

**TO: Coaches**

**FROM: Eileen Howard**  
**Human Resources Manager**

**RE: HR Paperwork Checklist**  
*(Updated 8/2023)*

**All necessary paperwork for Coaching is outlined below. Please complete all highlighted items and deliver to Human Resources before you begin coaching.**

**Personal Information Form** – complete and return

**I-9** – Complete Page 1 and return with documents listed on Page 2

**W-4** Federal – Complete and return Page 1.

**DE-4** State – Complete and return Page 1.

**Child Abuse Policy** – Review, complete the Acknowledgment and return.

**Sexual Harassment Policy** – Review, complete the Acknowledgment and return.

**Fingerprint LIVE SCAN** – The Request for Live Scan Service Form will need to be taken with you when you go get fingerprinted. The DOJ keeps the original copy, return the second copy to HR and keep the third copy for your records.

**Emergency Form** – Complete and return

**TB Test Clearance:** See your Primary Care Physician to complete the TB Risk Assessment Questionnaire and return **one** of the following. 1) CTCA Certificate of Completion 2) TB Result Certificate (negative) **OR** 3) Results of Chest X-ray.

You will also need to register for **VIRTUS Online Training “Protecting God’s Children for Adults”**. Log on to: [https://virtusonline.org/virtus/reg\\_2.cfm?theme=0&org=22671](https://virtusonline.org/virtus/reg_2.cfm?theme=0&org=22671). You will need to register a username/password in case you need to come back to complete the session at a later time. Choose the “Diocese of Oakland and then Salesian College Preparatory”. At the end of the online session, **please print out the certificate and turn in to HR.**

**Online Coaching Certifications:** Register at [www.nfhslearn.com](http://www.nfhslearn.com) and complete the following 4 courses:

- **Fundamentals of Coaching**
- **Concussion in Sports**
- **First Aid, Health & Safety for Coaches**
- **Sudden Cardiac Arrest**

**Print certificates at the end of the sessions and turn in with all other paperwork.**

If you have any questions on any of this paperwork, please contact Eileen Howard at 510.234.4433 x 1204 or by email at [ehoward@salesian.com](mailto:ehoward@salesian.com).

## Personal Information Form

**Date:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Date of Hire:** \_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE ONLY:

	Cleared (Y or N)	Date
Livescan		
Megan's Law		



# 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
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 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
<b>Document Title 1</b>				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<b>Document Title 2 (if any)</b>		<b>Additional Information</b>		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<b>Document Title 3 (if any)</b>				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
<input type="checkbox"/> 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)
<b>Howard, Eileen HR Manager</b>			
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
<b>Salesian College Preparatory</b>		<b>2851 Salesian Ave., Richmond CA 94804</b>	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:  a. Foreign passport; and  b. Form I-94 or Form I-94A that has the following:  (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security  For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a> .  The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b> , document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		<b>For persons under age 18 who are unable to present a document listed above:</b>	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record		
<b>Acceptable Receipts</b>  May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"><li>Receipt for a replacement of a lost, stolen, or damaged List A document.</li><li>Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li><li>Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li></ul>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,**  
**Reverification and Rehire (formerly Section 3)**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1.</b>	First Name ( <i>Given Name</i> ) from <b>Section 1.</b>	Middle initial (if any) from <b>Section 1.</b>
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

<b>Date of Rehire (<i>if applicable</i>)</b>		<b>New Name (<i>if applicable</i>)</b>	
Date ( <i>mm/dd/yyyy</i> )	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
<b>Reverification:</b> If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
<b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date ( <i>mm/dd/yyyy</i> )
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



**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.

**2023****Step 1:****Enter  
Personal  
Information**

(a) First name and middle initial

Last name

(b) Social security number

Address

City or town, state, and ZIP code

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](http://www.ssa.gov).

- (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.)

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, other details, and privacy.

**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) Reserved for future use.  
 (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 . . . . . ☐

**TIP:** If you have self-employment income, see page 2.

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  
employmentEmployer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 roughly 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 2023 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.

