

REQUEST FOR PERSONNEL ACTION

➤ **ACTION REQUESTED FOR POSITION** *(Please check the box to the left of the action you are requesting):*

<input type="checkbox"/> New Position	<input type="checkbox"/> Modify (Change) Position	<input type="checkbox"/> Delimit Assignment (Person)
<input type="checkbox"/> Continue Current Position	<input type="checkbox"/> Defund (Close) Position	

➤ **POSITION/TITLE** *(Please check the box to the left of the title/position):*

<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Professional Expert ----	<input type="checkbox"/> Coach / Teacher Advisor ----
<input type="checkbox"/> Education Aide	<input type="checkbox"/> Student Aide ----	<input type="checkbox"/> Support Services <small>(Specify Class Title Below)</small>
<input type="checkbox"/> Classified Relief	<input type="checkbox"/> Community Rep. ----	Job Title
<input type="checkbox"/> Temporary Certificated Assignment ----		<input type="checkbox"/> Other

EMPLOYEE / ASSIGNMENT / FUNDING INFORMATION: *(Use "tab" to move to the next field)*

Name ➤	(Last)	(First)	(M.I.)	Person ID ➤
Beginning Date ➤	Ending Date ➤	Job Code ➤	Rate ➤	
Differential	Personnel Sub Area ➤	Hours per day ➤	Total annual fiscal hours *	
Calendar Option	Emp Sub Group ➤ ----			
From Org Unit Name	To Org Unit Name ➤			
Comments				

**Mandatory for Part-time employees.*

BUDGET AND PAYROLL / TIME REPORTING: *(Use "tab" to move to the next field)*

SACS Fund	Functional Area	EE Group ➤
LAUSD Program Name	Position ID Number ➤	
IN PLACE OF:	Name	PERNR

REQUESTED BY:

Org Unit Name ➤	Fund Center / Org Unit Code ➤		
Local District or Office ➤			
Principal / Administrator / Supervisor Signature ➤	Print Name ➤	Telephone No. ➤	
Email ➤	Date ➤	Contact person ➤	Telephone No. ➤

If required, appropriate processing packets must be attached to this request. Teacher Assistant packets are available from the Instructional Assistance Office and may be requested by calling (213) 241-6300.

Schools: Please return completed form to the Local District Business and Finance Office.

FOR LOCAL DISTRICT BUSINESS AND FINANCE OFFICE USE ONLY			
Authorizations: ➤	Date processed: ➤		
FOR HUMAN RESOURCES USE ONLY			
Assign. Tech.	Date:	Auditor:	Date:



Los Angeles Unified School District
APPLICATION FOR ASSIGNMENT AS COMMUNITY REPRESENTATIVE

Last Name	First	M.I.	Social Security Number	Birth Date

1. I understand that recent changes in the federal immigration laws (Immigration Reform and Control Act of 1986) require employers to verify and attest to the authorization of all new employees to work in the position offered. This requirement applies to all applicants. At the time of hiring, I must submit certain documentation in order to establish both my identity and employment authorization. For example, I may be asked to present my driver's license and Social Security card, or birth certificate or passport.
2. A. **CONVICTIONS:** I understand that if I have ever been (1) convicted or pled nolo contendere (no contest), or (2) fined, or (3) placed on probation for any violation of the law, either a misdemeanor or felony, regardless of any subsequent court action of dismissal or expungment, I must attach a statement on Form 6087, giving a full explanation, including dates, places, charges and disposition of all cases. (Do not include traffic violations such as faulty equipment, parking, hand signals or speeding.)

 B. **PENDING COURT CASES:** In addition to convictions, I must also list any pending criminal court cases on Form 6087.

 I request a copy of Form 6087. Yes No

Verified by:	Date:
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3. I understand that, before I may be assigned to a District position, I must meet the health standards as required by the State of California. This includes a test for tuberculosis (chest X-ray or Mantoux skin test) pursuant to Education Code Section 49406 and certification from a licensed physician that my health meets state standards, in accordance with Education Code Section 44839, to perform in the position for which I am applying. I further understand that this is at my own personal expense.
4. I understand that, prior to employment, each new employee of the Los Angeles Unified School District must complete and sign the Oath of Allegiance required of all public employees by Section 3, Article XX, of the Constitution of the State of California.
5. I understand that prior to employment, each new employee must submit to fingerprint processing at the applicant's personal expense.

DECLARATION:

I declare under penalty of perjury that all information I have provided on this form is true and correct.

