

RETURNING WALK-ON COACH

Please complete the following:

- Coaching document check-off list
- Walk-on Important Form
- Forms W-4/ DE-4
- Employee/Student Interaction Notice
- Emergency Contact Information Form
- No Drive Notification Letter *(one-time requirement only)*
- Global Positioning System (GPS) Device – Fact Sheet *(one-time requirement only)*
- Retirement Questionnaire

Verify that the following items are up-to-date and valid for entire school year:

- TB test results (Valid for 4 years)
- Original** CPR card or certificate (Must include hands-on training, valid for 2 years)
- Original** First Aid card or certificate (Must include hands-on training, valid for 2 years)
- Concussion in Sports certificate (Renewal is tied to CPR/First Aid renewal date)
- Sudden Cardiac Arrest certificate (Renewal is tied to CPR/First Aid renewal date)
- Heat Illness Prevention certificate (Renewal is tied to CPR/First Aid renewal date)
- Fundamentals of Coaching certificate (Does not apply to elementary coaches and Dance, Drill Team, Band, or Badminton)
- Keenan Trainings
- **Cheer/Pep Coaches: USA Cheer Spirit Safety Certification (previously known as AACCA National Safety Certification)
- **Water Polo/Swimming Coaches: Basic Water Rescue, Safety Training for Swim Coaches, or Lifeguarding certification from American Red Cross (must include in-water training)

High School Coaches – Please contact your Athletic Director for any questions regarding your application or certifications.

Elementary and Middle Coaches - Please contact the principal for any questions regarding your application or certifications.

Human Resources will contact you if any additional information is required.

REMINDER: If you have recently changed your name, moved, or changed any of your contact information, please visit Human Resources as soon as possible to request a change of information form. This request must be submitted in person with a valid photo ID in order to update your information in our database.

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
 Human Resources Department
EXTRA DUTY ASSIGNMENTS/COACHES - RETURNING WALK-ON COACH

School Site: _____

School Year: _____

Print Name: _____

Note: Please print and complete the **bold** items along with this form and submit them to authorized school personnel or Human Resources.

Initials	Form Name
	Application
	Important Form
	Required Certifications/Coaching ID Badges Handout
	Employee/Student Interaction Notice
	No Drive Notification Letter
	Emergency Contact Information (if updates needed)
	Mandated Reporting Requirement for Coaches
	HLPNet Membership Application (if applicable)
	Global Positioning System (GPS) Device - Fact Sheet (one-time requirement only)
	Retirement Questionnaire
	Form I-9 – Employment Eligibility Verification

Initials	Form Name
	W-4 & EDD Forms (State & Federal Withholdings)
	Oath of Allegiance (Form #1001)
	HLPUSD Warrant Recipient Designation (Form #1048)
	CALPERS Form (EAMD-801)
	Annual Employee Reminders (Form #1870)
	Health Information Privacy Practices
	Worker's Compensation Information
	Employee Assistance Program – REEP
	Payroll Schedule
	Child Abuse and Neglect Staff Handbook

As a condition of employment, I acknowledge that I have received, read, completed and understand all of the above information.

Signature

Date

HUMAN RESOURCES DEPARTMENT ONLY	
Assignment(s): _____	
<input type="checkbox"/> Certificated _____	<input type="checkbox"/> Stipend
<input type="checkbox"/> Classified _____	<input type="checkbox"/> Site-Funded
<input type="checkbox"/> Walk-on	<input type="checkbox"/> Volunteer

IMPORTANT For Walk-On Coaches

FOR OFF-SEASON VOLUNTEER COACHING,
PLEASE COMPLETE PAGE 2

Name: _____

COACHES MUST COMPLETE THE FOLLOWING MANDATORY REQUIREMENTS: (Initials required on #7b, #12a & #13. Signature required on page 2)

1. Structured interview with school site administrator and completion of reference check (New candidates only)
2. Employment paperwork should be uploaded to Home Campus (Coaches Clearance) for High School coaches. Elementary and Middle School coaches should submit employment paperwork to site administrator.
 - a. For returning coaches, has your employment changed recently? Yes No
If yes, please provide reference information below. (Note: References must be from an employer (supervisor) or school/program administrator from your current or most recent place of employment or service.)

Your Current/Most Recent Job Title:	Organization/Company:
Reference Name:	Phone Number:
Reference Title:	E-Mail:

3. Fingerprint processing and clearance by the Department of Justice (DOJ) – AB 1610 Ed Code 45125c and FBI – AB 346. A **money order** in the amount of \$79 payable to HLPUSD, which is required for LiveScan. (New candidates only)
4. Original documentation to show identity and authorization to work (New candidates only)
(Note: List of acceptable documents are included with Form I-9; all documents must be unexpired).
5. Verification of a mantoux (TB) test for tuberculosis or TB Risk Assessment (valid for four (4) years).
Initial results must be within the past 60 days.
6. **Verification of completed COVID-19 vaccination.** All coaches must be fully vaccinated against COVID-19. Full vaccination consists of 2 doses of either Pfizer or Moderna vaccines or a single dose Johnson & Johnson vaccine.
7. Completion of First Aid and CPR certification (must be valid for entire assignment). If certification expires within coaching season, it must be renewed BEFORE the start of the coaching assignment.
 - a. Elementary/Middle Schools: **Child and Adult CPR** are required. High Schools: **Adult CPR** is required.
 - b. **All First Aid and CPR certification must include hands-on training. Acceptable agencies include: American Red Cross, American Heart Association, American Safety & Health Institute, American CPR Training, EMS Safety, and CPR & More.** _____ (initials)
8. **Have you ever coached in a CIF member school in the past?**
(Does not apply to elementary coaches and Dance, Drill Team, or Band)
 - Yes – You must complete the **CIF Fundamentals of Coaching** program (www.NFHSLearn.com).
 - No – A one-time waiver of this requirement may be granted for the first sports season and will expire upon the completion of that sports season.
9. Completion of the following certifications on **www.NFHSLearn.com**:
(Renewals are directly tied to the renewal date of the First Aid and CPR certification – every two (2) years)
 - **Concussion in Sports – What You Need to Know**
Also acceptable from www.cdc.gov (**Heads Up: Concussion in High School Sports**)
 - **Sudden Cardiac Arrest**
 - **Heat Illness Prevention**
10. Completion of **Keenan SafeSchools** trainings (required annually)
11. Cheer/Pep Coaches: Completion of **Cheer and Dance Safety Certification**, previously known as AACCA National Safety Certification Program (Stunt Certificate). Also required for Dance coaching with stunts. Valid for four (4) years, must renew before expiration date.
12. Water Sports Coaches: Completion of water safety certification.
 - a. **We will only accept one of the following through American Red Cross: Basic Water Rescue, Safety Training for Swim Coaches or Lifeguarding. Courses must include in-water training.** _____ (initials)
13. Coaches will not be considered cleared and approved to coach until they have been issued a current photo badge for the school year. Coaching badges **must be worn at all times** while on school premises. _____ (initials)

***** (Signature required on page 2) *****

IMPORTANT For Walk-On Coaches

FOR OFF-SEASON VOLUNTEER COACHING,
PLEASE COMPLETE PAGE 2

SIGNATURE REQUIRED FOR ALL WALK-ON COACHES

COACHES WHO FAIL TO HAVE THE ABOVE-LISTED REQUIREMENTS COMPLETED PRIOR TO HAVING A COACHING ASSIGNMENT ARE NOT AUTHORIZED TO WORK WITH STUDENTS & WILL NOT BE PAID!! By signing below, I acknowledge that I must complete all mandatory requirements, receive authorization from Human Resources and site administration, and receive approval from the Board of Education before I can begin any paid coaching assignments.

Printed Name _____ Signature _____ Date _____
Site _____ Assignment _____ Additional Assignment _____

HIGH SCHOOLS ONLY OFF-SEASON COACHING ASSIGNMENTS

Indicate off-season assignments and effective dates below (site administrator must sign for approval):

ASSIGNMENT	START DATE	END DATE	SITE ADMIN APPROVAL

By signing below, I acknowledge that I must complete all mandatory requirements and receive authorization from Human Resources and site administration before I can begin any off-season coaching assignments. I understand that I will not be receiving payment or any other form of compensation from HLPUSD or any third parties during the off-season dates indicated above.

Name _____ Signature _____ Date _____

COMPLETED BY HUMAN RESOURCES ONLY – INDICATE WALK-ON ASSIGNMENT(S) AND PAID EFFECTIVE DATES			
<input type="checkbox"/> FALL	ASSIGNMENT: _____	START DATE: _____	END DATE: _____
<input type="checkbox"/> WINTER	ASSIGNMENT: _____	START DATE: _____	END DATE: _____
<input type="checkbox"/> SPRING	ASSIGNMENT: _____	START DATE: _____	END DATE: _____
<input type="checkbox"/> SUMMER	ASSIGNMENT: _____	START DATE: _____	END DATE: _____

REQUIRED CERTIFICATIONS

We accept CPR & First Aid certification from the following agencies only (must include hands-on training - no exceptions, typically renewed every two (2) years):

American Red Cross
American Heart Association
American Safety & Health Institute
American CPR Training
EMS Safety (www.emssafetyservices.com)
CPR & More (www.cprnmore.com)

Campus Locations that offer CPR & First Aid Classes:

Willow Adult (American Heart Association)
14101 E. Nelson Ave
La Puente, CA 91744
(626) 934-2801 or 2808

CIF: Fundamentals of Coaching – One time only, no renewal needed.

