


**RIVERSIDE CITY COLLEGE
STUDENT EMPLOYMENT
HIRE PAPERWORK CHECKLIST**

NEW HIRE DOCUMENTS

Required FORMS

1. Employment Action Request
 2. Employee Information Form
 3. IRS Form W-4
 4. EDD form DE-4
 5. DHS form I-9
 6. Sick Leave Acknowledgement Form
 7. Direct Deposit Form and Bank Attachment (Optional but recommended)
- 

Due to Covid-19 we are temporarily accepting scanned copies of these forms. Employees will need to complete (prefer typed but may complete in ink and must be submitted without mistakes or White-Out), print, sign and scan the forms along with the other forms with approval by the department/site manager for processing. This procedure is in effect until further notice.

Additional Required Documents

1. Unexpired Government Issued Picture ID or RCC Student ID (per the list on the I-9)
 - a. Eligible non-citizens may have to provide an employment authorization card depending on their status.
2. SIGNED social security card

International Students

1. Must provide these documents.
 - a. Unexpired foreign passport (satisfies picture ID)
 - b. Form I-20
 - c. Form I-94
 - d. Social Security Card once received via mail to their home (see process below)
2. Once the hire paperwork is received by the Student Employment Office and verified that all documents have been submitted and completed correctly a letter will be issued to the student to submit to the International Student Center to obtain an additional letter. Both letters along with the Passport, I-20 and I-94 should be taken to the Social Security Administration Office to apply for the social security card.
3. When the student receives their social security card via US mail they are to SIGN the card and submit it to the Student Employment Office in order to complete the hiring process.

REHIRE DOCUMENTS

Required Forms

1. Employment Action Request
2. Employee Information Form
3. Sick Leave Acknowledgement Form

ADD or TRANSFER a Budget, Position or Department

Required Forms

1. Employment Action Request

FEDERAL WORK STUDY PROGRAM DEFINITIONS

Below are the definitions of the 8 types of programs funded through Federal Work Study

- **On-Campus FWS:** Any Federal Work Study employment on-campus or at one of our satellite locations only (Early Childhood Education excluded).
- **Community Service:** Community Service jobs are mostly off-campus positions with the exception of Early Childhood Education, Tutorial Services, the Center for Social Justice and Civil Liberties, and the Disability Resource Center. Nonprofit agencies can qualify as community service employers if the work performed meets the definition of community services within Title IV regulations.
 - Such fields as health care, child care, literacy training, education (including tutorial services), welfare, social services, transportation, housing and neighborhood improvement, public safety, crime prevention and control, recreation, rural development, community improvement, and emergency preparedness and response;
 - Work in service opportunities or youth corps under AmeriCorps, and service in the agencies, institutions, and activities described later;
 - Support services for students with disabilities (including students with disabilities who are enrolled at the school); and
 - Activities in which an FWS student serves as a mentor for such purposes as tutoring, supporting educational and recreational activities, and counseling, including career counseling.
- **Reading Tutoring:** Reading tutoring for preschool through middle school-age children.
- **Math Tutoring:** Mathematics tutoring for Preschool through middle school-age children.
- **Literacy:** A family literacy program integrates four components. It provides literacy or pre-literacy education to children, literacy training for parents or other caregivers of children in the program, a means of equipping parents or other caregivers with the skills needed to partner with their children in learning and literacy activities between parents or other caregivers and their children. This definition is consistent with the Even Start and Head Start definitions of Family Literacy programs.
- **Calworks #1:** The CalWORKs Work Study program connects eligible CalWORKs students to entry level employment opportunities related to their course of study. The focus is to link employers to students who can learn initial job skills, maintain long-term employment directed toward career development while continuing their college course work and maintain their GAIN Program (Greater Avenues for Independence) eligibility. ***Calworks #1 is funded 75% by the state Calworks Program and 25% is funded by FWS or department funding.***
- **Calworks #2:** Same definition and funding as #1. Employing Calworks students under the Community Service positions.
- **Calworks #3:** Same definition as #1. The difference is ***Calworks #3 is funded 75% by FWS and 25% by the Calworks Program.***

