ORANGE UNIFIED SCHOOL DISTRICT

CERTIFICATED HUMAN RESOURCES

NAME CHANGE PACKET

Please follow the steps below when changing your name:

- ☐ Obtain a new Social Security card and Driver's License in your new name.
- ☐ Fill out the attached Name Change Packet
- ☐ Mail the CalSTRS Recipient Designation form (Defined Benefit Program) & Name Change form directly to CalSTRS. The mailing address is located at the top right hand corner of the form. (page 20)
  Be sure to send the correct requested documents.
- ☐ Mail the CTC Request to Change Name form (41-NC) directly to CTC. The mailing address is located at the top left hand corner of the page. (page 16)
  Be sure to send the correct requested documents.
- ☐ Contact Certificated Human Resources to schedule a name change appointment. (CLICK to book appointment)

- The day of your appointment, you will come to Human Resources, Building A,, with your completed Name Change Packet, your new Social Security Card and Driver's License. *Remember to sign your new Social Security card.* You will receive a new employee badge with your name change.
- HR will process your paperwork and notify our Risk Management (district benefits), Technology Services (district email) and Payroll Departments.

ORANGE UNIFIED SCHOOL DISTRICT

CERTIFICATED HUMAN RESOURCES

NAME CHANGE

Date: _____ Employee ID#: _____

FORMER NAME:

LAST	FIRST	MIDDLE

NEW NAME:

LAST	FIRST	MIDDLE

EMPLOYEE SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE - FOR EMPLOYER USE ONLY

RECEIVED:

- ☐ Social Security Card with new name
- ☐ Driver License with new name
- ☐ OUSD Designation of Beneficiary form
- ☐ Form W-4 & DE4 Employee's Withholding Allowance Certificate
- ☐ Form I-9 Employment Eligibility Verification
- ☐ OCDE Credentials Change of Name form
- ☐ 1 Employee Emergency Card
- ☐ Application for Network Access form (district email address_
- ☐ CTC Request to Change Name form (41-NC) - Employee mails directly to CTC
- ☐ CalSTRS Recipient Designation form & Name Change form - Employee mails directly to CalSTRS

COMPLETED:

- ☐ New ID Badge
- ☐ Notified Payroll Department
- ☐ Notified IS Department

HR STAFF: _____ DATE: _____

DESIGNATION OF BENEFICIARY UNDER GOVERNMENT CODE SECTION 53245

TO: ORANGE UNIFIED SCHOOL DISTRICT

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following as the person to receive all warrants or checks that will be payable to me from the OrangeUnified School District:

BENEFICIARY #1

Name:_____ Birthdate (for identity):_____

Address:_____

City:_____ State:_____ Zip Code:_____

If the person indicated above predeceases me, I hereby designate the following person as a secondary beneficiary:

BENEFICIARY #2

Name:_____ Birthdate (for identity):_____

Address:_____

City:_____ State:_____ Zip Code:_____

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until canceled in my writing.

On sufficient proof of identity, the appointing power shall release the warrants or checks to the above designee. The designee who receives a warrant or check is entitled to negotiate it as if the payee.

EMPLOYEE NAME:_____

Signature:_____ **Date**:_____**Last 4 digits SS#:**_____

FOR OFFICE USE ONLY

Pay check sequence #:_____ Check #_____ Amount_____ Check received on_____ ID provided:_____

Received by:_____ _____
(Beneficiary's signature) (Please print name)

Government Code Section 53245
DESIGNATION OF PERSON TO RECEIVE WARRANTS OR CHECKS UPON DEATH OF EMPLOYEE

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

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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.