Course is available on www.NFHSLearn.com

(Required for HS Cheer/Pep; not required for elementary coaches and Dance, Drill Team, Band, or Badminton)

The following certifications must be completed together with CPR/First Aid:

Free courses are available on www.NFHSLearn.com

- **Concussion in Sports** (Also acceptable from www.cdc.gov – [Heads Up: Concussion in High School Sports](#))
- **Sudden Cardiac Arrest**
- **Heat Illness Prevention**

(Note: Renewals for the above certifications are tied directly to CPR & First Aid renewal date)

Keenan trainings must be completed annually at hlpusd.keenan.safeschools.com.

(Note: Keenan trainings must be assigned by school administrator)

Water Safety Certification — Coaches involved in Aquatics (Swimming, Water Polo) must complete water safety certification from **American Red Cross**; **courses must include in-water training**, renewed every two (2) years.

We accept the following certifications only (no exceptions):

- [Basic Water Rescue](#)
- [Safety Training for Swim Coaches](#)
- [Lifeguarding](#)

USA Cheer Spirit Safety Certification (Previously known as AACCA National Safety Certification Program) Stunt certification for Cheer/Pep coaches only (also required for Dance coaching that involves stunts). Course is available on www.NFHSLearn.com - One time only, no renewal needed



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
15959 E. GALE AVE.
CITY OF INDUSTRY, CA 91745-0002

Coaching ID Badges

Coaches will not be considered cleared and approved to coach until they have been issued a current photo badge for the school year. Coaching badges must be worn at all times while on school premises.

1. New Coaches:

- A photo will be taken during your fingerprinting appointment. After fingerprints have cleared and all necessary documents are completed and have been received you will be placed on the School Board Agenda for approval.
- Once approved, a badge will be issued by HR.

2. Returning Coaches:

- Returning coaches cannot coach until they have been cleared by HR. Paid coaches must also be Board approved prior to starting assignment.
- A new badge indicating the current school year will be issued.
- Badges from previous years must be returned before a new one will be issued.

3. Replacement Badge:

- \$10.00 First Replacement Fee – paid to HR
- \$25.00 Second Replacement Fee – paid to HR
- If a third replacement is necessary, Principal, Assistant Principal, & Athletic Director will be notified. HR will wait for instructions from the site.

4. Temporary Badge:

- Coaches who have forgotten or misplaced their coaching badges may be issued a temporary badge by the Principal/Assistant Principal at site.
- These badges are issued on a temporary basis only and shall not be used on a regular basis.



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

OFFICE OF HUMAN RESOURCES

15959 E. GALE AVE. • CITY OF INDUSTRY, CA 91745 • (626) 933-3837 • FAX(626) 855-3594

Employee/Student Interaction Notice

All District employees should read and understand this notice and behave in a manner to avoid even the appearance of misconduct. A District employee who violates this notice will be subject to appropriate disciplinary action.

Under California law, it is a crime for an adult to have any sexual relationship with a minor. In addition, California law and Board Policy require "mandated reporters" to report to child protective services or to law enforcement any suspected sexual assault or sexual exploitation of a minor. This includes any suspected sexual relationship between an adult and a minor. Any District employee who reasonably suspects that an adult is having a sexual relationship with a student must report the suspicion to child protective services or law enforcement immediately. Immediate reporting is crucial for the protection of the student(s) and the community as a whole.

Purpose

The Hacienda La Puente Unified School District expects all its employees to conduct themselves at all times in a manner that reflects standards consistent with the law and with the Board Policies, Board Goals, and Guiding Principles of the District. It is the purpose of this notice to make sure all District employees understand and demonstrate proper judgment in observing the prohibitions which must govern their conduct and recognize their responsibility to respond appropriately to unacceptable behavior by co-workers and/or students. This notice specifies boundaries related to potentially sexual situations and conduct which is contrary to accepted behavior and in conflict with the duties and responsibilities of District employees. In addition, this notice alerts all District employees about problematic matters involved in employee/student relationships, provides guidance for employees in conducting themselves in a manner that reflects high standards of professionalism, and provides notice that potential improper action may have significant consequences. This notice establishes guidelines to be followed by all District employees when interacting with a student.

1. School instruction, counseling and other administrative tasks which require the presence of students should be accomplished on school premises within the normal school day.
2. Whenever it becomes necessary for a District employee to meet with a student/students outside of the normal school day or to conduct instruction or participate in school-related extracurricular activities outside of the school premises, such activities should be accompanied with the written approval of the school principal and of the parent/guardian of the student(s).
3. District employees should only be alone with a single student when it is educationally necessary or is a requirement of that employee's position and has been authorized by the employee's administrator.



The Hacienda La Puente Unified School District is a community committed to developing lifelong learners who value themselves and the diversity of all people; apply decision-making skills leading to responsible actions; and use creativity, critical thinking, and problem solving in meeting the challenges of a changing society.

Vision Statement:

4. In the event a school activity requires traveling and the District employee is called upon to drive or otherwise provide transportation, the activity and transportation must be approved in writing by the site principal and by the parent/guardian prior to the required travel (see District AR 3541.1).
5. District employees never should travel alone with a single student without having acquired written permission from the principal and from the parent/guardian District (See District AR 3541.1).

