

**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)

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 in addition to all new hire documents listed above.
  - 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)
  - e. IRS Form W-4 Exception - Must claim \$33.10 on line 4(c)
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. Instructions will be provided.
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. IRS Form W-4
4. EDD Form DE-4

**ADD or TRANSFER a Budget, Position or Department or Request a Pay Increase**

Required Forms

1. Employment Action Request

**Managers** – Complete the Employee Action Request Form and send the packet through Adobe Sign to the student and CC the Student Employment Office via the email address [Studentemployment@rcc.edu](mailto:Studentemployment@rcc.edu)

**Employees** – Complete and sign the packet through Adobe Sign. Please email a copy of the additional documents to the email address above or bring them to the Student Employment Office located in the Charles A Kane Student Services Building, 1<sup>st</sup> floor. Sign in at the Qless Station and we will call you to the counter.

# RCC STUDENT EMPLOYMENT JOB CATEGORIES (Effective 01/01/2026)

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	\$16.90 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	\$17.00 to \$17.75 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	\$18.00 to \$18.75 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	\$19.00 to \$19.75 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,	\$20.00 to \$20.75 per hour

# Federal Work Study

Students eligible for Federal Work Study may be awarded up to \$6,000 per fiscal year. Riverside City College School Code is 001270

## To be eligible, students are required to:

- Have completed the **Free Application for Federal Student Aid** (FAFSA).
- Have completed their financial aid file and determined eligible.
- Meet the Student Financial Services Satisfactory Academic Progress standard.
- Maintain at least 1/2 time enrollment (min 3 units Summer/Winter and min 6 units for Fall/Spring).
- Maintain a minimum cumulative 2.0 GPA.
- Riverside home college designation

## Types of FWS Programs

- **On-Campus positions**
  - a. On-Campus FWS (ON)
  - b. Community Service (CS)
    - (ECE, DRC)
- **Off-Campus positions**
  - a. America Reads (AMR)
  - b. America Counts (AMC)
  - c. Community service (CS)
  - d. Literacy (LT)

# FEDERAL WORK STUDY PROGRAM DESCRIPTIONS

**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.**

Academic Year

2025-26

2026-27

**RIVERSIDE CITY COLLEGE  
STUDENT EMPLOYMENT  
EMPLOYEE ACTION REQUEST**

RECEIVED DATE  
Office Use Only

Today's Date:

**Employment Action A (New Hire, Rehire, Etc):**

**Student ID #**

Last Name (Name as is on SSN Card)

First Name

MI

**Department/Site:**

**Pay Rate: \$**

**Job Category:**

**Job Title:**

**Employment Program:** (Check all that apply)

**Must match approved Job Request Form**

**Department/Institutional  
Work Study**

**\*International Student?**

Yes

No

**Federal Work Study**

**CalWORKs Work Study**

Referral from CalWORKs  
Office Required

**Educational Assistant**

Academic Senate  
Approval Required

**Funding Source**

**Department Funding:** (Educational Assistant budget will be assigned, no need to provide a budget)

**Budget #1**

**Budget #3**

**Budget #2**

**Budget #4**

**CalWORKs Funding:**

**Federal Work Study Funding:**

**Employment Action B (Use for Transfers Only)**

**Department / Site:**

**Previous  
Pay Rate \$**

**Budget #1**

**Budget #4**

**Budget #2**

**Budget #5**

**Budget #3**

**Budget #6**

Employee Print Name

Employee Signature

Employee Signature Date

Manager Print Name

Manager Signature

Manager Signature Date

# RCC STUDENT EMPLOYMENT EMPLOYEE INFORMATION FORM

## PERSONAL INFORMATION

Student's Name (Name as is on social security card. International students use name as is on current passport):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Alternative name If applicable (choose one and list below):      Other name used in system      Preferred Name  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:      Male      Female      Preferred Gender:      Male      Female      Other

Street Address or P.O. Box: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: (      ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

RCC Email Address: \_\_\_\_\_

Emergency Contact (Mandatory): Last Name \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_ Daytime Phone #: (      ) \_\_\_\_\_

Name of Department or Hiring Site: \_\_\_\_\_

Employer name (person student directly reports to): \_\_\_\_\_

## PLEASE READ AND INITIAL

\_\_\_\_\_ I understand I must maintain a minimum half-time enrollment (6 units for Fall/Spring, 3 units for Summer/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 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 hours in a day.