OMB No. 1545-0074

2025

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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: Multiple Jobs or Spouse Works

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.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the 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 unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

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. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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 2025 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 . . . . . **1** $

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 . . . . . **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 . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **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. **3**

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) . . . . . **4** $

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

1 Enter an estimate of your 2025 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 . . . . . **1** $

2 Enter:
- $30,000 if you're married filing jointly or a qualifying surviving spouse
- $22,500 if you're head of household
- $15,000 if you're single or married filing separately

. . . . . **2** $

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-" . . . . . **3** $

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 . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

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	$700	$850	$910	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	$200	$850	$1,020	$1,020	$1,020	$1,370	$1,870	$1,870	$1,870	$1,870	$1,870	$2,040
$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	$450	$850	$1,000	$1,020	$1,020	$1,020	$1,020	$1,870	$1,870	$1,870	$1,890
$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employment Development Department
State of California

Clear Form

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 City State ZIP Code	Filing Status ☐ 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) 0
   - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) 0
   - 1c. Total Number of Allowances you are claiming 0
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) (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 (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the Franchise Tax Board (FTB) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the FTB (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) (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 (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the Revenue and Taxation Code (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) 0

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. 0.00
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+ 4.
5.	Add line 4 to line 3, enter sum	= 5. 0.00
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. 0.00
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. 0.00
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. 0.00
11.	Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.	11. 0.00

*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.

Worksheet C **Additional Tax Withholding and Estimated Tax**

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. 0.00
8.	Figure your tax liability for the amount on line 7 by using the 2023 tax rate schedules below.	8. 0.00
9.	Enter personal exemptions (line F of Worksheet A x $154.00).	9. 0.00
10.	Subtract line 9 from line 8. Enter difference.	10. 0.00
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. 0.00
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. 0.00
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	$116,083.76

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

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

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit (FTB) (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.

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

CHANGE OF NAME FORM

Social Security Number

New Information:

Last Name | First Name | Middle Name

Street Address | City | State | Zip Code

Employing District Name | Teacher's Signature | Date

Previous Information:

Last Name | First Name | Middle Name

Applicant: Please submit this completed form to your employing school district along with proper documentation for name change.

District: Once you have verified name change, please forward completed form to your credential technician at Orange County Department of Education.

081109030

ORANGE UNIFIED SCHOOL DISTRICT
EMPLOYEE EMERGENCY CARD

PLEASE FILL IN ☐ **CERTIFICATED** ☐ **CLASSIFIED**
(Check one)

NAME:_____ _____
Last, First, Middle Employee ID

ADDRESS:_____
Number Street City Zip

Home Telephone #_____ Cell # _____

Personal Email _____

BIRTHDATE: _____/_____/_____ _____ _____
MO DA YR Position/Title School/Department

EMERGENCY CONTACTS:_____ _____ _____
Spouse or Nearest Relative Relationship Address

_____
Emergency Telephone #

_____ _____ _____
Emergency Contact Relationship Address

_____
Emergency Telephone #

DOCTOR: _____ PHONE: (_____) _____

May any available doctor be called in an emergency? (Check One) YES ☐ NO ☐
Special Health/Medical information listed below? YES ☐ NO ☐

_____

_____

EMPLOYEE SIGNATURE: _____

DATE: _____

_____ Initial here to request that contact or personal information not be provided to an employee organization (i.e. Union) per Gov. Code 6254.3.

Orange Unified School District
1401North Handy Street
Orange, CA 92867

Application for Network Access

Technology Services

Type of Request ☐ New Hire ☐ Location Change ☐ Name Change

Hire Date

Name (Last, first, middle initial) | Employee ID

Position | Location

Subject | Grade Level

Personal Email Address (Your access information will be emailed to this address) | Phone

Special Notes:

Signature | Date

Your account credentials will be emailed to you within two business days of receipt to Technology Services

---

For Administrative Use Only:

Date received

System	Username	Password
Email / Computer Login / Helpdesk		
Aeries / EDAMS		
OUSD Google Apps / Haiku		
BB Connect		
QSS		

Processed By | Date

State of California
Commission on Teacher Credentialing
Certification Division
651 Bannon Street, Suite 601
Sacramento, CA 95811

CTC Use Only
Initials: _____
☐ No change needed
☐ Change needed:
☐ SSN ☐ DOB ☐ Name

Request to Change Name or Personal Profile

Use this form to submit changes or corrections to your personal information on file with the Commission. First, complete Section A, Personal Information. If you are updating your SSN or ITIN, complete Section B. If you are updating your Date of Birth, complete Section C. If you are updating the name the Commission has on file for you, complete Section D. This form is only valid if it has your signature and date of signature at the bottom of page 2. Incomplete or illegible forms or supporting documents will be not be processed. All supporting documents become property of the Commission.