This notice prohibits any type of sexual relationship, sexual contact, or sexually-nuanced behavior between a District employee and a student without regard to the student's age. This prohibition applies to students of the same or opposite gender of the District employee. It also applies regardless of whether the student or the school employee initiated the sexual behavior, and whether or not the student welcomes the sexual behavior and/or reciprocates the attention. This prohibition includes sexually-nuanced communication via internet chat rooms, social networking web sites, cell phones, or any other form of electronic communication or other types of communication.

Examples of Inappropriate/Unacceptable Behavior

These examples establish general knowledge among all District employees that trespassing beyond the acceptable boundaries for an employee/student relationship is deemed an abuse of power and a betrayal of public trust. While some situations may seem innocent, from a student or parent/guardian point of view, they can be perceived as flirtation or as being sexual in nature.

The following illustrative examples of inappropriate behavior are intended as guidance for preventing relationships that could lead to, or may be perceived as, sexual misconduct. While, by their very nature, examples are not the sum total of all possible inappropriate behaviors, they will assist in future decision-making.

1. Making, or participating in, sexually inappropriate comments or actions.
 - A. Sexual jokes, or jokes/comments with sexual double-entendre;
 - B. Kissing of any kind;
 - C. Listening to or telling stories that are sexually oriented;
 - D. Inappropriate physical contact;
 - E. Remarks about the physical attributes or physiological development of anyone;
 - F. Sending a student/students inappropriate email, text messages, or communication via a social networking website (e.g., MySpace, Facebook).
2. Becoming involved with a student so that a reasonable person may suspect inappropriate behavior.
 - A. Intentionally being alone with a student at or away from the site;
 - B. Except for extremely rare emergency situations, giving a student a ride to/from school or school activities without written approval from the principal and from the parent/guardian (see District AR 3541.1);
 - C. Giving gifts of a personal and/or intimate nature to an individual student;
 - D. Seeking emotional involvement (which can include intimate attachment) with a student beyond



- the normative care and concern expected of an educator;
- E. Being alone in a room with a student on District property with the door closed unless it is educationally necessary or is a requirement of the employee’s position or is authorized by the employee’s administrator;
- F. Excessive, non-educational attention toward a particular student;
- G. Allowing students in your home without written approval from the principal and from the parent/guardian and without a parent/guardian or other responsible adult present;

Consequences of Inappropriate Behavior

A District employee’s sexual misconduct with a student harms the student victim. It also disrupts the education of other students, hinders the instructional focus of the District, and harms the reputation of the District. Therefore, a District employee who is accused of sexual misconduct with a student becomes at risk for disciplinary action, for loss of job as well as for criminal and/or civil legal actions.

Acknowledgement of Receipt

This notice will be presented to and signed by all District employees as part of their initial employment and as part of on-going training.

Legal Reference

United States Code

Title IX, Education Act Amendments, 1972; 20 U.S.C §1681

My signature acknowledges I have received, read and understand the *Employee/Student Interaction Notice*.

Employee

Print Name

Signature

Date

Witness

Print Name

Signature

Date



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT HUMAN RESOURCES DEPARTMENT

15959 E. GALE AVENUE • CITY OF INDUSTRY, CA 91745 • (626) 933-3830 • (626) 855-3594

Congratulations on your selection as a Coach for our district. We appreciate your willingness to work with our students. Please be reminded that under no circumstances are you to drive or operate a district vehicle including utility and golf carts unless expressly authorized and trained by the Transportation Department.

In addition, at no time are you permitted to drive district students in your own vehicle, nor are you authorized to coach any of our students privately in your home or any other off -site facility without the expressed written permission of the district. Failure to adhere to these directives will result in automatic termination.

If you have any questions or concerns, please do not hesitate to call.

Sincerely,

Dr. John Lovato
Assistant Superintendent
Human Resources

My signature acknowledges I have received, read and agree to the terms in the information stated above.

Print Name

Signature

Date

Vision Statement:

The Hacienda La Puente Unified School District is a community committed to developing lifelong learners who value themselves and the diversity of all people; apply decision-making skills leading to responsible actions; and use creativity, critical thinking, and problem solving in meeting the challenges of a changing society.



Global Positioning System (GPS) Device – Fact Sheet

All vehicles operated by Hacienda La Puente Unified School District (HLPUSD) are equipped with Global Positioning System (GPS) Devices.

The GPS device tracks the following data:

- Geographical Location of the Vehicle
- Speed of the Vehicle
- Mileage driven
- Distance traveled
- Start, Stops and Idle times
- Engine Emergency Codes

HLPUSD vehicles are affixed with a sticker to indicate that the vehicle is equipped with a GPS tracking device.

The GPS data is usually stored for a period of 12 months. Superintendent or designee can extend the storage period for specific cases/incidents.

Only designated staff or authorized vendors are allowed to install, service, repair, remove, reposition, or alter GPS hardware or software. Intentional damage, tampering and/or disabling of vehicle GPS equipment, defacing, or removing the sticker without approval is prohibited and may result in disciplinary action.

