



Employment Data Sheet – Temporary Short-Term/Substitute Classified

Employee ID #: _____

Department/Division Use Only

Requisition #: _____ Employment Start Date: _____
 Position Code: _____ Employment End Date: _____
 Position Title: _____ Hourly Rate: _____
 Department/Division: _____
 Location: _____
 Supervisor: _____
 Account Code: _____ Percent: _____
 _____ Percent: _____
 _____ Percent: _____

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Home Address (if different): _____
Street City State Zip

Home Phone #: _____ Cell Phone #: _____

How would you prefer to receive your paycheck? Pick up in Payroll Direct Deposit Mail to Mailing Address Listed Above

Emergency Notification

Name: _____ Address: _____

Relationship: _____ Phone #: _____

Are you currently an active member of:

- PERS (Public Employees Retirement System): Full-time Part-time/Member not Employed Retired PERS No
 STRS (State Teachers Retirement System): Full-time Part-time/ Member not Employed Retired STRS No

Do you have any relative(s) employed by the District? Yes No

If yes, name(s) and relationship(s): _____

Have you had a conviction for an offense other than traffic violations? Yes No

If yes, has it been cleared by the Director of Human Resources? Yes No

(Clearance is required prior to beginning employment. Failure to obtain clearance may be cause for dismissal.)

I declare that the information I have given is true and complete.

Employee Signature: _____ Date: _____

Authorized signature for the Redwoods Community College District

Human Resources Signature: _____ Date: _____



Classified Employment Application

Human Resources Office 7351 Tompkins Hill Rd., Eureka, CA 95501-9300; (707) 476-4140; Fax (707) 476-4421

Date _____

Name _____
Last First Middle

Address _____ Phone _____
Street and PO Box City State Zip

Email address _____ Title of position applying _____

Are you related to a District employee? Yes No

Name _____ Relationship _____ Department _____

Are you able to perform all functions of the job for which you are applying? Yes No

School or Institution	Name and Location	# of Years Completed	Did you Graduate?	Course of Study	Degree/Certificate
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Junior College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business, Trade, or Service Schools			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment History

Employer _____ Department _____ Address _____ _____ Supervisor _____ Supervisor Title _____ Phone _____	Job Title _____ Job Duties _____	Employed From _____ To _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per Week _____	Reason for Leaving _____
Employer _____ Department _____ Address _____ _____ Supervisor _____ Supervisor Title _____ Phone _____	Job Title _____ Job Duties _____	Employed From _____ To _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per Week _____	Reason for Leaving _____
Employer _____ Department _____ Address _____ _____ Supervisor _____ Supervisor Title _____ Phone _____	Job Title _____ Job Duties _____	Employed From _____ To _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours per Week _____	Reason for Leaving _____

If currently employed, may we contact your present employer? Yes No

I agree to conform to district regulations concerning Tuberculin clearance, fingerprinting, and signing Drug-Free Workplace and Oath of Allegiance policy.

■ **Note:** The Immigration Reform Act of 1986 requires verification of the right to work in the United States as a condition of hire.

I declare that the information in this application is true and complete to the best of my knowledge and I authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application. I understand that I will be subject to dismissal if any statement in this application is found to be untrue.

Signature

Date



Demographic Information, Drug-Free Workplace, and Oath of Allegiance

Name: _____

Demographic Information

Due to regulations set forth by the Federal Equal Employment Opportunity Commission and the California Community College Chancellor's Office, the Redwoods Community College District and all other institutions of higher learning are required to keep records on the ethnic status and gender of all applicants. This request for information has nothing to do with conditions of employment.

Ethnic Background (check all that apply):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Guamanian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian (not noted above) | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> White Non-Hispanic |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> American Indian/Alaskan Native | |

Gender: Male Female Nonbinary

US Citizen: Yes No

Veteran: Yes No

Disability*: Yes No

*Disability definition: a condition which substantially restricts one or more life activities and has a record of such impairment, and is regarded by others as having such impairment

Drug-Free Workplace

The Federal Office of Management and Budget has passed regulations that community colleges and other agencies must comply with in order to receive federal grants. This certification is required by the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F.

