



ORCUTT Union School District

Where a Dedicated Staff Means Kids Come First

Dear Coach, Assistant Coach and Unpaid Volunteers and Parents,

Congratulations on your coaching position and welcome to the Orcutt Union School District/Orcutt Academy Charter School.

The following items must be submitted to the Human Resources Department ***PRIOR to beginning work, including meeting with athletes/students or holding tryouts.*** Partial packets will not be accepted and you ***MAY NOT report to your new position until all clearances and required material are received.*** (Website Info: www.orcutt-schools.net)

- ___ **Complete** fingerprint requirements. **Required unless you are currently an active employee of Orcutt Union School District. We do not cover this expense.**
- ___ **Complete** Application for Coaching form.
- ___ **Complete** Voluntary Applicant Identification Form (not mandatory)
- ___ **Sign** Fingerprint Acknowledgement Form
- ___ **Read and Sign** Workers' Compensation Information Form
- ___ **Read and Sign** Child Abuse Reporting Requirement
- ___ **Complete** Emergency Contact Information Form
- ___ **Provide Proof** of TB Clearance within the last 4 years – Verification Required (refer to memo, we cover this cost)
- ___ **Provide Proof** of Current CPR and First Aid Cards (if you do not have current cards and need to attend training, please contact HR at 805-938-8910). We do not accept CPR certification obtained online.
- ___ **Provide Proof** of Heat Illness Prevention, Sudden Cardiac Arrest, First Aid (\$45.00 online) and Concussion in Sports (acquired at www.nfhslearn.com, [print out all 3 certificates](#))
- ___ **Complete** Temporary Athletic Team Coach Qualifications and Competencies. **Be sure to "x" all areas that apply, sign and date. Submit all supporting documentation where noted. (Area E will be completed by District)**
- ___ **Complete mandatory online safety modules** by registering at getsafetytrained.com and do: Bloodborne Pathogens, Bullying, K-12 Coaching Principles, Mandated Child Abuse Reporting for Educators, New Employee Safety Orientation, Sexual Harassment (Non-Supervisors) and COVID-19 Prevention. **Sign and submit** Certificate of Completion for each of the modules **OR** printout a summary showing completion dates. If you are not a District employee, you may use your person email address to register.
- ___ **Read and Complete** Annual Staff Notifications which are online for review at www.orcutt-schools.net. Click on Staff, Human Resources, scroll to the bottom, and Annual Employee Notifications. After review, **Sign and submit "Acknowledgement" page ONLY (included in packet).**
- ___ **Complete** and sign I-9 form. Provide Proof of American citizenship or right to work legally in the US by submitting a copy of CA Driver License and copy of Social Security Card **OR** copy of your Passport.
- ___ **Code of Conduct** For OAHS Coaches only (high school). Read, sign, date and return last page only.
- ___ **Complete** Driver Registration Form and Authorization for Release of Driver Record Information Form, if you plan to transport students OR drive a District vehicle. You may not have ANY points on your driving record.
- ___ **The remaining documents are to be completed for payroll purposes** (Retirement questionnaire, Social Security form, Oath of Office, Warrant recipient form, W-4, EDD form, Declination of Health Insurance). Please complete, even if you are a volunteer, as some volunteers end up becoming paid coaches.

If you need any additional information, please feel free to call Human Resources at 805-938-8910.

Sincerely,

Susan Salucci, Assistant Superintendent/Human Resources



REQUEST FOR LIVE SCAN SERVICE
(Public Schools or Joint Powers Agencies)

Applicant Submission

ORI: AD474 Type of Applicant: Classified School Employee Credentialed School Employee

Code assigned by DOJ

The following selections are for Public Schools only:

License, Certification, Permit Peace Officer Law Enforcement Officer Volunteer

Type of License/Certification/Permit OR Working Title: Classified School Employee

(Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Orcutt Union School District
Agency Authorized to Receive Criminal Record Information

500 Dyer Street
Street Address or P.O. Box

Orcutt CA 93455
City State ZIP Code

01913
Mail Code (five-digit code assigned by DOJ)

Dayana Atanasova
Contact Name (mandatory for all school submissions)

(805) 938-8910
Contact Telephone Number

Applicant Information:

Last Name _____

Other Name (AKA or Alias) Last _____

Date of Birth _____ Sex Male Female

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home Address Street Address or P.O. Box _____

First Name _____ Middle Initial _____ Suffix _____

First _____ Suffix _____

Driver's License Number _____

Billing Number _____
(Agency Billing Number)

Misc. Number _____
(Other Identification Number)

City _____ State _____ ZIP Code _____

Your Number: _____
(OCA Number (Agency Identifying Number))

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____ Amount Collected/Billed _____

DOJ Processing fee	\$32.00
FBI Processing fee	\$17.00
Rolling fee varies per agency	

THE BOX SHOP

740 N. H St.
Lompoc, CA
(805) 735-1567
Rolling fee: **\$30.00** per transmission, in addition to processing fees
Times: **Walk ins Only** Monday-Friday 9:00 – 5:00; Saturday 10:00 – 1:00
Please bring: Cash or check only (cards are charged an additional \$3.00) Photo ID, Live Scan Form

SAN LUIS OBISPO COUNTY OFFICE OF EDUCATION

Rancho El Chorro, off Hwy 1 (across from Cuesta College)
San Luis Obispo, CA
(805) 782-7236
Rolling fee: **\$20.00** per transmission, in addition to processing fees
Times: **By Appointment Only** Tuesday & Thursday (call for times)
Please bring: Cash, check or credit card accepted, Photo ID, Live Scan Form