A. PERSONAL INFORMATION (*required*)

Current Full Legal Name (Print):			
Social Security (SSN) or Individual Tax ID Number (ITIN):		**Date of Birth (mm/dd/yyyy):**	
Mailing Address:			
City:		**State:**	**Zip:**
Home Phone:	**Work Phone:**	**Message Phone:**	
Email Address:			

CHANGES TO YOUR MAILING OR EMAIL ADDRESS CANNOT BE COMPLETED USING THIS FORM; ADDRESS CHANGES MUST BE COMPLETED ONLINE.

B. COMPLETE THIS SECTION FOR SSN/ITIN CHANGE/CORRECTION

My full legal name:

____
First Middle Last

Information previously submitted to the Commission (if known): SSN/ITIN _____-_____-_____

Request SSN/ITIN to be changed to: _____-_____-_____

To verify SSN/ITIN - **YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE SSN/ITIN CHANGE/CORRECTION**

- ☐ Complete 41-NC sections A and B, sign and date
- ☐ Copy of Social Security Card or ITIN
- ☐ Copy of valid government issued ID (driver's license, military ID card, Permanent Resident card, etc.)

C. COMPLETE THIS SECTION FOR DATE OF BIRTH CORRECTION

My full legal name:

____
First Middle Last

Information previously submitted to the Commission (if known): Date of Birth _____ _____ _____
Month Date Year

Request Date of Birth to be corrected to: _____ _____ _____
Month Date Year

Verify Date of Birth - **YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE DATE OF BIRTH CORRECTION**

- ☐ Complete 41-NC sections A and C, sign and date
- ☐ Copy of valid government issued ID (driver's license, passport, military ID card, Permanent Resident card, etc.)

D. COMPLETE THIS SECTION FOR NAME CHANGE

Former full legal name (name the Commission currently has on file):

____

First Middle Last

I request my name be changed to:

____

First Middle Last

NAME changed due to:

Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- ☐ Complete 41-NC sections A and D, sign and date
- ☐ Copy of endorsed marriage certificate
- ☐ Copy of Social Security Card or ITIN stating married name
- ☐ Copy of valid government issued ID **with new name** (driver's license, military ID card, Permanent Resident card, etc.)

Superior Court – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- ☐ Complete 41-NC sections A and D, sign and date
- ☐ Certified copy of completed, endorsed *Decree of Changing Name*
- ☐ Copy of Social Security Card or ITIN stating new name
- ☐ Copy of valid government issued ID **with new name** (driver's license, military ID card, Permanent Resident card, etc.)

Dissolution of Marriage – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- ☐ Complete 41-NC sections A and D, sign and date
- ☐ Copy of *Dissolution* (endorsed) which states "the former name restored," and/or endorsed copy of Ex Parte Application for Restoration of Former Name
- ☐ Copy of Social Security Card or ITIN stating new name
- ☐ Copy of valid government issued ID **with new name** (driver's license, military ID card, Permanent Resident card, etc.)

Citizenship – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

- ☐ Complete 41-NC sections A and D, sign and date
- ☐ Copy of Certificate of Naturalization
- ☐ Copy of Social Security Card or ITIN stating new name
- ☐ Copy of valid government issued ID **with new name** (driver's license, military ID card, Permanent Resident card, etc.)