- 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 2023 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:  $\left\{ \begin{array}{l} \bullet \$27,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$20,800 \text{ if you're head of household} \\ \bullet \$13,850 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

## EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

<b>Enter Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - Number of Regular Withholding Allowances (Worksheet A) 0
  - Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) 0
  - Total Number of Allowances you are claiming 0

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

### Exemption from Withholding

- I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here) ☐
- 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 \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
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**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 Personal Income Tax (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:

- You did not owe any federal/state income tax last year, and
- 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

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- 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](http://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](http://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](http://ftb.ca.gov)).

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

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**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](http://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](http://leginfo.legislature.ca.gov/faces/codes.xhtml)) and section 19176 of the Revenue and Taxation Code ([leginfo.legislature.ca.gov/faces/codes.xhtml](http://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 \$9,202 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,601 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 |
| 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 |
| 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 |
| 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 <b>stop here</b> .   | 8.   | 0 |
| 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 |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.   | 11.  | 0 |

\*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 2021. 1.
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2.
3. Add line 1 and line 2. Enter sum. 3. 0
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. 0
7. Subtract line 6 from line 3. Enter difference. 7. 0
8. Figure your tax liability for the amount on line 7 by using the 2021 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$136.40). 9. 0
10. Subtract line 9 from line 8. Enter difference. 10. 0
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
13. Calculate the tax withheld and estimated to be withheld during 2021. 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 2021. 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 2021. 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
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 2021 ONLY

**SINGLE PERSONS, DUAL INCOME  
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$8,932	1.100%	\$0	\$0.00
\$8,932	\$21,175	2.200%	\$8,932	\$98.25
\$21,175	\$33,421	4.400%	\$21,175	\$367.60
\$33,421	\$46,394	6.600%	\$33,421	\$906.42
\$46,394	\$58,634	8.800%	\$46,394	\$1,762.64
\$58,634	\$299,508	10.230%	\$58,634	\$2,839.76
\$299,508	\$359,407	11.330%	\$299,508	\$27,481.17
\$359,407	\$599,012	12.430%	\$359,407	\$34,267.73
\$599,012	\$1,000,000	13.530%	\$599,012	\$64,050.63
\$1,000,000	and over	14.630%	\$1,000,000	\$118,304.31

**MARRIED PERSONS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,864	1.100%	\$0	\$0.00
\$17,864	\$42,350	2.200%	\$17,864	\$196.50
\$42,350	\$66,842	4.400%	\$42,350	\$735.19
\$66,842	\$92,788	6.600%	\$66,842	\$1,812.84
\$92,788	\$117,268	8.800%	\$92,788	\$3,525.28
\$117,268	\$599,016	10.230%	\$117,268	\$5,679.52
\$599,016	\$718,814	11.330%	\$599,016	\$54,962.34
\$718,814	\$1,000,000	12.430%	\$718,814	\$68,535.45
\$1,000,000	\$1,198,024	13.530%	\$1,000,000	\$103,486.87
\$1,198,024	and over	14.630%	\$1,198,024	\$130,279.52

**UNMARRIED HEAD OF HOUSEHOLD**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,876	1.100%	\$0	\$0.00
\$17,876	\$42,353	2.200%	\$17,876	\$196.64
\$42,353	\$54,597	4.400%	\$42,353	\$735.13
\$54,597	\$67,569	6.600%	\$54,597	\$1,273.87
\$67,569	\$79,812	8.800%	\$67,569	\$2,130.02
\$79,812	\$407,329	10.230%	\$79,812	\$3,207.40
\$407,329	\$488,796	11.330%	\$407,329	\$36,712.39
\$488,796	\$814,658	12.430%	\$488,796	\$45,942.60
\$814,658	\$1,000,000	13.530%	\$814,658	\$86,447.25
\$1,000,000	and over	14.630%	\$1,000,000	\$111,524.02

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



# **Child Abuse Policy**

Salesian College Preparatory  
Richmond, California

Adopted October 1, 1990  
(Revised June 1, 2001)  
(Revised August 2011)  
(Revised May 2015)

## **I. INTRODUCTION**

Consistent with the teaching and example of Jesus and St. John Bosco, Salesian College Preparatory is concerned with the well-being of all people. It has a special concern for those who are most vulnerable and cannot fully care for themselves.

In recent years the number of cases of child abuse has increased. The lasting impact of such incidents on victims, their families and the Church is a profound tragedy for Salesian College Preparatory and society as a whole. We wish to prevent child abuse, whether it is physical, psychological or sexual in nature.