SANTA BARBARA COUNTY SHERIFF DEPARTMENT

812A West Foster Rd., Santa Maria, CA
(805) 934-6175
Rolling fee: **\$24.00** per transmission, in addition to processing fees
Times: **By Appointment or walk ins** Tuesdays and Thursday 7:00 – 11:30, 1:30-4:30
Please bring: Cash, Visa or MasterCard, Photo ID, Live Scan Form

THE UPS STORE (in Albertsons Shopping Center)

1130 E. Clark Avenue #150, Santa Maria, CA
(805) 937-6371
Rolling fee: **\$31.00** per transmission, in addition to processing fees
Times: **No Appointment Needed** Monday – Thursday 9:00– 4:30.
Please bring: Cash, check or credit card accepted, Photo ID, Live Scan Form

LOCAL COPIES

1500 South Broadway, Santa Maria, CA
(805) 928-5776
Rolling Fee: **\$25.00** per transmission, in addition to processing fees
Please bring: Cash, check or credit card, Photo ID, Live Scan Form
Times: **By Appointment Only** Monday – Friday 9:00 – 4:00 pm (lunch from 11:00 – 12:30)

****Prices are subject to change**



ORCUTT Union School District

Where a Dedicated Staff Means Kids Come First

October 27, 2023

Dear Applicant:

RE: APPLICATION FOR COACHING POSITION

Thank you for the interest you have shown in a coaching position in the Orcutt Union School District and Orcutt Academy Charter High School.

To be considered for a coaching position, we ask that you submit the following items to the Orcutt Union School District, Human Resources, 500 Dyer Street, Orcutt, CA 93455.

Before you may be employed as a District Coach (including volunteer coach), you must complete the entire checklist. You may not work with students until ALL requirements have been met (this includes attending tryouts, practices, games, etc.).

_____ Complete Application for Coaching

_____ Cover Letter (address to Susan Salucci, Asst. Supt. Human Resources)

_____ Two (2) Letters of Recommendation

If you need any additional information, please feel free to call Human Resources at 805-938-8910.

Sincerely,

Susan Salucci
Assistant Superintendent/Human Resources



ORCUTT Union School District

APPLICATION FOR COACHING

Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Email address: _____ **Social Sec. #:** _____

Position(s) for which you are applying: _____ **Boys:** **Girls:**

Elementary: **7th** **8th** **JV** **Varsity** **Sport:** _____

Site: _____ **Certificated:** **Classified:** (walk on coach, not employed as a teacher or sub in any district)

Coaching Experience:

From	To	Sport(s)	School/Agency	District/City/State	Address

Education:

Name & location of each institution	From	To	Degree	Date	Major(s)	Minor(s)

Professional References: (include only those having knowledge of your coaching experience e.g., principles, supervisors, etc.)

Name	Position	Address/Phone

The Orcutt Union School District does not discriminate on the basis of a person's actual or perceived race, color, national origin, ancestry, religious creed, age, marital status, pregnancy, physical or mental disability, medical condition, genetic information, veteran status, gender, gender identity, gender expression, sex or sexual orientation in the educational programs or activities which it operates. ***AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER***

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge, and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application.

(Signature of Applicant)

(Date)

ORCUTT UNION SCHOOL DISTRICT & ACADEMY CHARTER

Dear Applicant,

All applicants are requested to complete this **voluntary** form. The data will be used solely for research and statistical purposes and in no way affects any employment decision. In accordance with State law, this form will be kept separate from your application immediately upon receipt and the information contained will not be made available to any personnel involved in the hiring process.

ETHNIC GROUP: (check one)

- HISPANIC OR LATINO**
(a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race) **OR**
- NOT HISPANIC OR LATINO**
- DECLINE TO STATE**

RACE GROUP: (check up to five)

- AMERICAN INDIAN OR ALASKAN NATIVE**
(a person having origins in any of the original people of North, South or Central America)
- WHITE**
(a person having origins in any of the original people of Europe, North Africa or the Middle East)
- CHINESE**
- AFRICAN AMERICAN OR BLACK**
- ASIAN INDIAN**
- FILIPINO/FILIPINO AMERICAN**
- CAMBODIAN**
- OTHER ASIAN**
- GUAMANIAN**
- TAHITIAN**
- DECLINE TO STATE**
- KOREAN**
- VIETNAMESE**
- JAPANESE**
- LAOTIAN**
- HMONG**
- HAWAIIAN**
- SAMOAN**
- OTHER PACIFIC ISLANDER**

SEXUAL ORIENTATION: **HETEROSEXUAL/STRAIGHT** **GAY/LESBIAN** **BISEXUAL**
 OTHER **NOT SURE** **DECLINE TO STATE**

GENDER: **MALE** **FEMALE** **NON BINARY** **DECLINE TO STATE**

ARE YOU HANDICAPPED? **YES** **NO**

IF YES, PLEASE PROVIDE ANY SPECIAL ACCOMMODATIONS YOU REQUIRE:

ORCUTT UNION SCHOOL DISTRICT

ACKNOWLEDGEMENT

Notice to Employees

In accordance with AB 1610 and AB 1612, all school employees in the State of California must be fingerprinted prior to beginning employment in a public school district.

I understand and acknowledge that the Orcutt Union School District must receive fingerprint clearance for me before I can become an employee of the Orcutt Union School District. I understand that any work performed before a fingerprint clearance is received will be considered voluntary and not be subject to compensation.

(Applicant Signature)

(Date)

(Print Name)

(The signed acknowledgement will be kept on file at the District Office.)