RCC STUDENT EMPLOYMENT JOB CATEGORIES **(Effective July 1, 2020 - December 31, 2020)**

LEVELS	DESCRIPTION	EXAMPLES OF ASSIGNMENTS	RATES OF PAY
Student Aide I	Performs a variety of unskilled clerical &/or manual duties for a specific work area. Work is performed under close supervision. Work is assigned and student receives detailed instruction. No experience at all is required. Job details are learned from supervisor or classified staff members	Food Services worker, area attendant, laborer, ticket taker, usher, locker room attendant, general clerk, Copy Room Attendant, mail distributor, Art gallery attendant, file clerk, Lab Aide, Instructional Aide, DSPS Aide, Student Clerk, IMC Aide, Journalism Aide, Circulation Aide, Library Aide, Student Ambassador, Health program Aide, Recital Assistant, Athletic Field Aide, Sports Program Aide, College Police Aides, lifeguard I	\$13.00 to \$13.75 Per hour
Student Aide II	Performs a variety of clerical &/or manual related duties that are usually semi-skilled in nature and may require only limited skill, training or experience. Learns role on the job. Requires basic knowledge of administrative activities and procedures within work area. Exchanges information with co-workers, staff within the District and the community. May require completion of certain courses to qualify.	Classroom Aide, Public Safety Program Aide, Tutor, Museum Aide, Stage Hands, Middle School Liaisons, Outreach Aides, Student Role Players for special programs, Clerical Assistants, College Police Assistants, Lifeguard II	\$14.00 to \$14.75 per hour
Student Aide III	Performs a variety of skilled duties in support of administrative and academic projects. Performs clerical and manual duties that require some specialized skill level. Typically requires some experience related to the assignment or special education in the area of assignment. Requires knowledge of the District/College programs and services	Study Group Leader, Educational Assistant, Sports Program Coordinator, Specialized Tutors, group tutors, Computer Aides, light and sound technicians, Computer Network Assistants, Sports officials, Child program Aides, Automotive Assistants	\$15.00 to \$15.75 per hour
Student Aide IV	Performs a variety of duties requiring advanced knowledge of subject in support of administrative or academic projects or functions. Requires knowledge of how program/work unit function and fit into the District or College programs. Gathers, integrates and interprets information.	Media Center delivery assistants, Special Student Program Assistant (Puente, Ujima), Lab Specialist, Stem Mentors, advanced tutors	\$16.00 to \$16.75 per hour
Student Aide V	Performs a variety of complex duties in support of administrative and academic projects/functions. Requires more extensive experience and subject matter expertise to be successful. May do advanced and complex research for department assigned to. Developing and working with contacts outside of the work unit is common.	Media Center Student Production Assistants, Media Center Student Technicians, Business Associates, Computer Specialist, Project Specialist,	\$17.00 to \$17.75 per hour

RCC STUDENT EMPLOYMENT JOB CATEGORIES (Effective January 1, 2021 – June 30, 2021)

