), when classes are in session; and, thirty-four [34] hours per week during breaks (e.g. summer, spring).

To be employed by: _____ Building: _____ Room: _____
Division/Area

Student's direct supervisor: _____ Extension: _____
Name and Position

Position Hired: Federal Work Study Student Student Assistant Student Intern/Ambassador Hours Per Week: _____

RANGE/STEP: CATEGORY: A B C D **STEP:** 1 2 **RATE OF PAY:** \$ _____
(please see information on next page for appropriate category, step placement and pay range.)

Funding Source(s): FWS CalWorks Division Other: _____

Budget Account Number: _____ *(for FWS and HR use ONLY)*

FUND	ORGN	ACCT	PROG	%	Position Code	Suffix
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____

New hire: effective date: _____ **Rehire:** effective date: _____

Hiring Administrator has verified that student is enrolled in the appropriate number of units before hiring them as a student assistant or in FWS.

Hiring Administrator's Signature: _____ **Date:** _____

3. TO BE COMPLETED BY FINANCIAL AID OFFICE (For Federal Work Study Students Only)

Hired under Federal Work Study Awarded \$ _____

Total hours _____ No. of units _____ Satisfactory Academic Progress yes no

Approved by: _____ **Date:** _____
Financial Aid Officer

4. TO BE COMPLETED BY THE CalWORKS COORDINATOR (For CalWORKS Students Only)

Awarded \$ _____ Total hours _____ No. of units _____ Good Standing yes no

Approved by: _____ **Date:** _____
CalWORKS Coordinator

5. TO BE COMPLETED BY ADMINISTRATOR, ADMISSION & RECORDS (For International Students)

No. of units _____ Verification of approval to work: _____

Approved by: _____ **Date:** _____
Administrator, Admission & Records

6. HUMAN RESOURCES: Input by: _____ **Date:** _____

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

**Oath of Allegiance for Persons Employed
by a School District in the State of California**

(Required by Section 3 of Article XX Constitution of the State of California and by Chapter 8, Division 4, Title 1 of the Government Code)

(State of California as County of Alameda)

I, _____, do solemnly swear (or affirm) that I will support and
(type or print name)

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 of Employee

Title of position

Taken, subscribed and sworn to before me
this _____ day of _____, 20_____

(Signature of Administrator)

(Title)

(This oath must be signed by a Chabot-Las Positas Community College District administrator involved in the hiring and payroll process of faculty, classified and student assistance employees of the District (Governing Board Policy 2230), notary public, or other official authorized by law to administer oaths. No fee may be charged for administering this oath (Section 3104 of Government Code).

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Employee Confidentiality Agreement

Employees, including student workers, who may have access to student or employee educational and personal records and information, must adhere to federal Family Educational Rights and Privacy Act of 1974 regulations (FERPA), which govern the confidentiality, use and release of these records. Student employees may not seek, discuss, use or misappropriate any information other than that which is necessary to fulfill their assigned duties.

Student employees must not divulge or otherwise release confidential records or information in written or verbal form to anyone except the person of record (as positively identified) without written consent of the person involved. Unauthorized release of confidential information is a violation of laws regarding individual and family right to privacy.

My signature denotes that I agree to consider all information that I become aware of in the course of my employment as strictly confidential.

If I am in doubt about a request for information, I understand that it is my responsibility to discuss the request with my supervisor prior to a decision to release the information.

FERPA Motto: "Keep any information obtained in the workplace at the workplace".

I fully understand that if I divulge or misuse confidential information; I will be subject to disciplinary action by Chabot/Las Positas Community College District and will be liable to civil and criminal prosecution pursuant to the Family Rights and Privacy Act, and I also understand that such actions on my part will result in termination of employment.

The Confidentiality Agreement must be read and signed by the student and supervisor.

Student Employee's Signature

____/____/____
Date

Supervisor's Signature

____/____/____
Date

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Personal Information Form

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
(Street & Number) (City) (State/Zip)

Mailing Address: _____
(if different from Permanent Address) (Street & Number) (City) (State/Zip)

Social Security Number: _____ - _____ - _____ Phone #: (_____) _____

Date of Birth: _____ Alternate Phone: (_____) _____

Sex: _____ (Male) _____ (Female) Email Address: _____

Are you eligible to work in the US? Yes No (if you answer NO, please fill out the following)
 A Lawful Permanent Resident: Alien #: _____
 An alien authorized to work until ____/____/____
Alien # or Admission #: _____

Marital Status: Single Married Divorced Other

If Married, name of Spouse: _____

Other Names Used: _____

Person to Notify in Case of Emergency: _____

Relationship to Person: _____

Address: _____
(Street & Number) (City) (State/Zip)

Phone #: (_____) _____

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

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

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

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverifiy employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

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

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

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

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last First Middle Initial Maiden Name
Address (Street Name and Number) Apt. # Date of Birth (month/day/year)
City State Zip Code Social Security #

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 #)
An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee's Signature Date (month/day/year)

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.