The GPS data is considered “Public Records” as defined under California Public Records Act. (Government Code 6250 et al.)

Employees are required to adhere with all policies, procedures, applicable laws, and regulations when driving and operating a District vehicle.

I certify that I understand the GPS Device - Fact Sheet and agree to adhere to the policies when driving a HLPUSD vehicle.

Printed Name: _____

Signature: _____ **Date:** _____



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

OFFICE OF HUMAN RESOURCES

15959 E. GALE AVE. • HACIENDA HEIGHTS, CA 91745 • (626) 933-3840 • FAX (626) 855-3594

Mandatory Employee Training Requirements

Mandated Reporter Training:

AB 1432 requires mandated reporter training on all school districts, county offices of education (COEs), state special schools and diagnostic centers operated by the California Department of Education (CDE), and charter schools and their school personnel in California. Agencies are required to do all of the following:

- Annually train employees and persons working on their behalf who are mandated reporters under the Child Abuse and Neglect Reporting Act (CANRA) on their abuse and neglect reporting requirements.
- Train new employees and persons working on their behalf who are mandated reporters within six (6) weeks of each person’s employment.
- Develop a process for all persons required to receive training under the law to provide proof of completing this training within the first six (6) weeks of each school year or within six (6) weeks of that person’s employment.

AB 1207 (**Child Development only**) requires a person who becomes an administrator or employee of a licensed child day care facility to complete the mandated reporter training specific to child day care personnel. Agencies are required to do all of the following:

- Provide training within the first 90 days that he or she is employed at the facility.
- Shall provide mandated reporter training every two (2) years following the date on which he or she completed the initial mandated reporter training.

Required Trainings:

Classification	Training	Requirement
All Employees	Mandated Reporter: Child Abuse and Neglect	Annually
All Employees	Sexual Harassment: Policy and Prevention (SB 1343)	Annually
All Employees	Active and Effective Supervision	Annually
All Employees	Active Assailant Preparedness	Annually
All Employees	Youth Suicide: Awareness, Prevention, and Postvention	Annually
For Child Development Staff only	Child Care Mandated Reporter: AB 1207	Every two years

Email address: _____

The training will be sent to the email address provided above. When completed, Human Resources will print the certificate of completion and place it in your personnel file.

Please select one:

- I have access to a computer.
- I do not have access to a computer. I will reach out to Human Resources for accommodations.

Please initial the following:

- DISTRICT POLICY for AB 1432 and AB 1207:** *I understand I must complete all required training modules prior to my start date. If not, my start date will be delayed pending completion of all training modules.*
- DISTRICT POLICY for AB 1432 and AB 1207:** *I understand that this is a condition of employment and I am required to complete all required training modules and will not receive additional compensation for the time spent to complete these training modules.*

Print Name: _____

Signature: _____

Witness: _____

Date: _____

Vision Statement:

The Hacienda La Puente Unified School District is a community committed to developing lifelong learners who value themselves and the diversity of all people; apply decision-making skills leading to responsible actions; and use creativity, critical thinking, and problem solving in meeting the challenges of a changing society.



Reciprocal Self-Certification Form

Complete the following information and return this form to your employer within 10 business days to determine your eligibility for benefits in CalPERS. Only provide details for membership in the retirement systems found on the enclosed *List of Qualifying Reciprocal Retirement Systems in California* document.

Section 1: Member Information

Member Name

Date of Birth

CalPERS ID

Enrollment Date with this Employer

Are you a member of CalPERS with funds on deposit? Yes No

Are you a member of the defined benefit plan of one of the retirement systems listed on the enclosed List of Qualifying Reciprocal Retirement Systems in California? Yes No If yes, complete Section 2 with membership information for each qualifying reciprocal retirement system. Do not provide CalPERS data on this form. **If no, skip to Section 3.**

Section 2: Qualifying Reciprocal Membership Information

The data you provide must be validated with your reciprocal system. Failure to validate information may result in enrollment errors. Refer to the *List of Qualifying Reciprocal Retirement Systems in California* and only include details on this form for membership under the retirement systems listed, not employment covered by CalPERS.

1) Name of most recent reciprocal retirement system:

Membership date in most recent reciprocal system (MM/DD/YYYY):

Are you currently active with this reciprocal system? Yes No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you receive a refund from this reciprocal system? Yes No, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? Yes No, provide retirement date (MM/DD/YYYY):

Note: Provide details below for a second reciprocal system or additional membership periods, if applicable. If not, skip to Section 3.

2) Name of reciprocal retirement system:

Membership date (MM/DD/YYYY):

Are you currently active with this reciprocal system? Yes No, provide separation date (or last activity date if a member of CalSTRS (MM/DD/YYYY):

Did you refund from this reciprocal system? Yes No, provide refund date (MM/DD/YYYY):

Did you retire from this reciprocal system? Yes No, provide retirement date (MM/DD/YYYY):

Note: If you have additional reciprocal membership, attach a second form. If not, skip to Section 3.