Salesian College Preparatory must speak out and take action against child abuse. Young people place a profound moral and sacred trust in their religious and educational leaders. That trust must never be violated by any person associated with Salesian College Preparatory. Betrayal of that trust must be dealt with legally and in a swift and compassionate manner for all concerned. Concern for the reputation of a suspected individual or the institution is secondary to the child's well-being. Once again, our primary concern is the welfare of the child.

## **II. POLICY**

Salesian College Preparatory has numerous daily contacts with children. It is therefore important that all religious and lay personnel protect the rights and dignity of children and be alert to incidents of child abuse. Any and all religious and lay personnel who know of any incident of child abuse must comply with all applicable reporting or other requirements of state and local laws.

These policies, and the procedures that have been developed to carry them out, reflect Salesian College Preparatory's strong conviction that all forms of child abuse constitute gravely serious matters that can cause inestimable pain and anguish for victims and their families. For this reason, Salesian College Preparatory is determined to do all that it can to prevent such abuse from occurring, to respond immediately when it does occur, and to bring the healing ministry of Jesus and the teaching and example of St. John Bosco to all who have been victimized by this tragic and aberrant behavior.

### III. DEFINITIONS

For the purpose of this document:

**Child:** a person from birth through the age of 18.

**Child Abuse:** any form of non-accidental harm or threatened harm to a child's health or wellbeing, including damage to the physical, sexual or mental well-being of the child. "Child abuse or neglect" does not include a mutual affray between minors. The term "child abuse" may consist of any of the following:

- **Sexual Abuse** – any act which involves sexual contact, sexual molestation or sexual exploitation of a child by an adult, whether physical injuries are sustained or not. Sexual abuse includes acts of incest, rape or sexual offence of any degree, sodomy and unnatural or perverted practices, lewd or indecent acts or proposals, permitting or encouraging a child to participate in any sexual activities or engaging in any act with a child that is contemplated by the adult to provide sexual satisfaction for the adult.
- **Physical Abuse** – any act which causes a physical injury to a child as a result of cruel or inhumane treatment or as a result of a malicious act under circumstances which indicate that a child's health or welfare is unduly harmed or threatened thereby.
- **Child Neglect or Abandonment** – any act of abandonment of a child by a parent, custodian or guardian; lack of care or control with respect to subsistence, education, or physical or emotional health (excluding instances of financial inability to so provide).

**Child Protective Agency:** a police department, sheriff's department, county probation department, county welfare department, or any other agency that is designated by the local or state government to be responsible for receiving child abuse reports. (West Contra Costa County Children's Protective Services' 24-hour telephone no. is 510.374.3324.)

**Personnel:** includes any lay or religious person who has been hired to work as an employee at the direction of Salesian College Preparatory and/or any volunteer working at the direction of Salesian College Preparatory.

**Reasonable Suspicion:** objective reasoning based upon facts that could cause a reasonable person in a like position, drawing where appropriate on his or her training and experience, to suspect child abuse.

**Mandated Reporters:** Under California Penal Code § 11165.7, it is a crime for certain persons who have a special working relationship with a child, not to report suspected or actual incidents of child abuse to the proper authorities. Mandatory reporters include, among others, child care custodians, health care practitioners and members of the clergy.

- **Child Care Custodians** include, among others, teachers; school, club and camp administrators; teacher's aides and playground monitors.
- **Health Care Practitioners** include, among others, all medical personnel, including trainees, nurses and licensed marriage, family and child counselors.
- **Members of the Clergy** include priests, ministers, rabbis, religious practitioners, or similar functionaries of church, temple, or recognized religious denomination or organization (Penal Code § 11165.7, AB 3354). Roman Catholic tradition and canonical definition indicate that this definition would include those who have received Holy Orders, such as deacons, priests, and bishops.

#### **IV. SUMMARY OF PROCEDURES IN CASE OF SUSPECTED CHILD ABUSE**

Child abuse by Church personnel is, by definition, contrary to Christian principles and unacceptable behavior for persons who are volunteers, employees or members of the clergy. Under no circumstances does the Salesian College Preparatory permit or condone such behavior.