LEVELS	DESCRIPTION	EXAMPLES OF ASSIGNMENTS	RATES OF PAY
Student Aide I	Performs a variety of unskilled clerical &/or manual duties for a specific work area. Work is performed under close supervision. Work is assigned and student receives detailed instruction. No experience at all is required. Job details are learned from supervisor or classified staff members	Food Services worker, area attendant, laborer, ticket taker, usher, locker room attendant, general clerk, Copy Room Attendant, mail distributor, Art gallery attendant, file clerk, Lab Aide, Instructional Aide, DSPS Aide, Student Clerk, IMC Aide, Journalism Aide, Circulation Aide, Library Aide, Student Ambassador, Health program Aide, Recital Assistant, Athletic Field Aide, Sports Program Aide, College Police Aides, lifeguard I	\$14.00 ONLY Per hour
Student Aide II	Performs a variety of clerical &/or manual related duties that are usually semi-skilled in nature and may require only limited skill, training or experience. Learns role on the job. Requires basic knowledge of administrative activities and procedures within work area. Exchanges information with co-workers, staff within the District and the community. May require completion of certain courses to qualify.	Classroom Aide, Public Safety Program Aide, Tutor, Museum Aide, Stage Hands, Middle School Liaisons, Outreach Aides, Student Role Players for special programs, Clerical Assistants, College Police Assistants, Lifeguard II	\$14.00 to \$14.75 per hour
Student Aide III	Performs a variety of skilled duties in support of administrative and academic projects. Performs clerical and manual duties that require some specialized skill level. Typically requires some experience related to the assignment or special education in the area of assignment. Requires knowledge of the District/College programs and services	Study Group Leader, Educational Assistant, Sports Program Coordinator, Specialized Tutors, group tutors, Computer Aides, light and sound technicians, Computer Network Assistants, Sports officials, Child program Aides, Automotive Assistants	\$15.00 to \$15.75 per hour
Student Aide IV	Performs a variety of duties requiring advanced knowledge of subject in support of administrative or academic projects or functions. Requires knowledge of how program/work unit function and fit into the District or College programs. Gathers, integrates and interprets information.	Media Center delivery assistants, Special Student Program Assistant (Puente, Ujima), Lab Specialist, Stem Mentors, advanced tutors	\$16.00 to \$16.75 per hour
Student Aide V	Performs a variety of complex duties in support of administrative and academic projects/functions. Requires more extensive experience and subject matter expertise to be successful. May do advanced and complex research for department assigned to. Developing and working with contacts outside of the work unit is common.	Media Center Student Production Assistants, Media Center Student Technicians, Business Associates, Computer Specialist, Project Specialist,	\$17.00 to \$17.75 per hour

Academic Year

Today's Date

RIVERSIDE CITY COLLEGE
STUDENT EMPLOYMENT
EMPLOYMENT ACTION REQUEST

RESET

Date Received
(Office use only)

Employment Action A

Student ID # _____ Last Name _____ First Name _____ MI _____

Department / Site: _____ Pay Rate: \$ _____

Job Category: _____ Job Title: _____

Program Type: ☐ Department Funding ☐ Federal Work Study ☐ Calworks Work Study
(Check all that apply) ☐ International Student ☐ Educational Assistant
(Department Funding Required) (RCC Academic Senate Award Required)

Funding Source: Department Funding (Educational Assistant budgets will be assigned. You do not need to provide a budget)

Budget #1: _____ Budget #4: _____

Budget #2: _____ Budget #5: _____

Budget #3: _____ Budget #6: _____

Federal Work Study Funding

Program:

☐ On-Campus/RCCD/Satellite Dept: (75%) 12-DZE-1190-0-7091-0304-2331 / (25%) 12-DZE-1190-0-6460-0304-2331

☐ Community Service (ex: Off-Campus Admin, ECE, Tutorial, DRC, Ctr for Soc. Justice)
(75%) 12-DZE-1190-0-7091-0300-2331 / (25%) 12-DZE-1190-0-6460-0300-2331

☐ Calworks Match #1 (CWS/Preferred) (On-Campus/RCCD): (25%) 12-DZE-1190-0-7091-0305-2331

☐ Calworks Match #2 (CWS/Community Service): (25%) 12-DZE-1190-0-7091-0307-2331

☐ Calworks Match #3 (CWS/Alternate) (On-Campus/RCCD): (75%) 12-DZE-1190-0-7091-0306-2331