Board of Trustees Policy 3550 was developed in accordance with the requirements of this act. All employees are being given a copy of the policy (on the reverse side) and agree to abide by its terms.

In compliance with the Drug Free Workplace Act of 1988, the College, as a recipient of federal funds, must certify that each employee is aware of our Drug-Free Workplace Policy 3550, and agree to abide by its terms.

Employee Signature: _____ Date: _____

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

I, _____, so solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California: that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Employee Signature: _____ Date: _____

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

Signature of Authorized Official: _____ Date: _____

Drug-Free Environment and Drug Prevention Program

The District shall be free from all illegal drugs and from the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees. Administrative Procedure 3560 permits the lawful possession, use or distribution of alcohol under specific, limited circumstances.

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in all facilities under the control and use of the District.

Any student or employee who violates this policy may be subject to disciplinary action (consistent with local, state, and federal law), which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion or dismissal.

The President/Superintendent shall ensure that the District distributes annually to each student and employee, in accordance with Administrative Procedure 3550, the information required by the Drug-Free Schools and Communities Act and Code of Federal Regulations, Title 34, Part 86.

Drug-Free Workplace

The District is committed to maintaining a drug-free workplace in accordance with the requirements of the U.S. Drug-Free Workplace Act of 1988.

The District certifies that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Making it a requirement that each employee be given a copy of the statement required by paragraph 1;
3. Notifying the employee that the employee will:
 - Abide by the terms of the statement;
 - Notify the District of any convictions of drug violations within five days;
4. Establishing a drug-free awareness program to inform employees about:
 - The dangers of drug abuse in the workplace;
 - The District's policy of maintaining a drug-free workplace;
 - Drug counseling, rehabilitation, and employee assistance program; and
 - The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
5. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4 and 5.

Adopted by Board of Trustees: August 7, 1989

Amended: February 3, 2015



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
<p>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.</p>		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
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name College of the Redwoods		Employer's Business or Organization Address, City or Town, State, ZIP Code 7351 Tompkins Hill Road, Eureka, CA 95501	

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



California Public Employees' Retirement System
P.O. Box 942709 Sacramento, CA 94229-2709
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-4166
www.calpers.ca.gov

Employer Account Management Division

Dear Member,

The California Public Employees' Retirement System (CalPERS) requires all members hired after January 1, 2013 complete the **Reciprocal Self-Certification Form (PERS-EAMD-801)** to provide essential information that will be used by your employer to enroll you in CalPERS membership.

This form obtains information regarding your membership in other qualifying public retirement systems and *must be returned to your employer within 10 business days of receipt*. Use the instructions provided on the back of the form and reference the List of Qualifying Public Retirement Systems for assistance. Information regarding your membership in a defined benefit plan for any of the listed qualifying public retirement system must be provided. **However, information related to CalPERS membership should not be included when completing this form, as this data is already stored in the CalPERS system.**

It is your responsibility to ensure the accuracy and completeness of the information you provide. Inaccurate information may result in adjustments to your account which could lead to adverse impacts such as incurring financial obligations that you and your employer will be responsible to fulfill.

For more information regarding the **Reciprocal Self-Certification Form**, please visit our website at www.calpers.ca.gov.

Please note: The completion of the **Reciprocal Self-Certification Form** does not establish [reciprocity](#), nor is it a request to establish reciprocity. To request that reciprocity be established, download the **When You Change Retirement Systems (PUB 16)** publication to obtain the **Confirmation of Intent to Establish Reciprocity When Changing Retirement Systems (PERS-CASD-255)** form. This publication is available at www.calpers.ca.gov.