\_\_\_\_\_ I understand that I am limited to working 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 issued 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.

## 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: \_\_\_\_\_

# 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.

# 2026

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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.)		

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

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

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://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](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

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

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	3(a)	\$	
	(b) Multiply the number of other dependents by \$500 . . . . .	3(b)	\$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	<b>3</b>	\$	

<b>Step 4:</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .	4(b)	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
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<b>Step 5:</b> <b>Sign Here</b>	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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

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

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 \$ \_\_\_\_\_

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount 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 (plus any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

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



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

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

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . **1a** \$ \_\_\_\_\_

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . **1b** \$ \_\_\_\_\_

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . **1c** \$ \_\_\_\_\_

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

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

a Enter \$6,000 if you are age 65 or older before the end of the year . . . . . **3a** \$ \_\_\_\_\_

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

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

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

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

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . **6a** \$ \_\_\_\_\_

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . **6b** \$ \_\_\_\_\_

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** \$ \_\_\_\_\_

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . **6d** \$ \_\_\_\_\_

e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** \$ \_\_\_\_\_

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

8 **Limitation on itemized deductions.**

a Enter your total income . . . . . **8a** \$ \_\_\_\_\_

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

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$640,600 if you’re single or head of household } . . . . . **9** \$ \_\_\_\_\_  
 { • \$384,350 if you’re married filing separately }

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

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$24,150 if you’re head of household } . . . . . **11** \$ \_\_\_\_\_  
 { • \$16,100 if you’re single or married filing separately }

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

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

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

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

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

### Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

### Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

### Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



## Employee's Withholding Allowance Certificate

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

<b>Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

- Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - Number of Regular Withholding Allowances (**Worksheet A**) \_\_\_\_\_
  - Number of allowances from the Estimated Deductions (**Worksheet B**) \_\_\_\_\_
  - Total Number of Allowances you are claiming \_\_\_\_\_
- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**) \_\_\_\_\_  
OR

### Exemption from Withholding

- I claim exemption from withholding for 2026, and I certify I meet both conditions for exemption. (Check box here)  
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

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

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number
_____	_____
_____	
_____	

The *Employee's Withholding Allowance Certificate* (DE 4) is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal and state income tax last year, and
- You do not expect to owe any federal and state income tax this year.

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

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

- Your spouse is a member of the armed forces present in California in compliance with military orders;
- You are present in California solely to be with your spouse; and
- You maintain your domicile in another state.

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

The *California Employer's Guide (DE 44)* ([edd.ca.gov/pdf\\_pub\\_ctr/de44.pdf](http://edd.ca.gov/pdf_pub_ctr/de44.pdf)) provides the income tax withholding tables. This publication can be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) ([edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm)). To assist you in calculating your tax liability, visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) ([ftb.ca.gov](http://ftb.ca.gov)).

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

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**Notification:** The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#) ([govt.westlaw.com/calregs/Search/Index](http://govt.westlaw.com/calregs/Search/Index)), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**Penalty:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. Criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the [California Unemployment Insurance Code](#) ([leginfo.legislature.ca.gov/faces/codes.xhtml](http://leginfo.legislature.ca.gov/faces/codes.xhtml)) and section 19176 of the [Revenue and Taxation Code](#) ([leginfo.legislature.ca.gov/faces/codes.xhtml](http://leginfo.legislature.ca.gov/faces/codes.xhtml)).

# Worksheets

## Instructions — 1 — Allowances\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**Two-Earners or Multiple Incomes:** When earnings come from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "Single or Married (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

**Married But Not Living With Your Spouse:** You may check the "Head of Household" marital status box if you meet all of the following:

- (1) Your spouse will not live with you **at any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**Head of Household:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50 percent of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

### Worksheet A

### Regular Withholding Allowances

- |  |           |
|--|-----------|
| (A) Allowance for yourself — enter 1   | (A) _____ |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1             | (B) _____ |
| (C) Allowance for blindness — yourself — enter 1   | (C) _____ |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) _____ |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse                     | (E) _____ |
| (F) Total — add lines (A) through (E) above and enter on line 1a of the DE 4                   | (F) _____ |