ORCUTT UNION SCHOOL DISTRICT

TO: All Employees

FROM: Sandra Knight, Assistant Superintendent, Business Services

RE: WORKERS' COMPENSATION INFORMATION

The District is required to inform all employees of the procedures to be followed when a work-related injury occurs. Please read the procedures outlined below, and sign the acknowledgement at the bottom of this page. Please keep a copy for your records. The original will remain in your personnel file.

- All work-related injuries must be reported within five working days or less to your supervisor and the Assistant Superintendent of Business Services Office, regardless of how minor they appear.
- A record of all injuries is kept at the Assistant Superintendent of Business Services Office. In case you feel that you need to seek medical treatment at a later date, a record of your injury will be on file.
- Please inform your supervisor if you need medical attention or lose time due to your injury. At this point, it is considered a reportable workers' compensation claim. You will receive forms that must be filled out and returned to the Administrative Assistant for the Assistant Superintendent of Business Services.
- You will be directed to a medical facility for treatment, unless you have previously requested (in writing) to see your personal physician in case of an on-the-job injury. Please be aware, most physicians do not accept work injuries.
- You must be released by your treating physician to return to work. Please send a copy of your release note to the Administrative Assistant for the Assistant Superintendent of Business Services Office, **prior** to returning to work.

If you have any questions regarding workers' compensation, please call 805-938-8916.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the procedures for reporting a work-related injury; and that I will comply with these provisions in the event that I experience a work-related injury while employed in the Orcutt Union School District.

(Please Print Name)

(Signature)

(Date)

ORCUTT UNION SCHOOL DISTRICT

NOTICE TO EMPLOYEES WHO ARE CHILD CARE CUSTODIANS REGARDING CHILD ABUSE REPORTING REQUIREMENT

Penal Code Section 11165-11167 requires that:

Whenever a mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of receiving the information concerning the incident.

"Mandated Reporter" means a teacher, certificated or non-certificated administrative officer or supervisor, supervisor of child welfare and attendance, certificated pupil personnel employee, computer technician, athletic coach, assistant coach, athletic administrator or athletic director, all classified staff, including but not limited to teacher's aides

"Reasonable suspicion" means that it is objectively reasonable for a person to entertain such a suspicion, based upon facts that could cause a reasonable person in a like position, drawing upon, when appropriate, his or her training and experience, to suspect child abuse.

"Child abuse" means (1) a physical injury which is inflicted by other than accidental means on a child by another person; (2) the sexual assault of a child by any act or omission proscribed by Penal Code Sections 273(c) (willful cruelty or unjustifiable punishment of a child) or 273(d) (corporal punishment or injury); or (3) the neglect of a child or abuse in out-of-home care.

"Child protective agency" means Child Welfare Services, a police or sheriff's department.

Penal Code Section 11166 provides that any "Mandated Reporter", regardless of when initially employed, who fails to report an incidence of child abuse which he or she knows to exist or reasonably should know to exist, is guilty of a misdemeanor, punishable by confinement in the county jail for a term not to exceed six (6) months or by a fine or not more than one thousand dollars (\$1,000.00) or by both.

District policy requires the staff member to provide a copy of the written report concerning the instance to his or her site principal or supervisor.

The telephoned report and the written report must contain the name of the person making the report, the name of the child, the present location of the child, the nature and extent of the injury, and any other information requested by the child protective agency, including information that led to the report of suspected or known child abuse.

The name of the person making the report shall be kept confidential by the district and by the child protective agency as provided for in Penal Code Section 11165 -11167.

ACKNOWLEDGEMENT

I hereby acknowledge that I have read and understand the provisions of Penal Code Section 11166, and that, to the extent that its provisions apply to me, I will comply with its provisions and the provisions of Orcutt Union School District Policy 5141.4 to report known or suspected instances of child abuse.

(Signature of Employee)

(Date)

[Revised 4/2013]

***ORCUTT UNION SCHOOL DISTRICT
and ACADEMY CHARTER***

EMERGENCY CONTACT INFORMATION

Year: _____

Your Name:	Worksite:
Address:	
City/State/Zip:	
Primary Phone:	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
Secondary Phone(s):	
Personal Email Address:	
<input type="checkbox"/> Administrator <input type="checkbox"/> Regular Teacher <input type="checkbox"/> Hourly / Substitute Teacher <input type="checkbox"/> Coach	

RELATIVE OR FRIEND TO BE CALLED IN CASE OF EMERGENCY:

Name:	Relation:
Address:	
City/State/Zip:	
Home Phone:	Work Phone:
Other Phone: (cell and/or pager):	

RETURN TO: HUMAN RESOURCES DEPARTMENT

**NOTE: PLEASE CONTACT PAYROLL AND/OR HUMAN RESOURCES IF ANY OF THE ABOVE
INFORMATION CHANGES DURING THE COMING SCHOOL YEAR.**

ORCUTT UNION SCHOOL DISTRICT

TB VERIFICATION REQUIREMENT

All individuals employed by the Orcutt Union School District are required to have on file in the Human Resources Office verification of a skin test, chest x-ray, or other test designated as acceptable by the County Health Department to determine that they are free of active tuberculosis.

This evidence must be submitted **EVERY FOUR YEARS** in order to meet both State Law and Board Policy requirements (Education Code Section 49406 and District Policy 4112.4).

Tuberculin skin tests (PPD) may be obtained at the following location or from your private physician:

Akeso (formerly known as Industrial Medical Group), 3070 Skyway Drive, Suite 106, Santa Maria, CA; 805-922-8282

The hours are Monday through Friday (*except Thursday*); 8:00 a.m. to 4:30 p.m.