Section 3: Sign and Certify

I understand that I am subject to the applicable laws and regulations of each system where I have membership. I also understand that completing this form will only determine my enrollment eligibility in CalPERS. It is not a request to establish reciprocity.

I certify that the information on this form has been verified with the qualifying reciprocal retirement system as true and correct and any information found to be incorrect may require corrections to my CalPERS account including, but not limited to, my retirement enrollment level or formula and adjustments to my member contributions. CalPERS may make any necessary corrections to my account to ensure I am properly enrolled and eligible to receive the correct retirement benefits.

Member Signature

Date

List of Qualifying Reciprocal Retirement Systems in California

Only provide membership information on the **Reciprocal Self-Certification** form for membership in the defined benefit plan of the following systems. **CalPERS data should not be included in Section 2 of the form.**

- Alameda County Employees' Retirement Association (ACERA)
- California State Teachers' Retirement System (CalSTRS) – Defined benefit (DB) plan only; cash balance plans not eligible
- City and County of San Francisco Employees' Retirement System (SFERS)
- City of Concord Retirement System*
- City of Costa Mesa Public Retirement System* – Safety only
- City of Delano Retirement System*
- City of Fresno Retirement System (CFRS)
- City of Pasadena Fire and Police Retirement System – Fire and police only
- City of San Clemente* - Miscellaneous only
- City of San Jose Office of Retirement Services – Safety and miscellaneous
- Contra Costa County Employees' Retirement Association (CCCERA)
- Contra Costa Water District (CCWD)
- East Bay Municipal Utility District (EBMUD)
- East Bay Regional Park District – Safety only
- Fresno County Employees' Retirement Association (FCERA)
- Imperial County Employees' Retirement Association (ICERS)
- Judges Retirement System II (JRS II)
- Kern County Employees' Retirement Association (KCERA)
- Legislators' Retirement System (LRS)
- Los Angeles City Employees' Retirement System (LACERS) – Miscellaneous only; L.A. Fire and Police Pension System and L.A. Water and Power Employees' Retirement System not eligible
- Los Angeles County Employees' Retirement Association (LACERA)
- Los Angeles County Metropolitan Transportation Authority* (LACMTA)
- Marin County Employees' Retirement Association (MCERA)
- Mendocino County Employees' Retirement Association (MCERA)
- Merced County Employees' Retirement Association (MCERA)
- Oakland Municipal Employees' Retirement System (City of Oakland)* – Miscellaneous only
- Orange County Employees' Retirement System (OCERS)
- Sacramento City Employees' Retirement System*
- Sacramento County Employees' Retirement System (SCERS) – DB plan only; cash balance plans not eligible
- San Bernardino County Employees' Retirement Association (SBCERA)
- San Diego City Employees' Retirement System (SDCERS) – DB plan only; cash balance plans not eligible
- San Diego County Employees' Retirement Association (SDCERA)
- San Joaquin County Employees' Retirement Association (SJCERA)
- San Luis Obispo County Pension Trust (SLOCPT)
- San Mateo County Employees' Retirement Association (SamCERA)
- Santa Barbara County Employees' Retirement System (SBCERS)
- Sonoma County Employees' Retirement Association (SCERA)
- Stanislaus County Employees' Retirement Association (StanCERA)
- Tulare County Employees' Retirement Association (TCERA)
- University of California Retirement Program (UCRP) – DB plan only; cash balance plans not eligible
- Ventura County Employees' Retirement Association (VCERA)

***CalPERS-covered agency** – *Only include details on this form if you were a member under the reciprocal retirement systems listed and not CalPERS-covered

CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
Office of Human Resources

RETIREMENT QUESTIONNAIRE

1. Are you a member of a Retirement System? Yes No

If yes, indicate below which one:

- CalPERS
- CalSTRs
- Other-

Retirement System Name: _____
Employer: _____

2. Were you ever a member of a Retirement System? Yes No

If yes, indicate below which one:

- CalPERS
- CalSTRS
- Other-

Retirement System Name: _____
Employer: _____

3. Did you withdraw your funds? Yes No

4. Are you now collecting retirement benefits? Yes No

If yes, indicate below which one:

- CalPERS
- CalSTRS
- Other-

Retirement System Name: _____
Employer: _____

5. Are you a full-time employee at another school district? Yes No

If yes, name: _____

6. Are you a substitute and/or hourly employee at another district? Yes No

If yes, last school year did you, check all that apply:*

- Reach 100 days of service, *if CalSTRS*
- Reach 600 hours of service, *if CalSTRS*
- Reach combination of both, *if CalSTRS*
- Reach 1000 hours of service, *if CalPERS*

**Combined service in all districts is counted toward qualifying retirement.*

By signing below I acknowledge I have provided information to the best of my knowledge and agree to inform Hacienda La Puente Unified School District if or when I reach qualifying retirement service to avoid costly adjustments or possible delays to my payroll check.