## Instructions — 2 — Additional Withholding Allowances (Optional)

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### Worksheet B

### Estimated Deductions

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- |  |            |
|--|------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540   | 1. _____   |
| 2. Enter \$11,412 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,706 if single or married filing separately, dual income married, or married with multiple employers | – 2. _____ |
| 3. Subtract line 2 from line 1, enter difference   | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)  | + 4. _____ |
| 5. Add line 4 to line 3, enter sum   | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)   | – 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);<br>Subtract line 6 from line 5, enter difference  | = 7. _____ |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number<br>enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise <b>stop here</b> .   | 8. _____   |
| 9. If line 6 is greater than line 5;<br>Enter amount from line 6 (nonwage income)  | 9. _____   |
| 10. Enter amount from line 5 (deductions)  | 10. _____  |
| 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.  | 11. _____  |

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

**Worksheet C**

**Additional Tax Withholding and Estimated Tax**

1. Enter estimate of total wages for tax year 2026. 1. \_\_\_\_\_
2. Enter estimate of nonwage income (line 6 of Worksheet B). 2. \_\_\_\_\_
3. Add line 1 and line 2. Enter sum. 3. \_\_\_\_\_
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest). 4. \_\_\_\_\_
5. Enter adjustments to income (line 4 of Worksheet B). 5. \_\_\_\_\_
6. Add line 4 and line 5. Enter sum. 6. \_\_\_\_\_
7. Subtract line 6 from line 3. Enter difference. 7. \_\_\_\_\_
8. Figure your tax liability for the amount on line 7 by using the 2026 tax rate schedules below. 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$168.30). 9. \_\_\_\_\_
10. Subtract line 9 from line 8. Enter difference. 10. \_\_\_\_\_
11. Enter any tax credits. (See FTB Form 540). 11. \_\_\_\_\_
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability. 12. \_\_\_\_\_
13. Calculate the tax withheld and estimated to be withheld during 2026. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2026. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2026. 13. \_\_\_\_\_
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld. 14. \_\_\_\_\_
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4. 15. \_\_\_\_\_

**Note:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

*These Tables Are for Calculating Worksheet C and for 2026 Only*

**Single Persons, Dual Income Married or Married With Multiple Employers**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$11,079	1.100%	\$0	\$0.00
\$11,079	\$26,264	2.200%	\$11,079	\$121.87
\$26,264	\$41,452	4.400%	\$26,264	\$455.94
\$41,452	\$57,542	6.600%	\$41,452	\$1,124.21
\$57,542	\$72,724	8.800%	\$57,542	\$2,186.15
\$72,724	\$371,479	10.230%	\$72,724	\$3,522.17
\$371,479	\$445,771	11.330%	\$371,479	\$34,084.81
\$445,771	\$742,953	12.430%	\$445,771	\$42,502.09
\$742,953	\$1,000,000	13.530%	\$742,953	\$79,441.81
\$1,000,000	and over	14.630%	\$1,000,000	\$114,220.27

**Married Persons**

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

**Unmarried/Head of Household**

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

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit [FTB \(ftb.ca.gov\)](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. More information is in the instructions that came with your last California resident income tax return.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**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><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></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. An alien authorized to work until _____ (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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><b>Additional Information</b></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)					

<p><b>Certification:</b> 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

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

## 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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>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"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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, sex, height, eye color, and address</li> <li>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, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></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"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<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.



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

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

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

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

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

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

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

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

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

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

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



# Supplement B, Reverification and Rehire (formerly Section 3)

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

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

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
----------------	--------------------------	--

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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## EMPLOYEE SICK LEAVE ACKNOWLEDGEMENT FORM (AB 1522)

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.

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# Riverside Community College District

*Student Employment*

## FERPA Agreement

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### **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  
<https://rccd.edu/FERPA.html>**

## Terms & Conditions for Student Employment

**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 Student accept the following expectations as a guide to behavior in the workplace:
- I agree that students cannot work unsupervised. An area supervisor or RCCD employee must be present at all times.

### **Student Employee Expectations:**

- I will respect the privacy of all students and to maintain the confidentiality of all records.
- I will serve as a model of what a student employee should be and will respect all students, faculty, and employees.
- I will complete all assignments thoroughly and in a timely manner. I will take pride in all work that I do.
- I understand that all computer use must be work related. I will not check personal e-mail accounts, social media accounts, or browse the internet during work hours.
- I will answer telephone calls promptly and courteously.
- I will refrain from eating during work hours unless it is during a scheduled break or lunch.
- I will refrain from studying, completing homework assignments and editing/printing schoolwork during work hours.
- **DRESS CODE:** I will dress in a professional and respectable manner in accordance with the Department/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.