The Salesian College Preparatory takes immediate and decisive action on all accusations of child abuse in accordance with the applicable provisions of civil and Church law. In all cases involving allegations of child abuse by Church personnel, it is the policy of the Salesian College Preparatory to:

1. Respond promptly to all allegations of abuse where there is a reasonable suspicion that the abuse has occurred.
2. If such allegations are supported by sufficient evidence, relieve the alleged offender promptly of any duties and refer the person for appropriate medical, psychological, or other appropriate evaluation and intervention.

3. Comply with the obligations of civil law with regards to reporting of the incident and cooperating with any investigation.
4. Reach out the victims and their families and communicate our sincere commitment to their spiritual and emotional well-being.

These policies and procedures that we follow in cases where child abuse is suspected or alleged are designed to protect children, youth and adults from all threats against their dignity and privacy. Our policies are also intended to protect members of the clergy and other Salesian personnel against false or unsubstantiated accusations of child abuse, which can all too easily destroy the reputation and sense of personal integrity of individuals whose service to the Church has been exemplary in all respects.

## **V. PREVENTION OF CHILD ABUSE**

Following are behavioral guidelines for working with children or youth:

- A. **Lifestyle:** All personnel shall try to maintain a healthy and faith-filled lifestyle. Attention to proper diet and adequate exercise, reduction of stress, appropriate leisure activities, regular prayer life, spiritual direction, healthy friendships and social interaction are all important dimensions of a balanced lifestyle.
- B. **Isolation to be Avoided:** All personnel need to be acutely aware of the risks involved in activities with minors which might result in isolation from others, including, without limitation, overnight stays with minors in the absence of other supervising adults. Such circumstances should be avoided. If anyone learns of such isolated incidents, they are to report directly to the Principal or President.
- C. **Contacts and Activities to be Avoided:**
  1. No child shall live in the living quarters of adult personnel.
  2. No child or group of children should visit adult personnel's living quarters.
  3. Do not provide minors with alcoholic beverages, tobacco, drugs or anything that is prohibited by law.
  4. No adult should have an exclusive friendship with one child.
  5. No adult should take vacations with a child or a group of children when parents or other adult supervisors are absent.
  6. No overnight or long trips with a child or a group of children when parents or other adult supervisors are absent.
  7. No late night activities with a child or group of children unless other parents or adults are present.
  8. No taking an individual child to health clubs, etc.

9. Do not be alone with a child in a residence, sleeping facility, locker room, restroom, dressing facility, or other closed room or isolated area that is inappropriate to a teaching or ministry relationship.
10. Do not engage in any physical discipline of a child. Salesian College Preparatory's disciplinary procedures are set forth in Student-Family Handbook.
11. Any touching of a child shall be age appropriate and based on the need of the child and not the need of the adult. Avoid physical contact with children. If a child initiates physical contact, an appropriate, limited response is proper.
12. No driving alone with one child.
13. Topics, vocabulary, recordings, films, games or the use of computer software or any other form of personal interaction or entertainment that could not be used comfortably in the presence of parents should not be employed with children. Sexually explicit or pornographic material is never appropriate for children.
14. Do not administer medication of any kind to a child without written parental permission.
15. If you recognize inappropriate personal or physical attraction developing between yourself and a child, maintain clear professional boundaries between yourself and the child and/or refer the child to another adult.
16. If one-on-one tutorial or pastoral care of a child should be necessary, avoid meeting in isolated environments. Schedule meetings at times and use locations that create accountability. Limit both the length and number of any such meetings and notify parents of all planned meetings.
17. Do not take photographs of children while they are unclothed or dressing (e.g., in a locker room or bathing facility).
18. Do not engage in any wrestling, "rough-housing," or "horseplay" with a child.
19. If you observe anyone (adult or minor) abusing a child, take appropriate steps to immediately intervene and to provide a safe environment for the child. Report the offending conduct immediately.

## **VI. REPORTING INCIDENTS OF SUSPECTED OR ALLEGED CHILD ABUSE**

Reporting requirements of mandated reporters:

- A. **When to Report:** A child care custodian, health care practitioner, or member of the clergy who, in his or her professional capacity or within the scope of his or her service or employment, becomes aware of, or observes a child whom he or she reasonably suspects has been a victim of child abuse, must report the known or suspected incident(s) of child abuse by telephone to a child protective agency immediately or as soon

as practically possible, and by written report within 36 hours. Written reports shall be submitted on forms adopted by the Department of Justice and made available through child protective agencies. (West Contra Costa County Children's Protective Services' 24-hour telephone number is 510-374-3324.)