Applicants Signature: _____ Date: _____

Street Address	City	State	Zip Code	Telephone Number
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CERTIFICATION:

I certify the above-named person will perform the duties described in Policy Guide E-3 and will not render service normally included in the duty statements of classified, certificated or other unclassified employees, and I request the above individual be employed as a Community Representative.

Class Code (A, C, D, E)	Rate of Pay Per Hour	Hours Per Pay Period	Total Hours	Beginning Date	Ending Date

Signature of Administrator _____ Title _____ School / Office _____

Fund / Program Code _____ Telephone _____ Date _____

BUDGET AUTHORIZATION:

Fiscal Unit Approval _____ Fund _____ Program Code _____ Date _____



LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

EMPLOYMENT INFORMATION (Please Print)

1. NAME _____ 2. SEX: Male Female
Last First Middle

3. ETHNICITY: Latino? (Select only one)

No, Latino Yes, Latino

The above part of the question is about ethnicity, not race. No matter what you selected above please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

RACE: What is your race? (Select one or more)

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hmong | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian | <input type="checkbox"/> White |

4. _____ 5. _____ 6. _____
BIRTHDATE (MM/DD/YYYY) SOCIAL SECURITY # CALIFORNIA DRIVER LICENSE #

7. CITIZENSHIP: I am a citizen of the United States of America.
 I am not a citizen of the United States of America, but under federal law I am eligible for employment.

8. PREVIOUS LOS ANGELES UNIFIED SCHOOL DISTRICT EMPLOYMENT: I am currently or have previously been employed by the LAUSD in some capacity, and have been issued an employee number. Yes No

Job Title Approximate Dates Employee Number
Name while employed if different from #1 above: _____

9. RETIREMENT SYSTEM INFORMATION:

- A. Check the box below if you are retired and are receiving a retirement allowance from either or both of the retirement systems:
 State Teachers' Retirement System (STRS) Public Employees' Retirement System (PERS)
- B. If you are not retired, but are a member of one or both retirement system(s), check the appropriate box (es):
 I am currently enrolled in STRS, or have funds on deposit with STRS.
 I am currently enrolled in PERS, or have funds on deposit with PERS.
- C. I understand that if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

10. REPORT OF CONVICTIONS/PENDING COURT CASES (Form 6087): A record of convictions, arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions, arrest and pending criminal court cases will result in disqualification and/or separation from service.

You must request and complete Form 6087 if you have ever been **convicted** of any violation of law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail, and regardless of any subsequent court dismissal or expungement. You must also report any **pending** criminal court cases. (Do not include minor traffic violations such as parking or speeding.)

I have a conviction or pending criminal court case to report and hereby request Form 6087. YES NO

11. DECLARATION: I declare under penalty of perjury that all information I have provided on this form is true and correct.

Address _____ Signature _____ Date _____
Street City, State Zip Code Area Telephone Number

HUMAN RESOURCES USE ONLY

Document/Notes Date and Initials
Employment Authorization verified (I-9) _____

HR-Employee Relations approval needed if item 10 is Yes _____

Pers ID/Emp No.



LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE

(Required by Article XX Section 3 of the Constitution of the State of California)

“I, (Print Name) _____ ,
First Middle Last

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

And I do further swear (or affirm) that I do not advocate, nor am I a member of any party or organization, political or otherwise, that now advocates the overthrow of the Government of the United States or the State of California by force or violence or other unlawful means; that within the five years immediately preceding the taking of this oath (or affirmation) I have not been a member of any party or organization, political or otherwise, that advocated the overthrow of the Government of the United States or of the state of California by force or violence or other unlawful means except as follows:

(If no affiliations, write in the words “**No Exceptions**”)

and that during such time as I hold the office of **Employment with the Los Angeles Unified School District** I will not advocate nor become a member of any party or organization, political or otherwise, that advocates the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means.”

Executed this _____ day of _____, 20 _____,

at _____, California
City

Signature: _____

Home Address: _____

Number and Street

City

State

Zip Code





LOS ANGELES UNIFIED SCHOOL DISTRICT

**EMPLOYEE ACKNOWLEDGEMENT
OF SUSPECTED CHILD ABUSE REPORTING
DISTRICT POLICY AND LEGAL REQUIREMENTS**

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.
2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.
3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.
4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency ***and*** I must inform my supervising administrator of the alleged inappropriate conduct.
5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet* (Attachment B of District policy bulletin No. BUL-1347.2, “*Child Abuse and Neglect Reporting Requirements*”) which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

I hereby certify that I have knowledge of the suspected child abuse reporting legal mandates, LAUSD child abuse reporting procedures, and that I will comply with them.

