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 <u>entire school year</u>:

- ☐ TB test results (Valid for 4 years)
- ☐ **<u>Original</u>** CPR card or certificate (<u>Must include hands-on training</u>, valid for 2 years)
- ☐ **<u>Original</u>** First Aid card or certificate (<u>Must include hands-on training</u>, 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 (<u>must include in-water training</u>)

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.

<u>REMINDER</u>: 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.

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HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
Human Resources Department

EXTRA DUTY ASSIGNMENTS/COACHES - RETURNING WALK-ON COACH

School Site: _____ School Year: 2026-2027

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): _____

❑ Certificated _____ ❑ Stipend

❑ Classified _____ ❑ Site-Funded

❑ Walk-on ❑ Volunteer

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HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

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I M P O R T A N T For Walk-On Coaches

FOR OFF-SEASON VOLUNTEER COACHING, PLEASE COMPLETE PAGE 2

Name: _____

COACHES MUST COMPLETE THE FOLLOWING MANDATORY REQUIREMENTS:

(Initials required on #6b, #11a, #12 & #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. 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)**
7. 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.
8. 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**
9. Completion of **Keenan SafeSchools** trainings (required annually)
10. 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.
11. 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)**
12. Coaches will be tasked with supervising students while on campus, bus and/or various other venues. It is essential to follow all guidelines and to use effective supervisory strategies, such as maintaining visual contact with all students, setting clear boundaries, and proactively addressing any behavioral issues that may arise. _____ **(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)*****

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HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

I M P O R T A N T 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):

Does not apply to Summer

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

q FALL ASSIGNMENT: _____ START DATE: _____ END DATE: _____

q WINTER ASSIGNMENT: _____ START DATE: _____ END DATE: _____

q SPRING ASSIGNMENT: _____ START DATE: _____ END DATE: _____

q SUMMER ASSIGNMENT: _____ START DATE: _____ END DATE: _____

ORIGINAL - HUMAN RESOURCES

☐ COPY PROVIDED TO EMPLOYEE

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.

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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.

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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

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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 _____

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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,

Kevin Maldonado
Acting 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.

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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: _____

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HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
15959 EAST GALE AVENUE • CITY OF INDUSTRY, CA 91745 • (626) 933-3840 • FAX (626) 934-4849

Mandatory Employee Training Requirements

The following trainings are REQUIRED for district employees to complete:

Training	Required Classification	Training Schedule
Mandated Reporter: Child Abuse and Neglect	All Employees	Annually*
Sexual Harassment Prevention for Non-Managers (SB1343)	All Employees	Annually*
Active Assailant Awareness & Recognition	All Employees	Annually*
Youth Suicide: Awareness, Prevention, and Postvention	All Employees	Annually*
Child Care Mandated Reporter: AB 1207	Child Development Staff only	Every two (2) years
CDE PRISM Course for Compliance	7th-12th Grade Certificated Staff Only	Annually*

** Note: "Annually" refers to school year, not calendar year.*

Required Trainings for Mandated Reporters:

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.

AB 5 **(7-12 Grade Certificated only)** California *EC* Section 218.3(c) states that beginning with the 2025–26 school year, and continuing through the 2029–30 school year, a local educational agency (LEA) shall provide and require a minimum of one hour of LGBTQ+ cultural competency training annually to all teachers and other certificated employees serving pupils in grades seven to twelve over the five-year period.

An e-mail with your username and link to sign into your Keenan SafeSchools training dashboard will be sent to your district email address; a password is not required to log in to your account. You will receive email notifications until all required modules are completed. Human Resources will print the certificates of completion and place them in your personnel file. You will have access to the Keenan SafeSchools training website (including certificates of completion for your records) for as long as you remain a district employee.