- B. **Information to be Reported:** If known by the mandated reporter, the following information shall be included in any report of alleged or suspected child abuse:
1. name, address and age of child;
  2. names, address(es) and telephone numbers of child's parents or guardian(s);
  3. current whereabouts of the child;
  4. the child's school, grade and class;
  5. the name, business address and telephone number of the mandated reporter;
  6. the capacity that makes that person a mandated reporter;
  7. the information that gave rise to the reasonable suspicion of child abuse and the source(s) of that information; and
  8. the name, address, telephone number and other relevant personal information about the suspected abuser.

The mandated reporter shall make a report even if some of the above information is not known or is uncertain to him or her.

- C. **Shared Responsibility to Report:** If two or more mandated reporters are present in a situation and together become aware of a known or suspected instances of child abuse, they may agree that one of them will make the required telephone and written reports. If, however, a mandated reporter learns that the designated individual did not report, he or she must then do so.
- D. **Failure to Report:** A mandated reporter's failure to report child abuse to a child protective agency is a misdemeanor punishable by up to six months in jail and/or a fine of up to \$1,000.00. Reporting the suspected abuse to school's Principal or President is not sufficient; mandated reporters must make a report directly to a child protective agency.

E. **Privacy:**

1. The identity of all persons who report suspected child abuse under California Penal Code Section 11166 shall be confidential and disclosed only to agencies receiving or investigating mandated reports, to the district attorney in a criminal or other prosecution or the alleged offender, or to a licensing agency when abuse in out-of-home care is suspected, or when mandated reporters waive confidentiality, or by court order.



2. No agency or person listed in (C) (1) above shall disclose the identity of any person who reports suspected child abuse to that person's employer, except with the employee's consent or by court order.
3. Mandated reporters cannot be required to disclose their identity to Salesian College Preparatory.

**F. Penitential Communications Exception to Mandated Reports:** Under California Penal Code Section 11166 (C), knowledge or reasonable suspicion of child abuse acquired by a member of the clergy during a penitential communication is exempt from the mandatory reporting requirement.

**G. Salesian College Preparatory Reporting Requirements:** As stated above, any personnel who is a mandated reporter and who reasonably suspects or knows of an incident of child abuse must report the incident immediately to the local child protective agency. If any person suspects that other personnel has committed the act of child abuse, he or she must also contact the Principal or President. If the Principal is suspected of child abuse, then the President should be contacted, and vice-versa. Such contact can be made anonymously to avoid any waiver of confidentiality rights as set forth above.

## **VII. PROCEDURE AFTER REPORT OF ALLEDGED CHILD ABUSE**

### **A. Principal or President's Duties:**

1. To immediately notify the family of the alleged victim and offer spiritual care and support if school personnel is accused of child abuse. If the family of the victim of the alleged child abuse is accused of child abuse, then the local civil authorities shall handle the matter through their own procedures. The Principal or President should offer any spiritual guidance or support to the victim as he or she deems appropriate.
2. To assure the family of the alleged victim that our intent is to pursue the truth quickly and to take whatever is necessary for the protection and well-being of the child.
3. To see that the individual suspected of abuse is immediately notified of the nature of the allegation(s) and placed on administrative leave pending the outcome of the investigation by civil authorities.
4. To see that the individual suspected of abuse is directed to remain away from school, church or other location(s) which are subject matter of the complaint until a resolution of the complaint is concluded.
5. To see that the individual suspected of abuse is advised of his or her right to retain an attorney.

6. To see that notification is made to the pertinent insurance company.
7. The individual suspected of abuse may be referred to a facility for a psychological evaluation, especially in instances where a member of the clergy is suspected of child abuse.
8. If the individual suspected of abuse is arrested and charged, he or she shall remain on administrative leave until his or her guilt or innocence is established by law.
9. If the individual admits guilt, does not contest guilt, or there is a finding of guilt, he or she must be immediately terminated. The Principal or President shall make sure that the employee or volunteer's file be properly noted and adequate safeguards are taken to assure that the individual is not employed by the Salesian College Preparatory in any future capacity.
10. If the individual is found not guilty, the charges are dropped, or no charges are filed, the Principal and President should consult with each other to determine if the individual should be restored to his or her duties.