Print Name

Signature

Date

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

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

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Employee's Withholding Allowance Certificate

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

Enter Personal Information			
First, Middle, Last Name		Social Security Number	
Address		Filing Status	
City	State	ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - 1a. Number of Regular Withholding Allowances (Worksheet A)
 - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
 - 1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**
OR

Exemption from Withholding

3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here)
OR
4. 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 and the Veterans Benefits and Transition Act of 2018. (Check box here)

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

Employee's Signature _____ **Date** _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number

Purpose: This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

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

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

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

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

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

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding 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 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last California Resident Income Tax Return (FTB Form 540), visit the [FTB](http://ftb.ca.gov) (ftb.ca.gov).

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml).

Worksheets

Instructions — 1 — Allowances*

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

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

Two-Earners/Multiple Incomes: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Worksheet A

Regular Withholding Allowances

- | | |
|--|-----|
| (A) Allowance for yourself — enter 1 | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) |
| (C) Allowance for blindness — yourself — enter 1 | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4 | (F) |

Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B

Estimated Deductions

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

- | | |
|--|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$10,404 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,202 if single or married filing separately, dual income married, or married with multiple employers | – 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 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. Then, complete Worksheet C. | 11. |

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

1. Enter estimate of total wages for tax year 2023. 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 2023 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$154.00). 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 2023. 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 2023. 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 2023. 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 2023 Only

**Single Persons, Dual Income
Married or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$10,099	1.100%	\$0	\$0.00
\$10,099	\$23,942	2.200%	\$10,099	\$111.09
\$23,942	\$37,788	4.400%	\$23,942	\$415.64
\$37,788	\$52,455	6.600%	\$37,788	\$1,024.86
\$52,455	\$66,295	8.800%	\$52,455	\$1,992.88
\$66,295	\$338,639	10.230%	\$66,295	\$3,210.80
\$338,639	\$406,364	11.330%	\$338,639	\$31,071.59
\$406,364	\$677,275	12.430%	\$406,364	\$38,744.83
\$677,275	\$1,000,000	13.530%	\$677,275	\$72,419.07
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$677,278	10.230%	\$132,590	\$6,421.60
\$677,278	\$812,728	11.330%	\$677,278	\$62,143.18
\$812,728	\$1,000,000	12.430%	\$812,728	\$77,489.67
\$1,000,000	\$1,354,550	13.530%	\$1,000,000	\$100,767.58
\$1,354,550	and over	14.630%	\$1,354,550	\$148,738.20

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$20,212	1.100%	\$0	\$0.00
\$20,212	\$47,887	2.200%	\$20,212	\$222.33
\$47,887	\$61,730	4.400%	\$47,887	\$831.18
\$61,730	\$76,397	6.600%	\$61,730	\$1,440.27
\$76,397	\$90,240	8.800%	\$76,397	\$2,408.29
\$90,240	\$460,547	10.230%	\$90,240	\$3,626.47
\$460,547	\$552,658	11.330%	\$460,547	\$41,508.88
\$552,658	\$921,095	12.430%	\$552,658	\$51,945.06
\$921,095	\$1,000,000	13.530%	\$921,095	\$97,741.78
\$1,000,000	and over	14.630%	\$1,000,000	\$108,417.63

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB](http://ftb.ca.gov) (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

Office of the Assistant Superintendent, Human Resources

To: HLPUSD Employees
 From: John Lovato, Ed.D.
 Regarding: 2024-2025 Annual Employee Reminders

This is an annual reminder that your supervisor will provide the following information, which you must review.

Department of Fair Employment and Housing-

- DFEH EO7 **(Revised)** - California Law Prohibits Workplace Discrimination and Harassment
- DFEH 100-21 **(Revised)** - Family Care and Medical Leave and Pregnancy Disability
- DFEH 185 **(Revised)** - Sexual Harassment
- DFEH EO4 **(Revised)** - Transgender Rights in the Workplace
- DFEH E09 **(Revised)** - Your Rights and Obligations as a Pregnant Employee
- DFEH E18 **(New)** – Reproductive Loss Leave

Board Policies and Administrative Directives-

- Board Policy/Directive - 1113 District and School Web Sites
- Board Policy/Directive - 1311 Civility Policy
- Board Policy/Directive **(Revised)** - 1312.3 Uniform Complaint Procedure
- Board Policy/Directive - 3513.3(a) Tobacco Free School
- Board Policy/Directive - 3520 Use of District Computers/Network
- Board Policy - 4020 Drug and Alcohol-Free Workplace
- Board Policy **(Revised)**/Directive **(Revised)** - 4030 Nondiscrimination in Employment
- Directive **(Revised)** - AR 4031 – Complaints Concerning Discrimination in Employment
- Board Policy - 4040 - Employee Use of Technology
- Board Policy - 4119.21, E 4119.21(a)(b)(c), E 4219.21, E 4319.21 Professional Standards & Code of Ethics
- Board Policy - 4119.22, 4219.22, 4319.22 Dress and Grooming
- Board Policy - 4131.7, 4231.7, 4331.7 Weapons and Dangerous Instruments
- Board Policy/Directive - 4119.11, 4219.11, 4319.11 Sexual Harassment – Employees
- Board Policy - 5131.2 Bullying
- Board Policy/Directive - 5141.4 - Child Abuse Reporting
- Board Policy/Directive - 5141.52 Suicide Prevention
- Board Policy/Directive - 5145.7(a) Sexual Harassment – Students
- Board Policy/Directive - 5145.13 Response to Immigration Enforcement
- Board Policy/Directive - 6163.4(a) Internet Use and Safety