Sincerely,

Membership Services

Enclosures: List of Qualifying Public Retirement Systems in California, **Reciprocal Self-Certification Form**, and Directions for Completing Reciprocal Self-Certification Form

List of Qualifying Public Retirement Systems in California

Name of Public Retirement System	Qualifications:
Alameda County Employees' Retirement Association [^]	
City and County of San Francisco Employees' Retirement System*	
City of Concord Retirement System*	
City of Costa Mesa Public Retirement System*	Safety only
City of Fresno Retirement System	
City of Pasadena Fire and Police Retirement System	Fire and police only
City of San Clemente*	Non-safety (miscellaneous) only
Contra Costa County Employees' Retirement Association [^]	
Contra Costa Water District	
East Bay Municipal Utility District	
East Bay Regional Park District	Safety only
Fresno County Employees' Retirement Association [^]	
Imperial County Employees' Retirement Association [^]	
Judges Retirement System II	
Kern County Employees' Retirement System [^]	
Legislators' Retirement System	
Los Angeles City Employees' Retirement System	Non-safety (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 [^]	
Los Angeles County Metropolitan Transportation Authority	Non-contract Employees' Retirement Income Plan, formerly Southern California Rapid Transit District
Marin County Employees' Retirement Association [^]	
Mendocino County Employees' Retirement Association [^]	
Merced County Employees' Retirement Association [^]	
Oakland Municipal Employees' Retirement System (City of Oakland)	Non-safety (miscellaneous) only
Orange County Employees' Retirement System [^]	
Sacramento City Employees' Retirement System*	
Sacramento County Employees' Retirement System [^]	Defined benefit plan only; cash balance plans not eligible
San Bernardino County Retirement Association [^]	
San Diego City Employees' Retirement System	Defined benefit plan only; cash balance plans not eligible
San Diego County Employees' Retirement Association [^]	
San Joaquin County Employees' Retirement Association [^]	
San Jose Federated City Employees' Retirement System	
San Luis Obispo County Pension Trust	
San Mateo County Employees' Retirement Association [^]	
Santa Barbara County Employees' Retirement System [^]	
Sonoma County Employees' Retirement Association [^]	
Stanislaus County Employees' Retirement Association [^]	
State Teachers' Retirement System	Defined benefit plan only; cash balance plans not eligible
Tulare County Employees' Retirement Association [^]	
University of California Retirement Program	Defined benefit plan only; cash balance plans not eligible
Ventura County Employees' Retirement Association [^]	
*= ^{Also CalPERS-covered agency}	[^] =1937 Act Counties



Reciprocal Self-Certification Form

*Complete the following information and return this form to your personnel office **within 10 business days**. To ensure this form is completed correctly, please reference the enclosed List of Qualifying Public Retirement Systems and instructions.*

Section 1. Member Information	
Member Name: (Last)	(First)
Date of Birth:	CalPERS ID:
<div style="background-color: #ffffcc; padding: 2px;">Membership Status in Qualifying Public Retirement Systems:</div> <input type="checkbox"/> I have not been a member of a qualifying public retirement system in California. (skip to section 3) <input type="checkbox"/> I have membership in a defined benefit plan under a qualifying public retirement system in California other than CalPERS. <small>(complete section 2 with membership information for each qualifying public retirement system)</small>	

Section 2. Qualifying Reciprocal Membership Information			
Name of Most Recent Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /
Name of Prior Public Retirement System:	Membership Date: / /	Separation Date*: / /	<input type="checkbox"/> Retired* or <input type="checkbox"/> Refunded* Date: / /

**Please provide dates, if applicable. Not all sections may be applicable for each Public Retirement System.*

Section 3. Sign and Certify
<p>I understand that by accepting employment in a qualified public retirement system, I am subject to the applicable laws and regulations of that system. I also understand that completing this form is not a request to establish reciprocity.</p> <p>I hereby certify that the foregoing information has been verified with the qualifying public 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 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.</p>
<div style="display: flex; justify-content: space-between;"> Member Signature: <i>Date:</i> </div>

Section 4. To Be Completed by Employer Only	
Name of CalPERS Agency:	
CalPERS Business Partner ID:	Member's Enrollment Eligibility Date:
Designee of Employer: (print name)	Designees' Title:
<i>Designee Signature:</i>	<i>Date:</i>
The employer must retain this form in the member's file for auditing purposes.	
<i>For more direction regarding how to process the Reciprocal Self-Certification Form, please refer to our employer reference guides.</i>	