**B. Communications about Alleged Abuse:** All public communications and media inquiries regarding alleged abuse shall pass through the office of the attorney appointed to the case. In keeping with the above-stated policies, Salesian College Preparatory is committed to dealing with alleged incidents of child abuse in an open and responsible manner. At the same time, in light of the permanent harm that can result from such allegations, even if they ultimately prove to be unfounded, Salesian College Preparatory respects the strict confidentiality and privacy of all persons who are involved in such incidents. With that in mind, Salesian College Preparatory's primary concern is the welfare of the child and the truth of the allegations.

## **Child Abuse Policy Acknowledgement Form**

I acknowledge that I have received a copy, have read and understand Salesian College Preparatory's Child Abuse Policy. I understand that reading, understanding and acknowledging receipt of this Child Abuse Policy is a condition of employment (including voluntary services) by Salesian College Preparatory, Richmond, California. I further understand that a violation of this Child Abuse Policy is grounds for termination of my employment/voluntary services.

Name of Employee (Please Print): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

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

This form is to be signed and placed in the employee's personnel file.

## **Sexual Harassment Policy**

Salesian College Preparatory  
Richmond, California

Salesian College Preparatory will take all reasonable steps to prevent discrimination and harassment from occurring. In addition to prohibiting other forms of unlawful discrimination, the School maintains a strict policy prohibiting sexual harassment. All such harassment is unlawful and will not be tolerated. Sexual harassment is against policy and Salesian work environment.

### **A. Sexual Harassment Defined**

Federal law defines sexual harassment as unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of sexual nature when (1) submission to such conduct is made a term or condition of employment; or (2) submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual; or (3) such conduct has the purpose or effect of unreasonable interfering with an employee's work performance or creating an intimidating, hostile or offensive working environment.

California law defines sexual harassment as unwanted sexual advances or visual, verbal or physical conduct of sexual nature. This definition includes many forms of offensive behavior. The following is a partial list:

- Unwanted sexual advances
- Offering employment benefits in exchange for sexual favors
- Making or threatening reprisals after a negative response to sexual advance
- Visual conduct: leering, making sexual gestures, displaying sexual suggestive objects or pictures, cartoons or posters
- Verbal conduct: making or using derogatory comments, epithets, slurs, sexually explicit jokes, comments about an employee's body or dress
- Verbal sexual advances or propositions
- Verbal abuse or sexual nature, graphic verbal commentary about an individual's body, sexually degrading words to describe an individual, suggestive or obscene letters, notes or invitations
- Physical conduct: touching, assault, impeding or blocking movements

### **B. Sexual Harassment Complaint Procedure**

Salesian College Preparatory complaint procedures provides for a thorough and objective investigation of any sexual harassment claim, appropriate

disciplinary action against one found to have engaged in prohibited sexual harassment, and appropriate remedies to any victim of harassment. An employee may have a claim of harassment even if he or she has not lost a job or some economic benefit.

An employee(s), who believes they have been sexually harassed on the job, or who are aware of the harassment of others, should provide a written or verbal complaint to Human Resources as soon as possible. If the complaint isn't resolved to the employee's satisfaction, the employee should notify the Principal or the President of Salesian College Preparatory. An employee is not required to complain first to the Human Resources if Human Resources is the individual who is harassing the employee. The complaint should include details of the incident(s), names of individuals involved, and the names of any witnesses. All incidents of sexual harassment that are reported will be investigated in a timely manner.

If Human Resources, the Principal or President of Salesian College Preparatory determines that sexual harassment has occurred, remedial action will be taken commensurate with the circumstances (see Disciplinary Action below). Appropriate action will also be taken to deter any future harassment. If a complaint of sexual harassment is substantiated, appropriate disciplinary action, up to and including discharge, will be taken.

### **C. Protection Against Retaliation**

The Salesian College Preparatory's policy and California law prohibit retaliation against any employee by another employee or by their employer for using this complaint procedure or for filing, testifying, assisting or participating in any manner of any investigation, proceeding or hearing conducted by a federal or state enforcement agency. Additionally, Salesian College Preparatory will not knowingly permit any retaliation against any employee who complains of sexual harassment or who participates in an investigation. Salesian College Preparatory policy and California law prohibit retaliation against any employee who opposes sexual harassment.