☐ Reading Tutoring (Off-Campus K-8/ECE): (100%) 12-DZE-1190-0-7091-0301-2331

☐ Math Tutoring (Off-Campus K-8/ECE): (100%) 12-DZE-1190-0-7091-0302-2331

☐ Literacy (Off-Campus K-8/ECE): (100%) 12-DZE-1190-0-7091-0303-2331

Employment Action B

Department (if different): _____

Budget #1: _____ Budget #4: _____

Budget #2: _____ Budget #5: _____

Budget #3: _____ Budget #6: _____

By signing below, I have read, understand and agree to the Employment Action, Terms and Conditions of Employment and the FERPA Confidentiality Agreement. I also understand that non-compliance of the FERPA Agreement and the Terms and Conditions of Employment may result in termination.

Manager - Print Name

Manager - Signature

Date

Employee - Print Name

Employee - Signature

Date

**RESET**

**STUDENT EMPLOYMENT
EMPLOYEE INFORMATION FORM**
(Please print neatly or type)

Academic Year _____

I. Personal Information

1. Student's Name (As written on Social Security Card)

Last: _____ First: _____ Middle: _____

2. Other name(s) used at this school: _____

3. Street Address: _____ City, State, Zip Code: _____
Street Address or P.O. Box

4. SS# : _____ - _____ 5. Telephone Number: (_____) _____ - _____

6. Age: _____ 7. ☐ Male ☐ Female ☐ Other 8. Date of Birth (mm/dd/yyyy): _____ / _____ / _____

9. E-Mail Address: _____

10. **Emergency Contact:** Last Name: _____ First Name: _____
(Mandatory)

Relationship to you: _____ Daytime Phone Number: (_____) _____ - _____

11. I have enrolled or plan to enroll in the following number of units for the following terms: _____ Fall _____ Winter _____ Spring _____ Summer

12. Name of department/hiring site: _____

13. Name of hiring supervisor: _____

II. Please read and initial

_____ I understand I must maintain a minimum half-time enrollment (6.0 units for Fall/Spring, and 3.0 units for Summer and Winter).

_____ I understand I must maintain a minimum 2.0 cumulative GPA.

_____ I understand that if I fall below half-time enrollment and/or my cumulative GPA falls below a 2.0, **I may be dismissed from my position.**

_____ I understand that the hiring department/site or its funding is subject to change.

_____ I understand that I am limited to working no more than 8.0 hour per day, and no more than 20 hours per week.

_____ **I understand that I cannot work until ALL paperwork is completed and processed by the Student Employment Office and written notification has been sent to my supervisor. My supervisor will contact me when my employment can begin. If I work prior to my employment authorization I may not be paid on time.**

III. Sign and Date

I certify that all of the above information is true and accurate to the best of my knowledge.

Employee's Signature: _____ Date: _____

Supervisor and Employee Retain Copy

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, 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

1. Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B). 0

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

Exemption from Withholding

3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption. _____
OR Write "Exempt" here

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here) ☐

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

Employee's Signature _____ Date _____

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

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

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

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax on your wages if

- (i) your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) you are present in California solely to be with your spouse; and
- (iii) you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\) \(PDF, 2.4 MB\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

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

NOTIFICATION: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#), 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](#) and section 19176 of the [Revenue and Taxation Code](#).

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 1 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 \$9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,537 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	8. _____ 0
Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here .	
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	11. _____ 0

Complete Worksheet C

*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 2020.	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 2020 tax rate schedules below.	8. _____
9. Enter personal exemptions (line F of Worksheet A x \$134.20).	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 2020. 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 2020. 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 2020.	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 2020 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	\$8,809	1.100%	\$0	\$0.00
\$8,809	\$20,883	2.200%	\$8,809	\$96.90
\$20,883	\$32,960	4.400%	\$20,883	\$362.53
\$32,960	\$45,753	6.600%	\$32,960	\$893.92
\$45,753	\$57,824	8.800%	\$45,753	\$1,738.26
\$57,824	\$295,373	10.230%	\$57,824	\$2,800.51
\$295,373	\$354,445	11.330%	\$295,373	\$27,101.77
\$354,445	\$590,742	12.430%	\$354,445	\$33,794.63
\$590,742	\$1,000,000	13.530%	\$590,742	\$63,166.35
\$1,000,000	and over	14.630%	\$1,000,000	\$118,538.96