Instructions for Completing the Reciprocal Self-Certification Form

<p>Section 1. Member Information</p>	<ul style="list-style-type: none"> • Complete the required fields with your name, date of birth, and CalPERS ID. • Check one of the appropriate boxes to indicate if you have had membership in a defined benefit plan in one of the qualifying public retirement systems named on the enclosed list. <ul style="list-style-type: none"> – If you have not been a member of any of the qualifying public retirement systems, mark the first box and skip to section 3. – If you have membership in a defined benefit plan of any of the qualifying public retirement systems on the enclosed list, mark the second box and continue to section 2. – This form is to obtain information regarding your membership in <u>other</u> qualifying public retirement systems; do not include CalPERS membership on this form.
<p>Section 2. Qualifying Reciprocal Membership Information</p>	<ul style="list-style-type: none"> • In the first column, titled “Name of Public Retirement System,” list the name of any qualifying public retirement systems you are a member of a defined benefit plan. <ul style="list-style-type: none"> – If you are a member of multiple qualifying public retirement systems, please provide the name of each system beginning with the most recent in descending order. – Please reference the enclosed List of Qualifying Public Retirement Systems in California. Only systems named on this list should be provided on the Reciprocal Self-Certification Form. • In the second column, titled “Membership Date,” list your membership date in the qualifying public retirement system. <ul style="list-style-type: none"> – You must provide a full date, including month, date, and year, which corresponds to each qualifying public retirement system listed. – If you are unsure of your membership date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the third column, titled “Separation Date,” list your separation date from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not separated from the qualifying public retirement system, leave this field blank. – If you have separated from the qualifying public retirement system, you must provide a full date including month, date, and year. – If you are unsure of your separation date, please contact the qualifying public retirement system to confirm information prior to completing the form. • In the fourth column, titled “Retired or Refunded,” indicate if you have retired or refunded from the qualifying public retirement system. <ul style="list-style-type: none"> – This section may not be applicable for all qualifying public retirement systems. If you have not retired or refunded from the qualifying public retirement system, leave this field blank. – If you have retired or refunded from the qualifying public retirement system, mark the appropriate box and provide a full date including month, date, and year. – Retired: You have separated from the qualifying public retirement system and receive a monthly retirement allowance. – Refunded: You have terminated your membership in the qualifying public retirement system by withdrawing your contributions.
<p>Section 3. Sign and Certify</p>	<ul style="list-style-type: none"> • Please read the statement. Then, sign your name and date the document before returning it to your personnel office.

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 for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply 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 on a mandatory and 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 the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).

403(b) and 457(b) PLAN HIGHLIGHTS

Redwoods Community College District, CA

We are pleased to offer the 403(b) Tax Sheltered Annuity Plan and the 457(b) Deferred Compensation Plan to eligible employees in order to help save for retirement. This notice provides a brief explanation of the provisions, policies, and rules that govern the 403(b) and 457(b) Plans offered. Plan administration services for the 403(b) and 457(b) Plans are provided by Envoy Plan Services, Inc. (Envoy). Visit the Envoy website (www.envoyplanservices.com) for information about enrollment in the Plan, investment product providers available, distributions, exchanges or transfers, loans, and rollovers.

Employees may make voluntary elective deferrals to the 403(b) and/or 457(b) Plans. Participants are fully vested in their voluntary contributions and earnings at all times. The IRS imposes a limit on the amount a participant may contribute each year. See the chart below for the maximum contribution limits.

Year	403(b) TSA	457(b) DCP	Total
2021 Basic Limit	\$19,500.00	\$19,500.00	\$39,000.00
*Age 50+ Catch-up	\$6,500.00	\$6,500.00	\$13,000.00
Total	\$26,000.00	\$26,000.00	\$52,000.00

*Participants who are age 50 or older any time during the year qualify to make an additional contribution to their 403(b) and/or 457(b) accounts.