You will be required to return 48 to 72 hours later for a reading of the result. You will receive a certificate showing the results. **THIS CERTIFICATE MUST BE SUBMITTED TO THE HUMAN RESOURCES OFFICE AT THE DISTRICT OFFICE.**

A fee of \$20.00 is charged for the skin test. This amount will be billed directly to the District, but ***you must have this notice with you.*** Otherwise, you will need to be prepared to pay the \$20.00. You will be reimbursed by the District **only** upon presentation of a receipt and certificate of clearance. Should you require a test other than the skin test, arrangements can be made by calling Industrial Medical Group, and they will bill the District for the required test(s). Should you choose to have the test(s) administered elsewhere, the District will reimburse you for costs incurred but not to exceed that which Industrial Medical Group would charge for similar services.

****TAKE THIS FORM WITH YOU TO INDUSTRIAL MEDICAL TO AVOID FEE!****

***THESE REQUIREMENTS ARE TO BE FILLED
WITHIN 10 DAYS OF YOUR EMPLOYMENT
WITH THE DISTRICT***

**ORCUTT UNION SCHOOL DISTRICT &
ORCUTT ACADEMY CHARTER HIGH SCHOOL**

**TEMPORARY ATHLETIC TEAM COACH
QUALIFICATIONS AND COMPETENCIES**

NAME: _____ SCHOOL YEAR: _____
SCHOOL: _____
AREA OF COACHING: _____ Girls or Boys Varsity or JV

The District shall determine whether a temporary athletic team coach is knowledgeable and competent in four areas. Where multiple areas are listed, please check one or more as applicable:

A. CARE AND PREVENTION OF ATHLETIC INJURIES, BASIC SPORTS INJURY, FIRST AID, AND EMERGENCY PROCEDURES, AS EVIDENCED BY: (please submit copies of current cards and/or certificates)

- 1. Completion of a college-level course in the care and prevention of athletic injuries and possession of a valid cardiopulmonary resuscitation (CPR) card; or
- 2. A valid sports injury certificate or first aid card, and a valid cardiopulmonary resuscitation (CPR) card; or
- 3. A valid Emergency Medical Technician (EMT) I or II card; or
- 4. A valid trainer's certification issued by the National or California Athletic Trainers' Association (NATA/CATA); or
- 5. Practical experience under the supervision of an athletic coach or trainer, or assisting in team athletic training and conditioning, and both valid CPR and first aid cards.

CPR Expiration Date: _____ First Aid Expiration Date: _____

Concussion Training Exp. Date: _____ Heat Illness Prevention Exp. Date: _____

B. COACHING THEORY AND TECHNIQUES IN THE SPORT OR GAME BEING COACHED, AS EVIDENCED BY: (please submit copies of certificates or transcripts if applicable – unofficial are okay)

- 1. Completion of a college course in coaching theory and techniques; or
- 2. In-service programs arranged by a school district or a county office of education; or
- 3. Prior service as a student coach or assistant athletic coach in the sport or game being coached; or
- 4. Prior coaching in community youth athletic programs in the sport to be coached; or
- 5. Prior participation in organized competitive athletics at high school level or above in the sport to be coached.

NAME: _____

SCHOOL YEAR: _____

C. KNOWLEDGE OF THE RULES AND REGULATIONS PERTAINING TO THE SPORT OR GAME BEING COACHED AND THE LEAGUE RULES:

Yes No

D. CHILD OR ADOLESCENT PSYCHOLOGY AS IT RELATES TO SPORTS PARTICIPATION, AS EVIDENCED BY: (please submit copies of certificates or transcripts if applicable – unofficial are okay)

- 1. Completion of a college-level course in child psychology for elementary school positions and adolescent or sports psychology for secondary school positions; or
- 2. Completion of a seminar or workshop on human growth and development of youth; or
- 3. Prior active involvement with youth in a school or community sports program.

E. IN ADDITION, NONCERTIFICATED PERSONS EMPLOYED TO COACH OR SUPERVISE DISTRICT ATHLETIC TEAMS MUST FIRST BE DETERMINED:

- 1. Not to have been convicted of any offense referred to in Education Code 44010, 44011, or 44424, or any offense involving moral turpitude or evidencing unfitness to associate them with children. **FBI and DOJ Fingerprint Clearance on file:** Yes No **or**

Activity Supervisors Clearance Certificate Expiration Date: _____

- 2. To be free from tuberculosis and any other contagious disease that would prohibit certificated teachers from teaching, as verified by a written statement, renewable every four years, from a licensed physician or other person approved by the District.

TB Certificate expires: _____

SIGNED: _____
(Coach) (Date)

(Site Principal) (Date)

Education Code Sections: 35179-35179.7, 44010, 44011, 44332-44332.5, 44424, 448084, 44919, 45125, 45347, 45349, 49024, 49030-49034, 49406 and Code of Regulations, Title V: 5531, 5590-5596

ORCUTT UNION SCHOOL DISTRICT

500 Dyer Street

Orcutt, CA 93455

Annual Employee Notifications

Board Policy 4112.9, Employee Notifications, requires certain Board Policies and Administrative Regulations be provided to employees upon employment and a signed acknowledgement be retained by the Human Resources office.