MARRIED PERSONS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$17,618	1.100%	\$0	\$0.00
\$17,618	\$41,766	2.200%	\$17,618	\$193.80
\$41,766	\$65,920	4.400%	\$41,766	\$725.06
\$65,920	\$91,506	6.600%	\$65,920	\$1,787.84
\$91,506	\$115,648	8.800%	\$91,506	\$3,476.52
\$115,648	\$590,746	10.230%	\$115,648	\$5,601.02
\$590,746	\$708,890	11.330%	\$590,746	\$54,203.55
\$708,890	\$1,000,000	12.430%	\$708,890	\$67,589.27
\$1,000,000	\$1,181,484	13.530%	\$1,000,000	\$103,774.24
\$1,181,484	and over	14.630%	\$1,181,484	\$128,329.03

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...		PLUS
\$0	\$17,629	1.100%	\$0	\$0.00
\$17,629	\$41,768	2.200%	\$17,629	\$193.92
\$41,768	\$53,843	4.400%	\$41,768	\$724.98
\$53,843	\$66,636	6.600%	\$53,843	\$1,256.28
\$66,636	\$78,710	8.800%	\$66,636	\$2,100.62
\$78,710	\$401,705	10.230%	\$78,710	\$3,163.13
\$401,705	\$482,047	11.330%	\$401,705	\$30,203.32
\$482,047	\$803,410	12.430%	\$482,047	\$57,300.41
\$803,410	\$1,000,000	13.530%	\$803,410	\$85,253.69
\$1,000,000	and over	14.630%	\$1,000,000	\$111,852.32

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

Riverside Community College District

Student Employment

FERPA Agreement

STATEMENT OF UNDERSTANDING OF THE FAMILY EDUCATIONS RIGHTS AND PRIVACY ACT:

I understand that by virtue of my employment through the Riverside Community College District, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates the Riverside Community College District's disclosure of information policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

For more information on FERPA regulations please refer to the RCCD website at <http://www.rccd.edu/Pages/ferpa.aspx>.

RIVERSIDE COMMUNITY COLLEGE DISTRICT
Terms & Conditions for Student Employment

EXPECTATIONS

I understand that as an employee of the Student Employment Office, I represent Riverside Community College District. In such, I also understand that I am expected to act in a professional manner and to serve students and employees to the best of my ability.

Both the supervisor and the student accept the following expectations as a guide to behavior in the workplace:

I agree that students cannot work unsupervised. They must be supervised at all times.

I will serve as a model of what a student employee should be, I will respect all students and employees. I will answer telephone calls promptly and courteously.

I will respect the privacy of all students and to maintain the confidentiality of all records.

I will check in with my assigned area supervisor when I arrive each day and again before I leave each day. I will work in blocks of time no less than 2 hours, unless prior arrangements have been made.

I will work according to my pre-arranged schedule, I will not work outside of the schedule, unless prior arrangements have been made, I will not ask to leave before the end of my scheduled time unless it is an emergency and arrangements are made prior to leaving.

I will call in at least 30 minutes before the beginning of my shift should I not be able to report for work due to illness. I will ask for time off at least two working days in advance. I will not assume that my request has been granted.

I am responsible for submitting my timesheet. If I do not submit it on the due date, I understand that I may not be paid for hours earned until the next pay period.

The student and the supervisor must keep track of the student's hours and submit a completed timesheet to the Student Employment Office. Sick days must be reported on the timesheet and accompany a sick pay form.

I will complete all assignments thoroughly and in a timely manner. I will take pride in all work that I do.