There are both pre-tax and post-tax retirement savings programs available to you.

PRE-TAX 403(b) and 457(b): Traditionally employees have supplemented their retirement savings by choosing to make their salary deferral contributions in the Plans on a pre-tax basis. A primary benefit of saving pre-tax is that it allows you to receive a tax deduction in the year of the salary deferral and all earnings on your account balances are also tax deferred. You are then able to defer all income taxes until you withdraw money from your account.

POST-TAX 403(b): Known as Roth 403(b), the IRS permits your salary deferral contributions to be deducted from your paycheck on a post-tax basis, so you are paying the income taxes today on your contributions. The earnings on your account balance are tax deferred and when you retire you never pay income tax on any of the income distributions you receive (subject to IRS requirements).

Please note that if you also make contributions, or have contributions made for you, to a 401(a) or 401(k) plan, you are limited by the overall 415(c)(1)(A) limit for all plans including 403(b), 401(a), and 401(k). If you are a participant in another retirement plan (excluding your State Retirement Program), please advise Envoy Plan Services, Inc.

Eligibility and Entry Date: Most employees are eligible to participate in the 403(b) and 457(b) Plans immediately upon employment; however, private contractors, appointed/elected trustees, and/or school board members and student workers may not be eligible to participate. Eligible employees can participate and enroll in either or both Plans upon employment or at any time after. **Note:** If you have a 403(b) or 457(b) account with a previous employer, you must establish a new account to enroll in these Plans. Your salary deferral contribution into this Plan cannot be invested in the 403(b) or 457(b) Plan of a previous employer.

Getting Started:

- Logon to www.envoyplanservices.com
- Click onto Client Center; then Click onto your State, County, and Employer.
- You are now on your Employer's home page on the Envoy website.
 - **403(b) and 457(b) Plan Providers and Forms** – A complete list of Approved Providers and forms currently available in the Plan are listed on the Employer's home page.

Step 1: Enrolling with a 403(b) and 457(b) Provider

- Locate the provider of your choice from the list on your Employer's home page. (Contact information is listed for each approved provider.)
- Contact the provider directly to request enrollment forms and instructions and work directly with the provider to complete their enrollment process. (**Envoy Plan Services will not accept Provider enrollment forms.**)



Step 2: Establish Salary Reduction Agreement (SRA)

After you have established your 403(b) and/or 457(b) account, you will need to submit a completed SRA to Envoy in order to begin your payroll deduction contributions.

Online: To submit an online SRA, go to Envoy's website at www.envoyplanservices.com, and click on the Online SRA button at the top right of the page. This user-friendly system will guide you through the process of submitting a new Salary Reduction Agreement or amending an existing Salary Reduction Agreement.

Paper: See the Getting Started section above for instructions to obtain a paper SRA form.

Plan Distributions: Withdrawals from the Plan(s) are considered Distributions from the Plan(s). Distribution transactions may include any of the following dependent on the Employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals, or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and Envoy as required.

All completed forms should be submitted to Envoy for processing.

LOANS: Participants may be eligible to borrow from their 403(b) and/or 457(b) Plan accumulations dependent on the provisions of the account contract with the investment provider and the Employer's Plan Documents. If loans are available, they are generally granted for a term of five years or less. Loans taken to purchase a principal residence can extend the term of the loan beyond five years dependent on the provisions of the account contract and the Plan Documents. Participants must repay their loans through monthly payments. Prior to taking a loan, participants should consult a tax advisor.

TRANSFERS: A Plan to Plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous Employer's Plan with an authorized investment provider under the new Employer's Plan.

ROLLOVERS: Participants may move funds from one qualified Plan account, i.e. 403(b) account, 457(b) account, 401(k) account, or an IRA, to another qualified Plan account at age 59 ½ or when separated from service. Rollovers do not create a taxable event.

EXCHANGES: Within each Plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the Plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to the exchange. Exchanges can only be made from one 403(b) Provider to another 403(b) Provider or from one 457(b) Provider to another 457(b) Provider of the same Employer's Plan.