Correction – YOU MUST PROVIDE ALL OF THE FOLLOWING BEFORE WE CAN PROCESS THE NAME CHANGE

NOTE: Corrections are for misspellings and typos only

- ☐ Complete 41-NC sections A and D, sign and date
- ☐ Copy of valid government issued ID **with correct name** (driver's license, military ID card, Permanent Resident card, etc.)

Signature _____ **Date**: _____

By signing this document, I authorize the Certification Division to make the changes indicated above with the Commission on Teacher Credentialing, and certify that the foregoing is true and correct under penalty of perjury.

For processing, send this completed form and all required supporting documentation to the Commission at:

Commission on Teacher Credentialing
Certification Division
651 Bannon Street, Suite 601
Sacramento, CA 95811
ATTN: Educator Profile Change Request

Recipient Designation–Information
One-Time Death Benefit/Cash Balance Lump-Sum Payment

Important: Be sure to read the instructions carefully before completing this form. **If you submit an incomplete form, we will not accept it. In addition, we must receive your form before your death. Be sure to review your form carefully before submitting it.**

If you're a member of the Defined Benefit Program, use this form to designate your one-time death benefit recipient; if you're a participant of the Cash Balance Benefit Program, use this form to designate your lump-sum payment recipient.

Complete and submit this form online using your *my*CalSTRS account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically.

We must receive your form before your death.

DEFINED BENEFIT PROGRAM MEMBERS

Use this form to designate recipients to receive the one-time benefit that may be payable in the event of your death. If you are an active member at the time of your death, and if you did not elect an option beneficiary to receive a continuing benefit after your death, or you have no spouse, registered domestic partner or children eligible to receive a family or survivor benefit allowance after your death, any accumulated contributions in your account will be paid to your designated recipients.

If your death occurs before retirement, your recipients may be eligible to receive the balance in your Defined Benefit Supplement account as an ongoing annuity or a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the ongoing annuity you elected at retirement.

This form will not protect your survivor with a lifetime benefit. To provide your survivors with a lifetime benefit, submit the *Preretirement Election of an Option* form when you are eligible to retire.

CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the lump-sum payment in the event of your death.

If you are receiving an annuity at the time of your death, the benefit payable is determined based on the annuity you elected.

If your recipient's (other than an entity) share of your account balance is at least $3,500, they may elect to receive an annuity in place of a lump-sum payment.

IMPORTANT FACTS

- After we review your form and determine it is complete, we will send you a confirmation letter. **Be sure to keep the confirmation letter with your important documents.**
- This form remains in effect until either you submit another valid *Recipient Designation* form, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. This form may or may not remain in effect upon a dissolution of marriage or termination of registered domestic partnership, depending on the circumstances. **It is important to keep this form current.**
- If any of your primary recipients predeceases you, or waives or disclaims their interest, the percentage you designated to that recipient will be distributed proportionally to all your remaining primary recipients. If any of your secondary recipients predeceases you, or waives or disclaims their interest, the percentage you designated to that recipient will be distributed proportionally to all your remaining secondary recipients. If we are unable to locate a recipient you designated, we will not distribute the benefit payable until the designated recipient is located and confirmed.
- If you do not have a valid *Recipient Designation* form on file with CalSTRS before your death or if all your designated recipients predecease you, any death benefit payable will be paid to your estate.
- You may change your recipient designations at any time—before or after retirement. There is no fee or financial penalty for changing your designation. Review your designations regularly to ensure we have the most current and accurate information to pay out the benefits according to your wishes.

Recipient Designation–Instructions
One-Time Death Benefit/Cash Balance Lump-Sum Payment

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

Check the appropriate box to identify your CalSTRS membership status. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on *my*CalSTRS, or call us at 800-228-5453.

If you are both a Defined Benefit Program member and Cash Balance Benefit Program participant and you are designating different recipients for each, you must complete two separate *Recipient Designation* forms.

SECTION 1: MEMBER/PARTICIPANT INFORMATION

Enter your full name, Client ID or Social Security number, complete mailing address, birth date, telephone number and email address.