I will dress in a professional and respectable manner in accordance with the Departmental/Site Dress Code. The supervisor must communicate to the student the regulations and policies regarding dress, work habits, job duties, hours, etc. according to the position in which the student is hired.

I will refrain from eating during work hours unless it's during a break.

I will refrain from making and receiving personal telephone call or text messages during work hours.

I will refrain from studying, completing homework assignments and editing/printing schoolwork during work hours.

Once I have completed all assigned tasks, I will ask for additional assignments. If an additional assignment is not available, I understand that I will be expected to assist in other areas.

I understand that all computer use must be work related. I will not check personal e-mail accounts during work hours, nor will I surf the Internet.

The student is responsible for notifying the Admissions & Student Employment Offices of any changes in name, address, phone number.

RIVERSIDE COMMUNITY COLLEGE DISTRICT
Terms & Conditions for Student Employment

ELIGIBILITY

The student and the supervisor understand that the student cannot exceed 20 hours per week or 8 hours per. If a student works in more than one position on-campus, the combined hours cannot exceed 20 hours in a week or 8 hours per day. Doing so may jeopardize their position with Student Employment.

Students should NOT be working the holidays UNLESS they are working a special event. Holidays are paid at time and one-half which depletes their balance of hours at an accelerated rate. For example: working 4 hours on a holiday translates to 6 hours.

If the student is dismissed by the supervisor or if the student voluntarily resigns, a Warning/Dismissal Form must be signed by and forwarded by the supervisor to the Student Employment Office immediately.

Prior to dismissal, the student should be granted 2 warnings UNLESS extenuating circumstances apply or funding is exhausted.

If a student is involuntary dismissed from an off-campus position, they may not return to another off-campus position.

All students must maintain half-time enrollment (MINIMUM 6.0 UNITS FALL & SPRING, MINIMUM 3.0 UNITS FOR SUMMER & WINTER). Student employment is limited to a total of 16 semester/4years.

All students employed must maintain a cumulative 2.0 G.P.A. or higher to continue working each semester and FWS recipients must also meet financial aid Satisfactory Academic Progress (SAP) requirements. Students not meeting these requirements may be placed on a "Warning Period" or may be dismissed from their position.

If the requirements for the "Warning Period" are not met, the student will be determined ineligible and dismissed from their position. During the ineligible semester, students must enroll in at least 6 units and earn a cumulative 2.0 G.P.A. for future employment through the Student Employment Department for the Riverside Community College District.

DISCLAIMER

The student and the supervisor understand that the student MUST submit all completed necessary Student Employment hire documents BEFORE a hire date will be issued. All documents need to be completed correctly. FAILURE TO SUBMIT CORRECT AND COMPLETE DOCUMENTS, WILL RESULT IN PROCESSING DELAYS OF THE STUDENT'S FILE.

It is recommended students keep a copy of these terms for reference.

STUDENTS MAY NOT BEGIN WORKING UNTIL A HIRE DATE HAS BEEN ISSUED IN WRITING TO THE SUPERVISOR.

EMPLOYEE (AB 1522) SICK LEAVE ACKNOWLEDGEMENT **FORM**

In addition to illness, employees may use accrued sick leave under the following circumstances: diagnosis, care, treatment of existing health condition or preventative care for the student or a family member*; or when the employee is a victim of domestic violence, sexual assault or stalking. All requests will be in writing. However, in an emergency situation, the employee is expected to contact the supervisor by phone, text or email to make the request.

Whenever possible, the employee shall provide advance notification to the supervisor at least three

(3) working days prior to the intended absence. Notification may be in person, by phone, text or email. If the need for the use of sick leave is unforeseeable, the employee shall provide notice to the supervisor as soon as practicable.

I have read and understand the above.

