RIVERSIDE CITY COLLEGE
STUDENT EMPLOYMENT
HIRE PAPERWORK CHECKLIST

Manager: Please complete the Employee Action Request and forward the packet to the student for completion.

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)

EMPLOYEES: Complete these forms (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 to the department/site manager . The manager will forward the documents to Student Employment 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, 2021 - December 31, 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 - $14.75 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	$15.00 to $15.75 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	$16.00 to $16.75 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	$17.00 to $17.75 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,	$18.00 to $18.75 per hour

RCC STUDENT EMPLOYMENT JOB CATEGORIES **(Effective January 1, 2022 – June 30, 2022)**

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	$15.00 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	$15.00 to $15.75 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	$16.00 to $16.75 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	$17.00 to $17.75 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,	$18.00 to $18.75 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:
(Check all that apply)

☐ Department Funding ☐ Federal Work Study ☐ Calworks Work Study (Referral by RCC Calworks Office Required)

☐ International Student (Department Funding Required) ☐ Educational Assistant (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

RCC
RIVERSIDE CITY COLLEGE

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. RCC Email: _____

10. Emergency Contact: Last Name _____First Name:_____
(Mandatory)
Relationship to Employee _____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

Employment Development Department
State of California

Clear Form

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 City, State, and ZIP Code	Filing Status ☐ SINGLE or MARRIED (with two or more incomes) ☐ MARRIED (one income) ☐ HEAD OF HOUSEHOLD

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
   - 1a. Number of Regular Withholding Allowances (Worksheet A) 0
   - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) 0
   - 1c. Total Number of Allowances you are claiming 0
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**

OR

Exemption from Withholding

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

OR

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

Under 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

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 withholding on your wages if

(i) your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) you are present in California solely to be with your spouse; and

(iii) you maintain your domicile in another state.

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

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

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

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

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

WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

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

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

TWO-EARNERS/MULTIPLE INCOMES: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

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

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:

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

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

WORKSHEET A — **REGULAR WITHHOLDING ALLOWANCES**

(A)	Allowance for yourself — enter 1	(A)	
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)	
(C)	Allowance for blindness — yourself — enter 1	(C)	
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)	
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)	
(F)	Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F)	0

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B — **ESTIMATED DEDUCTIONS**

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

1.	Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540	1.	
2.	Enter $9,202 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,601 if single or married filing separately, dual income married, or married with multiple employers	– 2.	
3.	Subtract line 2 from line 1, enter difference	= 3.	0
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+ 4.	
5.	Add line 4 to line 3, enter sum	= 5.	0
6.	Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	– 6.	
7.	If line 5 is greater than line 6 (if less, see below [go to line 9]); Subtract line 6 from line 5, enter difference	= 7.	0
8.	Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**.	8.	0
9.	If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)	9.	
10.	Enter amount from line 5 (deductions)	10.	0
11.	Subtract line 10 from line 9, enter difference. Then, complete Worksheet C.	11.	0

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

WORKSHEET C **ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX**

1.	Enter estimate of total wages for tax year 2021.	1.	
2.	Enter estimate of nonwage income (line 6 of Worksheet B).	2.	
3.	Add line 1 and line 2. Enter sum.	3.	0
4.	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4.	
5.	Enter adjustments to income (line 4 of Worksheet B).	5.	
6.	Add line 4 and line 5. Enter sum.	6.	0
7.	Subtract line 6 from line 3. Enter difference.	7.	0
8.	Figure your tax liability for the amount on line 7 by using the 2021 tax rate schedules below.	8.	
9.	Enter personal exemptions (line F of Worksheet A x $136.40).	9.	0
10.	Subtract line 9 from line 8. Enter difference.	10.	0
11.	Enter any tax credits. (See FTB Form 540).	11.	
12.	Subtract line 11 from line 10. Enter difference. This is your total tax liability.	12.	0
13.	Calculate the tax withheld and estimated to be withheld during 2021. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2021. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2021.	13.	
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.	14.	0
15.	Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.	15.	

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2021 ONLY

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS

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

UNMARRIED HEAD OF HOUSEHOLD

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

MARRIED PERSONS

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

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

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. 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.

Student Retain Copy

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 be respect all students and employees. I will answer telephone calls promptly andcourteously.

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.

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.

Direct Deposit Instructions

Direct Deposit is Recommended

Setting up direct deposit for the first time

- ✓ Attach a voided check that shows the routing & account number or a direct deposit form from your financial institution which shows your account and routing numbers. 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 financial aid it will not deposit your paycheck. You will need to complete this form for your paycheck).***

- ✓ Write in the name of the department where you are working (if working with an off campus site not affiliated with the college, list "Student Employment" for the department and your pay stub will be mailed to your home).

- ✓ 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 statement.

Riverside employees may pick up their check at the following location:

- ❖ Riverside City College
  Charles A. Kane Student Services Building –1st floor
  Cashier Window

- ✓ Checks will only be released to the individual in which the check is made payable.

- ✓ Anyone picking up a check must present a current Driver's License, DMV ID Card, Passport, Military ID or RCC Student ID.

- ✓ The person must also sign and date the check sign-out book or preprinted check register.

Any exceptions to these procedures are to be made only by the Director of Auxiliary Business Services

RCCD
RIVERSIDE COMMUNITY COLLEGE DISTRICT

PAYROLL DIRECT DEPOSIT
Authorization Form

☐ **New**
☐ **Change**
☐ **Cancellation**

Employee No. _____

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 (your name must be on the account):

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 a direct deposit form from your bank showing account & routing number)

2. ☐ Remaining Balance or $_____

Financial Institution:_____

Checking Account #_____

Savings Account #_____

(attach a voided check or a direct deposit form from your bank showing account & routing number)

3. ☐ Remaining Balance

Financial Institution:_____

Checking Account #_____

Savings Account #_____

(attach a voided check or a direct deposit form from your bank showing account & routing number)

SEND MY PAYSTUB TO:

_____, _____

LOCATION DEPARTMENT

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: _____