Any report of retaliation by the one accused of harassment, or by co-workers, supervisors or managers, will also be immediately, effectively and thoroughly investigated in accordance with Salesian College Preparatory's investigation procedure outlined above. If a complaint of retaliation is substantiated, appropriate disciplinary action, up to and including discharge, will be taken.

### **D. Liability of Sexual Harassment**

Any employee of Salesian College Preparatory, whether co-worker, supervisor or manager, who is found to have engaged in unlawful sexual harassment is subject to disciplinary action up to and including discharge from employment. Any employee who engages in sexual harassment, including any manager or supervisor, who knew about the harassment and took no action to stop

it, may be held personally liable for monetary damages. Salesian College Preparatory will not pay damages assessed personally against an employee.

#### **E. Disciplinary Action**

The following disciplinary action will be taken for any sexual harassment complaint:

- for a not-assault offense complaint, an employee will receive non-disciplinary counseling pending investigation of the complaint
- if an isolated incident of sexual harassment or threat of sexual harassment is substantiated, the employee may be terminated
- if an egregious or violent incident of sexual harassment, or continuous or regular incidents of sexual harassment are substantiated the employee will be immediately terminated.

This policy will be reviewed each year during orientation week.



## **Sexual Harassment Policy Acknowledgement Form**

I acknowledge that I have received a copy of the sexual harassment policy. I acknowledge that I have read and understand the policy. I understand that reading, understanding and acknowledging receipt of this Sexual Harassment Policy is a condition of employment by Salesian College Preparatory, Richmond, California.

Name of Employee (Please Print): \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

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

This form is to be signed and placed in the employee's personnel file.

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### Office Hours:

M-F 9:30am-6pm

Sat 11am-4pm

[info@CalLiveScan.com](mailto:info@CalLiveScan.com)

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## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A6287

ORI (Code assigned by DOJ)

Volunteer

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Salesian High School

Agency Authorized to Receive Criminal Record Information

01172

Mail Code (five-digit code assigned by DOJ)

2851 Salesian Ave.

Street Address or P.O. Box

Marylou Flannery

Contact Name (mandatory for all school submissions)

Richmond

City

CA

State

94804

ZIP Code

(510) 234-4433

Contact Telephone Number

### Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

Male

☐

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 142174

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.

Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

(If the Level of Service Indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



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(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

☐

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☐

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Driver's License Number

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Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## EMERGENCY FORM

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

1. Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Insurance Group #: \_\_\_\_\_

**List any special conditions such as allergies, illnesses, medications or pertinent medical history. (optional)**

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**Please list the medications you are currently taking (optional)** \_\_\_\_\_

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### Statement of Medical Treatment

I, the undersigned, do hereby authorize a representative of Salesian College Preparatory (in the event that my emergency contact cannot be reached) as agent for the undersigned to consent to any medical or surgical diagnosis or treatment and hospital care deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of an accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of Salesian College Preparatory to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his or her best judgment may deem advisable.

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

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



# California School Employee Tuberculosis (TB) Risk Assessment Questionnaire



(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.<sup>^</sup>
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new** risk factors since the last negative test.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**  
*For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.*

Name of Person Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## History of Tuberculosis Disease or Infection (Check appropriate box below)

☐

**Yes**

- If there is a **documented** history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

☐

**No** (Assess for Risk Factors for Tuberculosis using box below)

## TB testing is recommended if any of the 3 boxes below are checked

☐

**One or more sign(s) or symptom(s) of TB disease**

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐

**Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐

**Close contact** to someone with infectious TB disease during lifetime

**Treat for LTBI if TB test result is positive and active TB disease is ruled out**

<sup>^</sup>The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

## Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

**First and Last Name** of the person assessed and/or examined:

\_\_\_\_\_

**Date** of assessment and/or examination: \_\_\_\_mo./\_\_\_\_day/\_\_\_\_yr.

**Date of Birth:** \_\_\_\_mo./\_\_\_\_day/\_\_\_\_yr.

**The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.**

X \_\_\_\_\_

Signature of Health Care Provider completing the risk assessment and/or examination

**Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):**