Employee Signature

Employee Name: _____
Print Name

Date: _____

*Family member is defined as a child (biological, adopted, foster, step, legal ward; biological, adoptive or foster parent, stepparent, or legal guardian of the individual or individual's spouse or registered domestic partner; spouse; registered domestic partner; grandparent; grandchild; sibling.

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- 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.

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 widow(er) <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, when to use the estimator at www.irs.gov/W4App, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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 Her	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 Riverside City College 4800 Magnolia Avenue Riverside, CA 92506	First date of employment	Employer identification number (EIN) 956000929

General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 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, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

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

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

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

- 1 Enter an estimate of your 2021 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 10% of your income **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 possessions 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.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047

Expires 10/31/2022

Married Filing Jointly or Qualifying Widow(er)

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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270

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\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

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► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section I. Employee Information and Attestation (Employees must complete and sign Section I 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 ?	Other Last Names Used (if any) ?	
Address (Street Number and Name) ?		Apt. Number ?	City or Town ?		State ?	ZIP Code ?
Date of Birth (mm/dd/yyyy) ?	U.S. Social Security Number ? [][]-[][]-[][][][]		Employee's E-mail Address ?		Employee's Telephone Number ?	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<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 ? (Alien Registration Number/USCIS Number):
<input type="checkbox"/>	4. An alien authorized to work ? until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: ? 2. Form I-94 Admission Number: ? 3. Foreign Passport Number: ? Country of Issuance: ?

QR Code - Section 1 Do Not Write In This Space

Signature of Employee ?	Today's Date (mm/dd/yyyy) ?
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Preparer and/or Translator Certification (check one): ?

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section I.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section I.)

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

Signature of Preparer or Translator ?		Today's Date (mm/dd/yyyy) ?	
Last Name (Family Name) ?		First Name (Given Name) ?	
Address (Street Number and Name) ?		City or Town ?	State ? ZIP Code ?

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Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents.")

Employee Info from Section 1 ?	Last Name (Family Name) ?	First Name (Given Name) ?	M.I. ?	Citizenship/Immigration Status ?
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title ?		Document Title ?		Document Title ?
Issuing Authority ?		Issuing Authority ?		Issuing Authority ?
Document Number ?		Document Number ?		Document Number ?
Expiration Date (if any) (mm/dd/yyyy) ?		Expiration Date (if any) (mm/dd/yyyy) ?		Expiration Date (if any) (mm/dd/yyyy) ?
Document Title ?		<div>Additional Information ?</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority ?				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				
Document Title ?				
Issuing Authority ?				
Document Number ?				
Expiration Date (if any) (mm/dd/yyyy) ?				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): ? (See instructions for exemptions)

Signature of Employer or Authorized Representative ?	Today's Date (mm/dd/yyyy) ?	Title of Employer or Authorized Representative ? Student Employ Personnel Specialist		
Last Name of Employer or Authorized Representative Yates	First Name of Employer or Authorized Representative Heather	Employer's Business or Organization Name ? Riverside City College		
Employer's Business or Organization Address (Street Number and Name) ? 4800 Magnolia Avenue		City or Town ? Riverside	State ? CA	ZIP Code ? 92506

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Section 2 completion in progress.

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Employee Name from Section 1:	Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?
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Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) ?			B. Date of Rehire (if applicable) ?
Last Name (Family Name) ?	First Name (Given Name) ?	Middle Initial ?	Date (mm/dd/yyyy) ?

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title ?	Document Number ?	Expiration Date (if any) (mm/dd/yyyy) ?
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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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative ?	Today's Date (mm/dd/yyyy) ?	Name of Employer or Authorized Representative ?
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LIST OF ACCEPTABLE DOCUMENTS

~~All documents must be UNEXPIRED~~

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

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
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, eyecolor, 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 WITHINS AUTHORIZATION (3) VALID FOR WORK ONLY WITHDHS 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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 alien's nonimmigrant status 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
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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				

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

Refer to the instructions for more information about acceptable receipts.