Administrative Regulation & Board Policy 1312.3	Uniform Complaint Procedures
Administrative Regulation & Board Policy 3513.3	Tobacco-Free Schools
Administrative Regulation	Integrated Pest Management
Board Policy & Exhibit 4020	Drug and Alcohol-Free Workplace
Administrative Regulation & Board Policy 4030	Nondiscrimination in Employment
Administrative Regulation & Board Policy 4040	Employee Use of Technology
Administrative Regulation 4112.3, 4212.3, 4312.3	Oath or Affirmation
Administrative Regulation & Board Policy 4119.11, 4219.11, 4319.11	Sexual Harassment
Administrative Regulation & Board Policy 4119.43, 4219.43, 4319.43	Universal Precautions
Board Policy 4136, 4236, 4336	Non-school Employment
Board Policy 4157, 4257, 4357	Employee Safety
Administrative Regulation 4161.8, 4261.8, 4361.8	Family Care and Medical Leave Act
Administrative Regulation & Board Policy 5141.4	Child Abuse Prevention and Reporting
Penal Code 11165.7, 11165.007	Reporting Child Abuse
Penal Code 11166, 11166.000	Child Abuse Reporting
Penal Code 11167, 11167.000	Child Abuse and Neglect Reporting Act

By signing below, I acknowledge that I have read and understand the provisions of Penal Code Section 11166, and that, to the extent that its provisions apply to me, I will comply with its provisions and the provisions of the Orcutt Union School District Board Policy and Administrative Regulation 5141.4, *Child Abuse Prevention and Reporting*, to report known or suspected instances of child abuse.

By signing below, I acknowledge that I have read and agree to abide by the procedures and regulations set forth in the District's policies and regulations.

Print Name

Signature Date

Board Policies & Regulations may be found for review on the district website at www.orcuttschools.net under Leadership/Board Policies & Regulations. Please review the documents at your convenience, sign this verification form indicating that you have done so and submit with your application packet to the Human Resources Office.

ALL OF THESE ITEMS MUST BE COMPLETED AND SUBMITTED PRIOR TO ATTENDING/HOLDING ANY TRYOUTS, PRACTICES OR GAMES

Please log onto getsafetytrained.com and complete the following:

Bullying

Mandated child abuse reporting for educators

Sexual harassment for non supervisors

Safety essentials for existing employees

Covid 19 prevention

*K-12 coaching principles

*Bloodborne pathogens

*New employee safety orientation

Heat Illness Prevention, Concussion in Sports, and Sudden Cardiac Arrest are to be updated bi-annually. They expire every two (2) years. These can be completed at NFHSLearn.com.

Please print out ALL certificates after completion.

CPR/First aid expires every two (2) years. We do not accept online CPR. If you are due for a renewal, please call Jana Graham in our Transportation Department at 805-938-8981 to schedule a time with her.

Thank you.

Either 1 item from column A, OR
1 from column B AND 1 from column C

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

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



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List A	OR	List B	AND	List C
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
--	--	--	--	---------------------------

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
--	--

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



Pursuing Victory With Honorsm

Code of Conduct for Coaches

CIF Member School: _____

We, in the California Interscholastic Federation, believe that high school athletic competition should be fun, but that it must also be a significant part of a sound educational program. We believe that those who coach student-athletes are, first and foremost, teachers who have a duty to assure that their sports programs promote important life skills and the development of good character.

We believe that the essential elements of character-building are embodied in the concept of sportsmanship and six core ethical values: trustworthiness, respect, responsibility, fairness, caring, and good citizenship (the “Six Pillars of Charactersm”). We believe, further, that the highest potential of sports is achieved when teacher-coaches consciously Teach, Enforce, Advocate and Model (T.E.A.M.) these values and are committed to the ideal of pursuing victory with honor. Finally, we believe that sincere and good-faith efforts to honor the words and spirit of this Code will improve the quality of our programs and the well being of our student-athletes. This Code of Conduct applies to all full-time and part-time coaches involved in interscholastic sports.

I understand that in my position as a coach, I must act in accord with the following code:

TRUSTWORTHINESS.

- **Trustworthiness** Be worthy of trust in all I do and teach student-athletes the importance of integrity, honesty, reliability and loyalty.
- **Integrity** Model high ideals of ethics and sportsmanship and always pursue victory with honor; teach, advocate and model the importance of honor and good character by doing the right thing even when it’s unpopular or personally costly.
- **Honesty** Don’t lie, cheat, steal or engage in or permit dishonest or unsportsmanlike conduct.
- **Reliability** Fulfill commitments; I will do what I say I will do; be on time.

- **Loyalty** Be loyal to my school and team; put the team above personal glory.
- **Primacy of Educational Goals** Be faithful to the educational and character-development missions of the school and assure that these objectives are not compromised to achieve sports performance goals; always place the academic, emotional, physical and moral well being of athletes above desires and pressures to win.
- **Counseling** Be candid with student-athletes and their parents about the likelihood of getting an athletic scholarship or playing on a professional level. Counsel them about the requirement of many colleges preventing recruitment of student-athletes that do not have a serious commitment to their education, the ability to succeed academically or the character to represent their institution honorably.
- **College Recruiters** Be honest and candid with college recruiters about the character and academic abilities and interest of student-athletes.

RESPECT

- **Respect** Treat all people with respect all the time and require the same of student-athletes
- **Class** Be a good sport, teach and model class, be gracious in victory and accept defeat with dignity; encourage student-athletes to give fallen opponents a hand, compliment extraordinary performance, and show sincere respect in pre- and post-game rituals.
- **Taunting** Don't engage in or allow trash-talking, taunting, boastful celebrations, or other actions that demean individuals or the sport.
- **Respect Officials** Treat contest officials with respect; don't complain about or argue with official calls or decisions during or after an athletic event.
- **Respect Parents** Treat the parents of student-athletes with respect; be clear about your expectations, goals and policies and maintain open lines of communication.
- **Profanity** Don't engage in or permit profanity or obscene gestures during practices, sporting events, on team buses, or any other situation where the behavior could reflect badly on the school or the sports program.
- **Positive Coaching** Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport. Refrain from physical or psychological intimidation, verbal abuse, and conduct that is demeaning to student-athletes or others.
- **Effort and Teamwork** Encourage student-athletes to pursue victory with honor, to think and play as a team, to do their best and continually improve through personal effort and discipline. Discourage selfishness and put less emphasis on the final outcome of the contest, than upon effort, improvement, teamwork, and winning with character.