### **Student Employee Responsibilities:**

- I will check in with my assigned area supervisor when I arrive each day and again before I leave each day.
- 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 work in blocks of time no less than 2 hours, 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.
- 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.
- The student is responsible for notifying Admissions & Records and the Student Employment Office of any changes in name, address, and phone number.

## Terms & Conditions for Student Employment

### Payroll and Timesheets:

- 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.
- Sick days must be reported on the timesheet with a completed Sick Leave Absence Affidavit.
- The student and the supervisor must keep track of the student's hours and submit a completed timesheet to the Student Employment Office.
- **Students should NOT be working on a Legal Holiday according to RCCD's Academic Calendar, UNLESS the supervisor has approved working for a special event.** (Holidays are paid at time and one-half which depletes the balance of hours at an accelerated rate. For example: working 4 hours on a holiday translates to 6 hours).
- The student and the supervisor understand the student **cannot exceed 20 hours per week or 8 hours per day**. IF a student works in more than one position on-campus, the combined hours cannot exceed 20 hours per week or 8 hours per day. Doing so may jeopardize their position with Student Employment.

### Student Employment Requirements and Dismissal Process:

- All students must maintain half-time enrollment with a minimum of 6.00 units in Fall & Spring and a minimum of 3.00 units in Summer & Winter semesters. **Student Employment is limited to a total of 16 semesters/4 years.**
- All students employed must maintain a cumulative 2.0 G.P.A. or higher to continue working each semester and Federal Work Study (FWS) recipients must also meet Student Financial Services 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 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 6.00 units and earn a cumulative 2.0 G.P.A. for future employment through the Student Employment program for the Riverside Community College District.
- 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 involuntarily dismissed for an off-campus position, they may not return to another off-campus position.

**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 HIRE REQUEST.

 **STUDENTS MAY NOT BEGIN WORKING UNTIL A HIRE DATE HAS BEEN ISSUED IN WRITING TO THE SUPERVISOR BY THE STUDENT EMPLOYMENT OFFICE.**

# Direct Deposit Instructions

## ***Direct Deposit is Recommended***

### Setting up direct deposit for the first time

- ✓ Complete the RCCD Direct Deposit Authorization Form (One account per section only. Provide only the accounts you want your paycheck to go into).
- ✓ Attach a voided check that shows the routing & account number or a direct deposit form from your financial institution. You may use this form as long as it has your bank name, your name, account and routing numbers (*If you have direct deposit through Bank Mobile for your financial aid disbursements, it will not automatically deposit your paycheck. You will need to complete this direct deposit request for your paycheck.*)
- ✓ Don't forget to date and sign the direct deposit authorization form.

### Changing or adding accounts

Employees wanting to add or change accounts must complete a new Direct Deposit form and attach a voided check or a direct deposit form issued by your financial institution showing your name, routing number and account number.

### Check and pay stub distribution

- ✓ Employees that do not request direct deposit will have their checks mailed to the home address on file.
- ✓ Employees that submit direct deposit requests will have their pay electronically deposited into the account requested and the pay stub will be mailed to the home address on file.

The home address on file is what was submitted on your hire paperwork, not what was submitted to Admissions and Records. If you need to change your address, please complete the Name/Address Change Form located on the RCC Student Employment web page <https://rcc.edu/become-a-student/how-to-pay-for-school/student-employment.html>



**RIVERSIDE COMMUNITY COLLEGE DISTRICT  
BUSINESS & FINANCIAL SERVICES  
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

**New** Employee No. \_\_\_\_\_  
 **Change**  
 **Cancellation** Name: \_\_\_\_\_

PAYROLL USE ONLY	
Changes entered:	
Completed by:	

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW:

You may elect to transfer funds to one, two, or three different accounts. Please indicate the amount(s) and account(s) as applicable:

1. Total Net Pay or \$ \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_  
 (attach a voided check or portion of bank statement or letter from bank displaying the account & routing number)

2. Remaining Balance or \$ \_\_\_\_\_  
 Financial Institution: \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_  
 (attach a voided check or portion of bank statement or letter from bank displaying the account & routing number)

3. Remaining Balance  
 Financial Institution: \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_  
 (attach a voided check or portion of bank statement or letter from bank displaying the account & routing number)

I, \_\_\_\_\_ shall hold harmless and indemnify the Riverside Community College District, hereinafter referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account.

The request completed above is for the distribution of my payroll warrant(s) until rescinded in writing.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_