Name: _____ **Signature:** _____
(Please Print)

Employee Number: _____ **Position:** _____

School / Office Location: _____ **Date:** _____

**A COPY OF THIS CERTIFICATION WILL BE RETAINED
BY YOUR SCHOOL OR SITE ADMINISTRATOR**

LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division

Employee Health Services

TUBERCULOSIS (TB) CLEARANCE FOR NEW CERTIFICATED EMPLOYEES

PLEASE NOTE: In accordance with California Education Code Section 49406, all persons initially employed by a school district must be examined to determine if he/she is free of active TB not more than sixty (60) days prior to being hired. The examination must be an intradermal Mantoux tuberculin skin test, which if positive (10mm or more), must be followed by a chest x-ray. If you had a positive reaction to a prior skin test, indicate that date and proceed with a chest x-ray. A tine test is not acceptable.

The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Personal Information (Please Print)
Last Name First Name M.I. Social Security Number
Home Address City State Zip Employee Number (if applicable)
Phone Number Cell Number Email Birthday (mm/dd/yyyy)
Position: [] Early Education [] K-12 [] Adult Education
[] District Intern [] Substitute [] Other:

Mantoux Tuberculin Skin Test (5 TU PPD)
Date Given
Date Read
Result (mm induration)
Signature of Practitioner Date
Printed Name of Practitioner
State License Number Degree

Chest X-ray (only if history of positive skin test)
Date (or estimated year) of positive skin test
Date X-ray Taken
Impression
Signature of Physician Date
Printed Name of Physician
State License Number Degree

Medical Facility's Contact Information
Address City
State Zip Phone Number

CANDIDATE MUST SUBMIT COMPLETED FORM TO:

Los Angeles Unified School District
Employee Health Services
333 S. Beaudry Ave., 14th Floor
Los Angeles, CA 90017

FOR DISTRICT USE ONLY



**LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division - Employee Relations Section**

**APPLICANT FINGERPRINT INFORMATION FORM
(Please print neatly and legibly)**

Position Applied For		School/Work Location of Applicant			
Last Name	First Name		Middle Name		
Date of Birth	Home Address	Street Name	Apt. # (if applicable)		
City	State		Zip		
Gender	Phone Number	Height	Weight	Eye Color	Hair Color
Place of Birth -- City		State / Country		Citizenship Country	
Social Security Number		CA Driver License		Any Other Last Names Used	
Applicant's Signature				Date	

REPORT OF CONVICTION(S) AND/OR PENDING CRIMINAL COURT CASE(S)

A record of conviction(s), current arrests and pending/or criminal court case(s) does not necessarily disqualify an applicant from employment. However failure to disclose all conviction(s) and/or pending criminal court case(s) on Form 6087 will result in disqualification and/or dismissal.

You must request and complete Form 6087 if you have ever been convicted of any violation or criminal law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail and regardless of any subsequent court dismissal or expungement. You must also report any pending criminal court case(s). Do not include minor traffic violations such as parking or speeding.

No **Yes** **I have a conviction or a pending criminal court case to report and hereby request Form 6087.**

Applicant's Signature	Date
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-----Office Use Only-----

Signature of Official Taking Fingerprints	Date
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ATI #	Results: _____ D.O.J. Date: _____ FBI Date: _____
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

Section 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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

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

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2017 _____
 OR
2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
3. 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. (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.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
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----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

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.

You should complete this form if either:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- (2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding allowances you claim on your Form W-4 withholding allowance**

certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or 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. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) 916-845-6500

The *California Employer's Guide*, [DE 44](#), provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the FTB website at www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION: If the IRS instructs your employer to withhold federal income tax based on a certain withholding status, your employer is required to use the same withholding status for state income tax withholding.