Please initial the following and sign below:

☐ **I understand that I must complete all required training modules listed above within six (6) weeks of my employment. (Substitutes and Coaches Only: I understand I must complete the training modules prior to the start of my assignments.)**

☐ **I understand I will be provided time and resources to complete my trainings during my regular scheduled work hours to commence on my first day of employment, and I will coordinate with my supervisor for accommodation. (Substitutes and Coaches: Does not apply.)**

☐ **I understand that I will not receive additional compensation for time I choose to spend completing any trainings outside of my regular scheduled work hours.**

Employee Name (Print)	Employee Signature	Date
Witness Name (Print)	Witness Signature	Date

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State of California
California Public Employees' Retirement System
www.calpers.ca.gov

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.

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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).

PRINT THIS PAGE

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

THIS PACKET IS DOUBLE-SIDED, PLEASE PRINT FORMS ACCORDINGLY

PRINT THIS PAGE

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

2026

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.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

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)
Hacienda La Puente Unified School District 15959 East Gale Ave City of Industry, CA 91745		95-262326

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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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 16, 2027.

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 of tax withheld will be larger the greater the difference in pay is between the two jobs.

CAUTION ***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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 and enter this amount **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 (plus any other additional amount you want withheld) . . . . . **4** $ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . **15** $

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person 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	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

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Employee's Withholding Allowance Certificate

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

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**) _____
   - 1b. Number of allowances from the Estimated Deductions (**Worksheet B**) _____
   - 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 2026, and I certify I meet both 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 penalty 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
Hacienda La Puente Unified School District 15959 East Gale Ave City of Industry, CA 91745	800-8922-0

The *Employee's Withholding Allowance 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.

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

If you do not provide your employer a completed DE 4, your 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 and state income tax last year, and
2. You do not expect to owe any federal and state income tax this 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 and 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 can 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, 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 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. 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 or Multiple Incomes: When earnings come 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:

(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 percent 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 — Additional Withholding Allowances (Optional)

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 $11,412 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $5,706 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, 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 2026. 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 2026 tax rate schedules below. 8. _____
9. Enter personal exemptions (line F of Worksheet A x $168.30). 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 2026. 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 2026. 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 2026. 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 2026 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	$11,079	1.100%	$0	$0.00
$11,079	$26,264	2.200%	$11,079	$121.87
$26,264	$41,452	4.400%	$26,264	$455.94
$41,452	$57,542	6.600%	$41,452	$1,124.21
$57,542	$72,724	8.800%	$57,542	$2,186.15
$72,724	$371,479	10.230%	$72,724	$3,522.17
$371,479	$445,771	11.330%	$371,479	$34,084.81
$445,771	$742,953	12.430%	$445,771	$42,502.09
$742,953	$1,000,000	13.530%	$742,953	$79,441.81
$1,000,000	and over	14.630%	$1,000,000	$114,220.27

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$22,158	1.100%	$0	$0.00
$22,158	$52,528	2.200%	$22,158	$243.74
$52,528	$82,904	4.400%	$52,528	$911.88
$82,904	$115,084	6.600%	$82,904	$2,248.42
$115,084	$145,448	8.800%	$115,084	$4,372.30
$145,448	$742,958	10.230%	$145,448	$7,044.33
$742,958	$891,542	11.330%	$742,958	$68,169.60
$891,542	$1,000,000	12.430%	$891,542	$85,004.17
$1,000,000	$1,485,906	13.530%	$1,000,000	$98,485.50
$1,485,906	and over	14.630%	$1,485,906	$164,228.58

Unmarried/Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
$0	$22,173	1.100%	$0	$0.00
$22,173	$52,530	2.200%	$22,173	$243.90
$52,530	$67,716	4.400%	$52,530	$911.75
$67,716	$83,805	6.600%	$67,716	$1,579.93
$83,805	$98,990	8.800%	$83,805	$2,641.80
$98,990	$505,208	10.230%	$98,990	$3,978.08
$505,208	$606,251	11.330%	$505,208	$45,534.18
$606,251	$1,000,000	12.430%	$606,251	$56,982.35
$1,000,000	$1,010,417	13.530%	$1,000,000	$105,925.35
$1,010,417	and over	14.630%	$1,010,417	$107,334.77

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. More information is in the instructions that came with your last California resident income tax return.