- **Professional Relationships** Maintain appropriate, professional relationships with student athletes and respect proper teacher-student boundaries. Sexual or romantic contact with students is strictly forbidden as is verbal or physical conduct of a sexual nature directed to or in view of student-athletes.

RESPONSIBILITY

- **Life Skills** Always strive to enhance the physical, mental, social and moral development of student-athletes and teach them positive life skills that will help them become well-rounded, successful and socially responsible.
- **Advocate Education** Advocate the importance of education beyond basic athletic eligibility standards and work with faculty and parents to help student-athletes set and achieve the highest academic goals possible for them.
- **Advocate Honor** Prominently discuss the importance of character, ethics and sportsmanship in materials about the athletic program and vigorously advocate the concept of pursuing victory with honor in all communications.
- **Good Character** Foster the development of good character by teaching, enforcing, advocating and modeling (T.E.A.M.) high standards of ethics and sportsmanship and the six pillars of character.
- **Role-Modeling** Be a worthy role-model, always be mindful of the high visibility and great influence you have as a teacher-coach and consistently conduct myself in private and coaching situations in a manner that exemplifies all I want my student-athletes to be.
- **Personal Conduct** Refrain from profanity, disrespectful conduct, and the use of alcohol or tobacco in front of student-athletes or other situations where my conduct could undermine my positive impact as a role model.
- **Competence** Strive to improve coaching competence and acquire increasing proficiency in coaching principles and current strategies, character-building techniques, and first-aid and safety.
- **Knowledge of Rules** Maintain a thorough knowledge of current game and competition rules and assure that my student-athletes know and understand the rules.
- **Positive Environment** Strive to provide a challenging, safe, enjoyable, and successful experiences for the athletes by maintaining a sports environment that is physically and emotionally safe.
- **Safety and Health** Be informed about basic first aid principles and the physical capacities and limitations of the age-group coached.
- **Unhealthy Substances** Educate student-athletes about the dangers and prohibit the use of unhealthy and illegal substances including alcohol, tobacco and recreational or performance-enhancing drugs.
- **Eating Disorders** Counsel students about the dangers of and be vigilant for signs of eating disorders or unhealthy techniques to gain, lose or maintain weight.

- ***Physician's Advice*** Seek and follow the advice of a physician when determining whether an injured student-athlete is ready to play.
- ***Privilege to Compete*** Assure that student-athletes understand that participation in interscholastic sports programs is a privilege, not a right and that they are expected to represent their school, team and teammates with honor, on and off the field. Require student-athletes to consistently exhibit good character and conduct themselves as positive role models.
- ***Self-Control*** Control my ego and emotions; avoid displays of anger and frustration; don't retaliate.
- ***Integrity of the Game*** Protect the integrity of the game; don't gamble. Play the game according to the rules.
- ***Enforcing Rule*** Enforce this Code of Conduct consistently in all sports-related activities and venues even when the consequences are high.
- ***Protect Athletes*** Put the well being of student-athletes above other considerations and take appropriate steps to protect them from inappropriate conduct.
- ***Access*** Help make your sport accessible to all diverse communities.
- ***Improper Commercialism*** Be sensitive to and avoid unwholesome commercialism including inappropriate exploitation of my name or the name of the school and undue financial dependence on corporate entities. Make sure any affiliation or association with a corporate entity is approved by school and district officials.

FAIRNESS

- ***Fair and Open*** Be fair in competitive situations, selecting a team, disciplinary issues and all other matters; and be open-minded and willing to listen and learn.

CARING

- ***Safe Competition*** Put safety and health considerations above the desire to win; never permit student-athletes to intentionally injure any player or engage in reckless behavior that might cause injury to themselves or others.
- ***Caring Environment*** Consistently demonstrate concern for student-athletes as individuals and encourage them to look out for one another and think and act as a team

CITIZENSHIP

- ***Honor the Spirit of Rules*** Observe and require student-athletes to observe the spirit and the letter of all rules including the rules of the game and those relating to eligibility, recruitment, transfers, practices and other provisions regulating interscholastic competition.
- ***Improper Gamesmanship*** Promote sportsmanship over gamesmanship; don't cheat. Resist temptations to gain competitive advantage through strategies or techniques (such as devious rule violations, alteration of equipment or the field of play or tactics designed primarily to induce injury or fear of injury) that violate the rules, disrespect the highest traditions of the sport or change the nature of competition by practices that negate or diminish the impact of the core athletic skills that define the sport.

I have read and understand the requirements of this Code of Conduct. I will act in accord with this code. I understand that school (and district) officials as well as league and section officials will and should expect that I will follow this code.

Teacher-Coach Signature

Date

“Pursuing Victory With Honor” and the “Six Pillars of Character” are service marks of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics. For more information on promoting character education and good sportsmanship, visit www.charactercounts.com.