SECTIONS 2 AND 3: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or a public entity as your recipient. **Important Note: All information marked with an asterisk (*) is required. We will reject your form if any required field is left blank.**

- **Persons—**To designate a person or persons, check the box and provide full name,* address,* telephone number, Social Security number,* birth date* and relationship. Be sure to indicate the percentage.
- **Organization—**To designate an organization, check the box and enter the name and address of the organization* and the organization's tax identification number.* Include organization contact information whenever possible. Be sure to indicate the percentage.
- **Trust—**To designate a trust, check the box and enter the full name of the trust,* the trustee's name* and address, and the date the trust was created.* CalSTRS will contact the trustee and pay benefits to the trust. You do not need to provide the trust document at this time. Be sure to indicate the percentage.
- **Estate—**To designate your estate, check the box and enter "My Estate" for the recipient's name. Be sure to indicate the percentage.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary.*

You must designate a percentage for each recipient. If you use percentages, the total must equal 100 percent for the primary recipient section and 100 percent for the secondary recipient section.

SECTION 4: REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date your form acknowledging your recipients and provide their Social Security number and date of birth. For validation purposes, when using *my*CalSTRS the spouse or partner's signature must be submitted in the same format—handwritten or electronic.

If your spouse or registered domestic partner does not sign your form, you must complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner.*

Failure to have the required signatures will result in the rejection of your *Recipient Designation* form.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them.

SUBMITTING YOUR FORM

myCalSTRS
Complete and submit your form online using *my*CalSTRS. It's easy, fast and secure.

Hand Delivery
Hand deliver your form to a local CalSTRS office (visit CalSTRS.com/forms-drop). **Note:** We must receive your form before your death.

Mailing Address

CalSTRS
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275

Overnight Delivery

If you are using a special mailing service such as UPS or FedEx, send your form to:

CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery
916-414-5783 or 916-414-5784

QUESTIONS

Email your questions using your *my*CalSTRS account or at CalSTRS.com/contactus, or call 800-228-5453.

Recipient Designation

One-Time Death Benefit/Cash Balance Lump-Sum Payment

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CalSTRS
California State Teachers' Retirement System
P.O. Box 15275, MS 43
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

*** Your form will be rejected if any required field is left blank.**

This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections. If you are not sure of your CalSTRS membership, see your most recent *Retirement Progress Report*, available on *my*CalSTRS, or call us at 800-228-5453. You may complete and submit this form online using your ***my***CalSTRS account for faster processing. You'll receive step-by-step guidance to complete your form correctly, and your form will be submitted automatically.

Check one of the following:

☐ I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.

☐ I am a participant of the Cash Balance Benefit Program. My recipient designation is for the lump-sum payment to be distributed upon my death.

☐ I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)

I hereby revoke any previous designations and designate the following primary recipients—that are living upon my death—to receive equal amounts, unless otherwise specified, as recipients of any benefits payable under the Teachers' Retirement Law at the time of my death. If any of my primary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining primary recipients. If I survive the primary recipients, I designate the secondary recipients—that are living upon my death—to share equally, unless otherwise specified, as recipients for any benefits payable under law at the time of my death. If any of my secondary recipients predecease me, or waive or disclaim their interest, the percentage I designated to that recipient will be distributed proportionally to all my remaining secondary recipients. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

Section 1: Member/Participant Information (*indicates required information)

NAME (LAST, FIRST, INITIAL)*

CLIENT ID OR SOCIAL SECURITY NUMBER*

MAILING ADDRESS*

DATE OF BIRTH (MM/DD/YYYY)*

CITY* **STATE*** **ZIP CODE***

( ) HOME TELEPHONE

EMAIL ADDRESS

Section 2: Primary Recipients (*indicates required information)

Use this area to designate one or more *primary* recipients to receive a death benefit.
Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