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HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

Office of the Assistant Superintendent, Human Resources

To: HLPUSD Employees
From: Kevin J. Maldonado, Assistant Superintendent
Regarding: 2026-2027 Annual Employee Reminders

These are annual reminders that your administrator/supervisor will review with you.

Department of Fair Employment and Housing-
DFEH E20 – **(Revised)** Survivors of Violence and Family Members of Victims Right to Leave
DFEH EO7 – California Law Prohibits Workplace Discrimination and Harassment
DFEH EO4 – Transgender Rights in the Workplace
DFEH E09 – Your Rights and Obligations as a Pregnant Employee
DFEH 100-21 – Family Care and Medical Leave and Pregnancy Disability
DFEH 185 – Sexual Harassment
DFEH E18 – 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 - 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/Directive - 4030 Nondiscrimination in Employment
Directive - 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 **(Revised)** - 5141.52 Suicide Prevention
Board Policy/Directive - 5145.7(a) Sexual Harassment – Students
Board Policy/Directive **(Revised)** - 5145.13 Response to Immigration Enforcement
Board Policy/Directive - 6163.4(a) Internet Use and Safety

Forms and Policies-
District Form **(Revised)** - Workplace Violence Prevention Plan/Incident Report Form
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)

Administrator/Supervisor will review each document to be knowledgeable of the District's position in each, discuss with you, reproduce and/or post these publications, policies and directives in a highly visible space at your site.

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

EID No. _____ Employee Name _____ Job Title _____ Site/Location _____

Employee Signature _____ Date _____

THIS PACKET IS DOUBLE-SIDED, PLEASE PRINT FORMS ACCORDINGLY

Hacienda La Puente Unified School District
2025 - 2026 PAYROLL SCHEDULE

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

Listed are the payroll timesheet due dates for the 2025/2026 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 RESPONSIBILE 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. Please note that if the 18th lands on a weekend the timesheet due date may change to the Friday prior or the Monday after.

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

Hacienda La Puente Unified School District
2025 - 2026 PAYROLL SCHEDULE

HOURLY/DAILY EMPLOYEES

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

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

HOURLY		PAYROLL SCHEDULE	DUE TO PAYROLL	PAYROLL ISSUE DATE
July	2025	07/01/25-07/18/25	07/21/25	08/05/25
August	2025	07/19/25-07/31/25 08/01/25-08/18/25	07/31/25 08/18/25	09/05/25
September	2025	08/19/25-08/31/25 09/01/25-09/18/25	09/02/25 09/18/25	10/03/25
October	2025	09/19/25-09/30/25 10/01/25-10/17/25	09/30/25 10/17/25	11/05/25
November	2025	10/18/25-10/31/25 11/01/25-11/18/25	10/31/25 11/18/25	12/05/25
December*	2025	11/19/25-11/30/25 12/01/25-12/18/25	12/01/25 12/18/25	01/05/26
January*	2026	12/19/25-12/31/25 01/01/26-01/16/26	01/02/26 01/16/26	02/05/26
February	2026	01/17/26-01/31/26 02/01/26-02/18/26	02/2/26 02/18/26	03/05/26
March	2026	02/19/26-02/28/26 03/01/26-03/18/26	03/02/26 03/18/26	04/03/26
April	2026	03/19/26-03/31/26 04/01/26-04/17/26	03/31/26 04/17/26	05/05/26
May	2026	04/18/26-04/30/26 05/01/26-05/22/26	04/30/26 05/22/26	06/05/26
June	2026	05/23/26-05/31/26 06/01/26-06/18/26	06/01/26 06/18/26	07/02/26 *SUMMER PAYROLL
June	2026	06/19/26-06/30/26	06/30/26	07/10/26 *SUMMER PAYROLL