ORCUTT Union School District

Where a Dedicated Staff Means Kids Come First

Dear Parent(s), Coaches and other potential Drivers,

Thank you for volunteering to transport our students to a school-sponsored event. The following three items are required to be completed and approved prior to volunteering to transport students:

1. Complete and **sign** the attached Transportation for School-Related Trips Driver Registration Form.
 - a. You must meet the listed minimum liability limits for bodily injury, property damage and medical. If these are not met, you will be unable to provide transportation to students.
 - b. If you have **any** points on your DMV driving record, you will be unable to provide transportation to students. Example of points: speeding, running a red light, making an unsafe lane change, having an at-fault accident, reckless driving, etc.
2. Complete the attached Employer Pull Notice Program Authorization for Release of Driver Record Information form. **You must attach a copy of your current, valid driver's license.**
3. Print the attached Request for Live Scan Services Form
 - a. Fill out all your personal information.
 - b. Take the completed form and ID to any Live Scan site for fingerprinting. A list of vendors is attached. We do not cover this expense. The District will receive electronic results.
4. Return items 1-3 (including a copy of your completed live scan form) along with a copy of your driver's license and a **copy of your current insurance declaration page** which displays liability coverage, to the school office manager OR athletic director.

You will be notified by the school site office indicating whether you meet/do not meet the requirements to become a driver. If all the information is completed in a timely manner, the process should take approximately two weeks.

Thank you for volunteering!

Orcutt Union School District



EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, [redacted], California Driver License Number, [redacted], hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, Orcutt Union School District

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE
Orcutt Santa Barbara CA
DATE SIGNATURE OF EMPLOYEE X

I, [redacted], of [redacted], AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual.

EXECUTED AT: CITY COUNTY STATE
Orcutt Santa Barbara CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.



Transportation for School-Related Trips Driver Registration Form

Important: This form must be submitted to the school principal at least two weeks prior to the trip.

DRIVER INFORMATION: (circle one) Employee Parent/Guardian Volunteer

Check one: Curricular _____ Extracurricular _____

Name: _____ Birth Date: _____

Address: _____ Phone Number: _____ Cell Number: _____

Driver's License #: _____ License Expiration Date: _____

I am willing to provide transportation for _____ (#) of students on this field trip.

FIELD TRIP INFORMATION

Field Trip/Location: _____ Date(s) of Trip: _____

Date(s) of Trip: _____ Departure Time: _____ Return Time: _____

School Site: _____ Teacher/Supervisor: _____

VEHICLE INFORMATION

Name of owner: _____ Year: _____ Make: _____

Address: _____ Car License #: _____

Registration Expiration: _____ Seating Capacity: _____

INSURANCE INFORMATION

Insurance Company: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Liability Limits of Policy: (bodily injury) _____, (\$100,000 - \$300,000 per accident)

(property damage) _____, (\$25,000 per accident)

(medical) _____, (\$2,000 or single limit of \$300,000)

DRIVER STATEMENT

I certify that I am at least 21 years of age and hold a valid California Driver's License. I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Signed: _____ Date: _____

DRIVER INSTRUCTIONS:

When using your vehicle to transport students on field trips or other school activity trips, please:

1. Be sure that you have registered with the District for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence (as noted above under liability limits).
 2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
 3. Carry only the number of passengers for which your vehicle was designed. If you have a truck or pickup, carry only as many as can safely sit in the passenger compartment. Require each passenger to use a seat belt.
- In case of emergency, keep all the students together.

RETIREMENT STATUS QUESTIONNAIRE

Name _____

Date of Birth _____

SS#: _____

SECTION A – CERTIFICATED EMPLOYEES

Have you previously held a public school teaching position in California? Yes No

If yes:
Name of the last California county you worked in _____
Last date taught in that county _____

Have you ever been a member of State Teachers Retirement System (STRS)? Yes No

If yes, are you presently a member of STRS? Yes No

Date you became a member _____
If not presently a member, did you receive a refund of your contribution? Yes No

If you did receive a refund, what was the approximate date? _____

Are you presently employed or plan to be employed with another school district in addition to employment with our district? Yes No

If yes, please identify the district _____

SECTION B – CLASSIFIED EMPLOYEES

Are you presently a member of the California Public Employees Retirement System (CalPERS)? Yes No

If you answered yes, do not fill out the Statement Concerning Your Employment In a Job Not Covered by Social Security form in this packet.

Are you presently employed or plan to be employed with another school district in addition to employment with our district? Yes No

If yes, please identify the district _____

SECTION C – OTHER RETIREMENT SYSTEMS

Are you presently a member of any of the following retirement systems?
Santa Barbara County Employees Retirement System Yes No
University of California Retirement System Yes No
Other publicly supported retirement system Yes No
If yes, identify the retirement system _____

SECTION D – FOR RETIREES

If you are retired, please identify the retirement system _____

Employee Signature _____

Date _____

You do not need to fill out this form if you are a member of CalPERS

**Statement Concerning Your Employment in a Job Not Covered by Social Security
Orcutt Union School District Employer ID #95-6000940**

Employee Name

SS #

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee

Date

Oath of Office

For Public, Officers and Employees

(State Constitution, Article XX, Section 3, as amended and Government Code Section 3100-3109)

State of California – County of Santa Barbara

I, _____ 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.

All public employees are defined as disaster service workers (Government Code 3101). As such before beginning employment with the Orcutt Union School District, employees must take the above Oath as required by law (Government Code 3102). In the event of a natural, manmade or war-caused emergency, which result in conditions of disaster or extreme peril to life, property and resources, all Orcutt Union School District employees are subject to disaster service activities as assigned to them by their supervisor(s).