HARDSHIP WITHDRAWALS: Participants may be eligible to take a Hardship Withdrawal from their 403(b) account in the event of an immediate and heavy financial need. The eligibility requirements to receive a Hardship Withdrawal are provided on the Hardship Withdrawal Disclosure form at www.envoyplanservices.com.

UNFORESEEN EMERGENCY: Participants may be able to take a withdrawal from their 457(b) account in the event of an Unforeseen Financial Emergency. The eligibility requirements to receive an Unforeseen Financial Emergency withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at www.envoyplanservices.com.

Instructions for Submission of Distributions/Transactions: To submit a distribution request to Envoy for approval, follow the steps below:

Online: Go to Envoy's website at www.envoyplanservices.com, and click on the Online Distribution button. This user-friendly system will guide you through a series of questions designed to help you obtain immediate approval certification. If your request is not eligible for immediate approval, the system will guide you through the process of submitting your distribution documents for further review.

Paper: Contact your provider, and request their specific paperwork. Go to Envoy's website, and obtain the Transaction Information Form available on the Employer's home page. Complete and mail all of the paperwork to Envoy at the address below, or you can fax the paperwork toll-free to 877-513-2272.

EMPLOYEE INFORMATION STATEMENT: Participants in a 403(b) and/or 457(b) Plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The Plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

Envoy's services are provided in conjunction with TSA Consulting Group (TSACG).



Transactions
P.O. Box 4037
Fort Walton Beach, FL 32549
Toll-free: 1-800-248-8858
Toll-free fax: 1-877-513-2272
Email: info@envoyplanservices.com
Website: www.envoyplanservices.com

Overnight Deliveries
73 Eglin Parkway NE, Suite 202
Fort Walton Beach, FL 32548
Toll-free: 1-800-248-8858
Toll-free fax: 1-877-513-2272
Email: info@envoyplanservices.com
Website: www.envoyplanservices.com

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.**

2024

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

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

**Step 2:
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 most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

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

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

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

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

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

Name: _____ Employee ID #: _____

Direct deposit is available (at no cost) to all permanent staff and Associate Faculty.

Funds will be deposited into your account(s) automatically every payday.

A record of earnings (Pay Advice) will be posted to your WebAdvisor account under the Employees tab.

Net pay may be deposited into one or two accounts.

If you have any questions, contact the Payroll Office at 707-476-4129.

Account 1: Net Check or Specify amount \$: _____
(remaining amount will be deposited in Account 2.)

Attach a "VOID", pre-printed check
OR
documentation from your banking institution with your name, routing number, and account number.
(Deposit slips are not accepted.)

Account 2: If depositing into two accounts, the remainder will be deposited into this account.

Attach a "VOID", pre-printed check
OR
documentation from the banking institution with your name, routing number, and account number.
(Deposit slips are not accepted.)

- I am an employee of the Redwoods Community College District (herein after referred to as the College). I authorize the College and the financial institution shown on the attached check(s)/letter(s) to deposit my monthly net pay into my account(s) as shown. I shall hold harmless and indemnify the College, its officers and employees from any claim or demand of whatever nature including those based upon negligence of the officers and employees, brought by any person, including any banking institution, against the College in its capacity concerning the payroll check disposition provided by the College.
- I understand it is my responsibility to ensure that my net check has been properly credited to my account(s) before issuing checks against these accounts. If funds to which I am not entitled are deposited, I hereby authorize the College either to direct the financial institution to return such funds or to request a stop payment of the direct deposit and to issue a check for the correct amount. Direct deposit fund transfers takes effect one month following receipt of this completed authorization agreement after a successful prenote test has occurred through the banking system. This completed request is for the monthly disposition of my paycheck from the effective date specified until I have signed the cancellation section below. (Note: Associate Faculty deposits will be cancelled after two semesters with no contract activity.)

Employee Signature: _____ Date: _____

Cancellation: I hereby request that direct deposits to the account number(s) above be discontinued effective on the next payroll after receipt of this request by the College Payroll Office.

Employee Signature: _____ Date: _____