The burden of proof rests with the employee to show the correct California Income Tax Withholding. Pursuant to Section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

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

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, underwithholding 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 or Form W-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 (F) _____

INSTRUCTIONS — 2 — 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

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 \$8,258 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,129 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);
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 8. _____
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
 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. _____
 11. Subtract line 10 from line 9, enter difference 11. _____
- Complete Worksheet C**

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

1. Enter estimate of total wages for tax year 2017 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 2017 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$122.10) 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 2017. 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 2017. 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 2017 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 2017 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	\$8,015 ...	1.100%	\$0	\$0.00
\$8,015	\$19,001 ...	2.200%	\$8,015	\$88.17
\$19,001	\$29,989 ...	4.400%	\$19,001	\$329.86
\$29,989	\$41,629 ...	6.600%	\$29,989	\$813.33
\$41,629	\$52,612 ...	8.800%	\$41,629	\$1,581.57
\$52,612	\$268,750 ...	10.230%	\$52,612	\$2,548.07
\$268,750	\$322,499 ...	11.330%	\$268,750	\$24,658.99
\$322,499	\$537,498 ...	12.430%	\$322,499	\$30,748.75
\$537,498	\$1,000,000 ...	13.530%	\$537,498	\$57,473.13
\$1,000,000	and over...	14.630%	\$1,000,000	\$120,049.65

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$16,030 ...	1.100%	\$0	\$0.00
\$16,030	\$38,002 ...	2.200%	\$16,030	\$176.33
\$38,002	\$59,978 ...	4.400%	\$38,002	\$659.71
\$59,978	\$83,258 ...	6.600%	\$59,978	\$1,626.65
\$83,258	\$105,224 ...	8.800%	\$83,258	\$3,163.13
\$105,224	\$537,500 ...	10.230%	\$105,224	\$5,096.14
\$537,500	\$644,998 ...	11.330%	\$537,500	\$49,317.97
\$644,998	\$1,000,000 ...	12.430%	\$644,998	\$61,497.49
\$1,000,000	\$1,074,996 ...	13.530%	\$1,000,000	\$105,624.24
\$1,074,996	and over	14.630%	\$1,074,996	\$115,771.20

UNMARRIED HEAD OF HOUSEHOLD				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$16,040 ...	1.100%	\$0	\$0.00
\$16,040	\$38,003 ...	2.200%	\$16,040	\$176.44
\$38,003	\$48,990 ...	4.400%	\$38,003	\$659.63
\$48,990	\$60,630 ...	6.600%	\$48,990	\$1,143.06
\$60,630	\$71,615 ...	8.800%	\$60,630	\$1,911.30
\$71,615	\$365,499 ...	10.230%	\$71,615	\$2,877.98
\$365,499	\$438,599 ...	11.330%	\$365,499	\$32,942.31
\$438,599	\$730,997 ...	12.430%	\$438,599	\$41,224.54
\$730,997	\$1,000,000 ...	13.530%	\$730,997	\$77,569.61
\$1,000,000	and over	14.630%	\$1,000,000	\$113,965.72

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES
(Not Toll Free) 916-845-6500

*marginal tax

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.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child 	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	
<p>For accuracy, complete all worksheets that apply. {</p> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 			

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table style="display: inline-table; vertical-align: middle; border: none;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,300 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)		\$9,300 if head of household		\$6,300 if single or married filing separately	2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)								
	\$9,300 if head of household								
	\$6,300 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____						
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$ _____						
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____						
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____						
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____						
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____						

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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



LOS ANGELES UNIFIED SCHOOL DISTRICT WARRANT(S) RECIPIENT DESIGNATION

EMPLOYEE NUMBER _____ EMPLOYEE'S PAYROLL NAME _____ SOCIAL SECURITY NUMBER _____		
Under the provisions of Section 53245 of the California Government Code (see below), in the event of my death I hereby designate the following named person to be entitled to receive all warrants payable to me by the Los Angeles Unified School District, had I survived.		
Designee's Name in Full _____		Relationship _____
Designee's Address (Number, Street, State, and Zip Code) _____		
This designation cancels and replaces any, previously signed by me for this purpose and shall remain in effect until cancelled in writing, by me. It is expressly understood and agreed that the Los Angeles Unified School District is not obligated to deliver said warrants to the person designated hereinabove unless said designated person, within two years after the date of said warrant or warrants, claims said warrants from the Los Angeles Unified School District and provides Los Angeles Unified School District sufficient proof of identity pursuant to the provisions of Section 53245 of the California Government Code.		
Date _____	Signature _____	

GOVERNMENT CODE, STATE OF CALIFORNIA: Section 53245

“Any person now or hereafter employed by a county, city, municipal corporation, district, or other public agency may file with his appointing power a designation of a person who, notwithstanding any other provision of law, shall, on the death of the employee, be entitled to receive all warrants or checks that would have been payable to the decedent had he survived. The employee may change the designation from time to time. A person so designated shall claim such warrants or checks from the appointing power. On sufficient proof of identity, the appointing power shall deliver the warrants or checks to the claimant. A person who receives a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.”