(Employee Signature)

Date


Zina Chavez, Sr. Payroll Technician
Orcutt Union School District

ORCUTT UNION SCHOOL DISTRICT
WARRANT RECIPIENT DESIGNATION FORM

As provided in Section 53245 of the California Government Code**, in the event of my death, I hereby designate the following person (designee) to receive any and all warrants payable to me:

Name of Designee _____

Address of Designee:

Street _____

City _____ State _____ ZIP _____

Employee Name (Print) _____

Employee Signature _____

Date _____

***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 received a warrant or check pursuant to this section is entitled to negotiate it as if he were the payee.*

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2024

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

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

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

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

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

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

Step 3:
Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here **3** \$ _____

Step 4 (optional):
Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$ _____

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date** _____

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

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

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

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Employees'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 <input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household

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

Exemption from Withholding

- I claim exemption from withholding for 2022, and I certify I meet both of the conditions for exemption. (Check box here)
OR
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under 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 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:

- You did not owe any federal/state income tax last year, and
- 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

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

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

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

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

Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (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](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (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 \$9,606 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,803 if single or married filing separately, dual income married, or married with multiple employers	- 2.
3. Subtract line 2 from line 1, enter difference	= 3.
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)	+ 4.
5. Add line 4 to line 3, enter sum	= 5.
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)	- 6.
7. If line 5 is greater than line 6 (if less, see below [go to line 9]); 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 enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise stop here .	8.
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. Then, complete Worksheet C.	11.

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

1. Enter estimate of total wages for tax year 2022. 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 2022 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$141.90). 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 2022. 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 2022. 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 2022. 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 2022 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	\$9,325	1.100%	\$0	\$0.00
\$9,325	\$22,107	2.200%	\$9,325	\$102.58
\$22,107	\$34,892	4.400%	\$22,107	\$383.78
\$34,892	\$48,435	6.600%	\$34,892	\$946.32
\$48,435	\$61,214	8.800%	\$48,435	\$1,840.16
\$61,214	\$312,686	10.230%	\$61,214	\$2,964.71
\$312,686	\$375,221	11.330%	\$312,686	\$28,690.30
\$375,221	\$625,369	12.430%	\$375,221	\$35,775.52
\$625,369	\$1,000,000	13.530%	\$625,369	\$66,868.92
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$18,650	1.100%	\$0	\$0.00
\$18,650	\$44,214	2.200%	\$18,650	\$205.15
\$44,214	\$69,784	4.400%	\$44,214	\$767.56
\$69,784	\$96,870	6.600%	\$69,784	\$1,892.64
\$96,870	\$122,428	8.800%	\$96,870	\$3,680.32
\$122,428	\$625,372	10.230%	\$122,428	\$5,929.42
\$625,372	\$750,442	11.330%	\$625,372	\$57,380.59
\$750,442	\$1,000,000	12.430%	\$750,442	\$71,551.02
\$1,000,000	\$1,250,738	13.530%	\$1,000,000	\$102,571.08
\$1,250,738	and over	14.630%	\$1,250,738	\$136,495.93

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$18,663	1.100%	\$0	\$0.00
\$18,663	\$44,217	2.200%	\$18,663	\$205.29
\$44,217	\$56,999	4.400%	\$44,217	\$767.48
\$56,999	\$70,542	6.600%	\$56,999	\$1,329.89
\$70,542	\$83,324	8.800%	\$70,542	\$2,223.73
\$83,324	\$425,251	10.230%	\$83,324	\$3,348.55
\$425,251	\$510,303	11.330%	\$425,251	\$38,327.68
\$510,303	\$850,503	12.430%	\$510,303	\$47,964.07
\$850,503	\$1,000,000	13.530%	\$850,503	\$90,250.93
\$1,000,000	and over	14.630%	\$1,000,000	\$110,477.87

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



**Employee
2023-2024 Offer of Health Insurance**

As a variable hour, part time, temporary or seasonal employee of the Orcutt Union School District for the 2023-2024 school year, you are being given the opportunity to purchase health insurance for you and your eligible children. A summary of the available insurance plan is included in this packet. If you should choose to enroll, you will be responsible for making monthly premium payments to the district's benefits office.

To request enrollment on this plan, you must submit the following items to the district's benefits office no later than two weeks from your date of hire. No late enrollments will be accepted.

- A completed and signed SISC III enrollment form
- Proof of eligibility for dependent children (birth certificates/adoption paperwork)
- First month's premium payment in the form of a check or money order in the applicable amount noted below
 - 2023-2024 Monthly Rates – Two Tier Anchor Bronze Plan
 - Employee Only: **\$ 597.00**
 - Employee and Children: **\$1,146.00**

Subsequent monthly payments are due in full by the 25th of the month prior to the coverage month. If payment is not received by the 1st of the coverage month, your coverage will be terminated. If your employment status ends at any time during the plan year, your coverage will be terminated the first of the month following. No reinstatements will be allowed.

If you fail to provide the items required for enrollment within two weeks of your hire date, you and your dependent children will not be allowed to enroll until the next Open Enrollment Period. Members who enroll during the Open Enrollment Period will become effective October 1 of the same year. Enrollment in SISC dental, vision and life is not allowed while enrolled on the Anchor Bronze plan.

**Temporary Employee
2023-2024 Declination of Health Insurance**

I have read and understand the above notification. I understand that if I decline coverage or fail to provide the items required for enrollment within two weeks my hire date, I will not be able to enroll in coverage until the district's next Open Enrollment period.

I am declining health insurance coverage for the 2023-2024 plan year.

Print Name: _____

Signature: _____

Date: _____

Social Security Number: _____