MAILING ADDRESS*

( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship: _____

Gender: ☐ Male ☐ Female ☐ Nonbinary

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER*

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*

PERCENTAGE*
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

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CALSTRS

*** Your form will be rejected if any required field is left blank.**

Section 2: Primary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

MAILING ADDRESS* ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship:_____
Gender: ☐ Male ☐ Female ☐ Nonbinary
☐ Organization – Contact Name:_____
☐ Trust
☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*

PERCENTAGE*
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)*

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

MAILING ADDRESS* ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship:_____
Gender: ☐ Male ☐ Female ☐ Nonbinary
☐ Organization – Contact Name:_____
☐ Trust
☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*

PERCENTAGE*
(MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

Section 3: Secondary Recipients (*indicates required information)

Use this area to designate one or more *secondary* recipients to receive a death benefit should all of your primary recipients predecease you. Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

MAILING ADDRESS* ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship:_____
Gender: ☐ Male ☐ Female ☐ Nonbinary
☐ Organization – Contact Name:_____
☐ Trust
☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*

PERCENTAGE*
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

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CALSTRS

*** Your form will be rejected if any required field is left blank.**

Section 3: Secondary Recipients continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION*

MAILING ADDRESS* ( ) TELEPHONE

CITY STATE ZIP CODE

☐ Person – Relationship:_____

Gender: ☐ Male ☐ Female ☐ Nonbinary

☐ Organization – Contact Name: _____

☐ Trust

☐ Estate

SOCIAL SECURITY NUMBER/TIN/EIN*

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)*

PERCENTAGE *
(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

☐ **Check this box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary* and the percentages. Percentages must total 100% for all recipients. Important Note: All information marked with an asterisk is required. We will reject your form if any required field is left blank.**

Section 4: Required Signatures

Check all that apply.

☐ I am married or registered as a domestic partner and both our signatures are below.

☐ I am married or registered as a domestic partner and my spouse or partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the next page.

☐ I have never been married or in a registered domestic partnership, **or** I am widowed or my partner has died.

☐ I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.

☐ I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was *not* awarded a portion of my CalSTRS benefits.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to $5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

MEMBER'S SIGNATURE **SIGNATURE DATE (MM/DD/YYYY)**

SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE **SIGNATURE DATE (MM/DD/YYYY)**

SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL)

SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER SPOUSE'S OR PARTNER'S DATE OF BIRTH (MM/DD/YYYY)

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CALSTRS
HOW WILL YOU SPEND YOUR FUTURE?

*** Your form will be rejected if any required field is left blank.**

Justification for Non-Signature of Spouse or Registered Domestic Partner

As required by Education Code sections 22453 and 26703, the signature of the spouse or registered domestic partner of the CalSTRS member or participant is required on any form in which the CalSTRS member or participant makes a request related to the election, change or cancellation of a CalSTRS benefit, subject to the following exceptions. If you are married or registered as a domestic partner and your spouse or partner did not sign one or more of the forms identified in the "Documents Submitted" section, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner.
- ☐ My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- ☐ My current spouse or registered domestic partner has no identifiable community property interest in the benefits.
- ☐ My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- ☐ My spouse or registered domestic partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or registered domestic partner (Education Code sections 22454 and 26704). CalSTRS must have a certified copy of the court order before any benefits can be paid. Submit a certified copy of the court order when you receive it.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to $5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

MEMBER'S SIGNATURE **SIGNATURE DATE (MM/DD/YYYY)**

If you submit an incomplete form, we will not accept it. Be sure to review your form carefully before submitting it:

- ☐ Did you designate at least one primary recipient and provide all the required information?
- ☐ If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust document at this time.
- ☐ If you designated percentages, do they equal 100 percent for your primary recipients and 100 percent for your secondary recipients?
- ☐ Did you sign and date the form?
- ☐ If you are married or in a registered domestic partnership, did your spouse or partner sign and date the form?
- ☐ If you cannot obtain your spouse or partner's signature, did you complete, sign and date the *Justification for Non-Signature of Spouse or Registered Domestic Partner*?

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