Forms and Policies-

- District Form - Employee/Student Interaction Notice *(Employee should have a signed copy in personnel file with H.R.)*
- District Policy - Board of Education (Guiding Principles/Vision Statement/Board Goals)
- District Policy - Employee Responsibilities/Political Activities
- District Policy - Employee Safety & Security/Work Related Injuries
- District Policy - Absences (Frontline Absence Management & Lesson Plan)
- District Policy - Attendance/Employee Use of Technology/Personal Communication Device Usage
- District Form - Unsafe and/or Unhealthful Conditions Notification (Form#1115)

Supervisor: Please review each document to be knowledgeable of the District’s position in each area prior to discussing with your employees and reproduce and/or post these publications, policies and directives in a highly visible space at your site.

Please contact me if you have any questions or concerns.

Employee: I have been given, read, understand, and agree to comply with the above policies; including my responsibility as a mandated reporter of child abuse.

Employee Printed Name

Employee Signature

Date

(To order copies of this packet please submit a print shop request and reference Form #1870)

July 1, 2024 – Form #1870

[Click here to view full document.](#)

Hacienda La Puente Unified School District
2024 - 2025 PAYROLL SCHEDULE

HOURLY/DAILY EMPLOYEES **(Noon Aides/Other Employees/Clerical Subs/Sub Teachers)**

Listed are the payroll timesheet due dates for the 2024/2025 fiscal year for **HOURLY/DAILY** employees. The Payroll Department must meet deadlines required by the Los Angeles County Office of Education (LACOE). It is imperative that all sites/employees adhere to the payroll due dates listed.

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEETS TO PAYROLL

- **PAID ON THE 5TH OF THE MONTH**

Timesheet Check-off List:

- Typed or filled out in Ink, no pencil will be accepted.
- Last Name, First Name
- EID or Social Security
- Employee Signature
- Administrative Signature
- Sacs String and REQ. #
- Total Hours or Total Days added up
- Separate timesheet for each month

***Dates subject to change**

Note: Processing dates are tentative until schedule is published by LACOE. If any changes occur all sites will be notified of change prior to the payroll month.

Timesheets paid on the 5th of the month are ultimately due the 18th of each month. If the 18th falls on a weekend, the timesheets are due the Friday before the 18th.

Timesheets that are not received by the 18th will be paid on the next hourly payroll

Hacienda La Puente Unified School District
2024 - 2025 PAYROLL SCHEDULE

HOURLY/DAILY EMPLOYEES

(Site Supervision Aides/Sub Teachers/Clerical Subs/Other Employees)

- **PAID ON THE 5TH OF THE MONTH**

<u>HOURLY</u>	<u>PAYROLL SCHEDULE</u>	<u>DUE TO PAYROLL</u>	<u>PAYROLL ISSUE DATE</u>
July 2024	07/01/24-07/18/24	07/18/24	08/05/24
August 2024	07/19/24-07/31/24 08/01/24-08/16/24	07/31/24 08/16/24	09/05/24
September 2024	08/17/24-08/31/24 09/01/24-09/18/24	08/30/24 09/18/24	10/04/24
October 2024	09/19/24-09/30/24 10/01/24-10/18/24	09/30/24 10/18/24	11/05/24
November 2024	10/19/24-10/31/24 11/01/24-11/18/24	10/31/24 11/18/24	12/05/24
December* 2024	11/19/24-11/30/24 12/01/24-12/18/24	12/02/24 12/18/24	01/03/25
January* 2025	12/19/24-12/31/24 1/01/25-01/17/25	01/02/25 01/17/25	02/05/25
February 2025	01/18/25-01/31/25 02/01/25-02/16/25	01/31/25 02/16/25	03/05/25
March 2025	02/17/25-02/28/25 03/01/25-03/18/25	02/28/25 03/18/25	04/04/25
April 2025	03/19/25-03/31/25 04/1/25-04/18/25	03/31/25 04/18/25	05/05/25
May 2025	04/19/25-04/30/25 05/01/25-05/23/25	04/30/25 05/23/25	06/05/25
June 2025	05/24/25-05/31/25 06/1/25-06/18/25	06/02/25 06/18/25	07/03/25 *SUMMER PAYROLL
June 2025	06/19/25-06/30/25	06/30/25	07/10/25 *SUMMER PAYROLL