Preparer's/Translator's Signature Print Name
Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A OR List B AND List C
Document title:
Issuing authority:
Document #:
Expiration Date (if any):
Document #:
Expiration Date (if any):

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: Document #: Expiration Date (if any):

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 (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2011</div>
1 Type or print 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, 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 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 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.

CHABOT - LAS POSITAS COMMUNITY COLLEGE DISTRICT

Tuberculosis (TB) Certificate Information

SECTION 1: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

SSN/W#: _____ Position Title: _____

Division/Office: _____ Employee Signature: _____

SECTION 2: TB CERTIFICATE

Have you submitted a clear/negative TB test or X-ray (**no later than 4 years old**) to the [Office of Human Resource Services](#) for work prior to this job?

Yes (If you answered yes, please turn in this form to the Office of Human Resource Services)

No (If you answered no, please proceed to SECTION 3)

SECTION 3: INSTRUCTIONS

- 1) Schedule an appointment with your personal physician or health care center. (List of available locations are listed on the next page for your convenience)
- 2) Take this form with you when you go in for your TB test.
- 3) Your test will require two visits: The first visit will be for taking your TB test and the second visit will be for a follow-up to have the test viewed for results. (You will have to wait 48 to 72 hours before returning for the second visit to review the results. Remember to schedule your initial visit only if you know you will be able to meet the second visit time requirement, otherwise you may be charged to re-test)
- 4) Once you have completed your examination successfully, your physician will give you a copy of the TB / X-ray certificate. Please check to see if the following information is listed on your certificate:
 - Hospital / Health Clinic Name
 - Date of TB examination or X-ray and final date of results
 - Results of the test is marked as either negative or positive(NOTE: if positive, a chest X-ray will be required for continuation of employment with the District. An X-ray may be scheduled at most hospitals and clinics)
- 5) Submit this TB form along with a **copy of your TB / X-ray certificate** to the Office of Human Resource Services after you have received a clear TB test from the physician.
- 6) Expense for the initial examination, including X-rays, if needed, is the responsibility of the employee with the exception of student assistants. Only TB examinations are covered for student assistants, not X-rays examinations. Expenses for renewal tests are paid by the District. Please see board policy: <http://www.clpccd.org/board/documents/4015Policy.pdf>
- 7) Once your TB test has expired, after 4 years, a renewal letter will be sent out to notify you that an updated TB test is required for your personnel file. The letter will state a 3-month due date by which you must submit your test to the Office of Human Resource Services. (A current TB certificate must be on file with Human Resources at all times in order to continue active employment with Chabot-Las Positas Community College District).

CALIFORNIA EDUCATION CODE:

Education Code Section 87408.6 provides that each person employed by a school district shall undergo an examination at least once every four years to determine that he/she is free of active tuberculosis. This examination shall consist of an approved intradermal tuberculin test which, if positive, shall be followed by an x-ray of the lungs. After such examination, each employee shall file with the school district of employment a certificate showing the employee was examined and found free from active tuberculosis. The certificate signed by the examining physician and surgeon or a notice from a public health agency or unit of the Tuberculosis Association which indicates freedom from active tuberculosis will constitute evidence of compliance with this section.

Human Resources

Revised: 12/2/2008

P:\TB\Form - Instructions - Locations.doc

TB TESTING LOCATIONS

HEALTH CENTERS:

Services invoiced to the Chabot-Las Positas Community College District.

CHABOT COLLEGE HEALTH CENTER

25555 Hesperian Boulevard
Building 100, Room 120
Hayward, CA 94545
(510) 723-7625

Charge for this service is \$25.00

IMMUNIZATION:

Please call for an appointment
Monday through Thursday: 9:00 a.m. – 7:00 p.m.
Closed for lunch 1:00 – 2:00
Friday: 9:00 a.m. – 1:00 p.m.

LAS POSITAS COLLEGE HEALTH CENTER

3033 Collier Canyon Road
Building 1700
Livermore, CA 94550
Telephone: (925) 424-1830
appointment only

Charge for this service is \$25.00

IMMUNIZATION:

Please call for an appointment
Monday through Thursday: 9:00 a.m. to 7:00 p.m.
Friday: 9:00 a.m. – 2:00 p.m.
No TB tests conducted on Thursdays, 2nd

PLEASANTON URGENT CARE

3128 Santa Rita Road
(near Nob Hill Foods)
Pleasanton, CA 94588
Telephone: (925) 462-9300

Charge for this service is \$15.00

Chest x-rays \$55.00

IMMUNIZATION/CHEST X-RAYS:

No appointment necessary
Monday through Friday, 8:00 a.m. to 6:00 p.m.