



Hiring Packet Guide

Fall 2020 / Spring 2021

careerhub.santarosa.edu

Hiring Packet Checklist

This form is for your own use and does not need to be submitted.

The process of becoming an On Campus Student Employee consists of three main steps.

Below is the list of steps and/or documents you will come across during this process.

Use this checklist to better understand the steps taken in order to become an On-campus Student Employee.

Please refer to the [career hub website](#) to get more information or contact us via email at careerhub@santarosa.edu



Checklist
Career Hub

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The process of becoming an On-campus Student Employee consists of three main steps. Below is the list of steps and/or documents you will come across during this process.
Use this checklist to better understand the steps taken in order to become an On-campus Student Employee.

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Student Name: _____ SID: _____

Supervisor Name: _____ Department: _____

Date completed: _____

Step 1: Applicant (Pre-employment)

***required items**

Form/Task	Completed On	Notes
Attend Perspective Student Employee Workshop		
Check With Financial Aid Office to See if you are Eligible for FWS		
Meet with Career Advisor to Work on Resume and Cover Letter		
Completed Eligibility Application*		
Apply to On-campus Jobs on Jobspeaker*		
Have an Interview with potential Employee*		

Step 2: You Are Hired! (Onboarding)

***required items**

****required item for non-citizen who are not F1 visa holders.**

Form/Task	Completed On	Notes
Request/Approval Form: Student*		
Confidentiality Statement*		
Personal Data Form*		

Welcome Letter

Congratulations for getting hired on SRJC campus!

This is your welcome letter and the first form you will come across. This form will have multiple fields where you will have to put down your initials.



 **SANTA ROSA
JUNIOR COLLEGE**

CAREER HUB
Bertolini Student Center
3rd Floor, Room 4842
(707) 527-4329

<https://careerhub.santarosa.edu/>

Dear New Student Employee for the 2020-21 Academic Year,

Congratulations on being offered a position as a Student Employee here at SRJC! As a student employee you are vital to our campus community where you will be helping our colleagues, fellow students, and other community members navigate their time here on campus (whether in person eventually or remotely like now). While we prepare to onboard you into your new department, we understand this process can be extra tricky while we are working remotely and this hiring packet has a lot of required forms to complete and some of them can be intimidating, so below we have some tips to get you started!

- The Career Hub team of students and qualified staff members are trained to help you navigate this packet and we are more than happy to assist you with your questions. Please reach out to us at the above contact information.
- Need some additional help? Make an appointment to meet with me directly by navigating to our [website](#) and select Appointment and choose "Student Employment" as the next option. From there you will be asked a series of questions so we can prepare to best serve you! We will then contact you to make an appointment.
- Remember that this packet is required before you can begin working in your department. You will know you are cleared when your status in Jobspeakr updates to "hired" with a start date in the comments section.
- Once you have completed onboarding, please remember that the Career Hub is here for you your entire time while you work on campus. We are here to answer questions about your employment and can help you navigate anything related to work that may come up! Simply reach out to us and we will connect you with the right person to assist you.

Warm regards,

Jamie Longnecker

Jamie Longnecker

Coordinator, Workforce Development

J.Longnecker@santarosa.edu

RA Form- Employer

This form is for your Supervisor and should already be filled out when you get it .

You will not be filling out anything here.

There will be arrows that direct you to where you need to fill out information.



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<https://careerhub.santarosa.edu/campus-employment>

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REQUEST/APPROVAL FORM Page 1

Please complete the sections you have been assigned.

Fiscal Year 2020_21
Begins June 10, 2020 & Ends June 9, 2021

This form is only intended for students who have not worked on campus in the previous six months and/or have never worked on campus before. If you believe you have been assigned this form in error, please reach out to JLongnecker@santarosa.edu

Student Name:

Last (Use the name printed on their Social Security Card) First Middle

Current Semester Enrollment Semester _____ Year _____ Units _____

Enrollment Verified: Yes ___ No ___

International Student Yes ___ No ___

CalWORKs Student Yes ___ No ___

If yes, verification from CalWORKs is required from CalWORKs staff. Please forward a confirming email to jlongnecker@santarosa.edu prior to the student's clearance appointment at the Career Hub office

Federal Work Study Student Yes ___ No ___

Can the student be funded through district funds should he or she not receive FWS? Yes ___ No ___

FWS eligibility for the current Fiscal Year will need to be verified by the Career Hub office before a FWS timesheet can be issued. Students who work the months of June and July will need to complete a Summer Request for Federal Work Study for summer 2021 to be paid from FWS funding. The form is located in the Financial Aid Office - Plover Hall or 109 PC. Students who applied for the FAFSA later than March 2021 may not qualify for Summer Work Study.

Department/Budget information

Student position title: _____ Projected start date: _____

Department: _____ Rate of Pay Starts at Step 1: \$15.00/hour

Use the department name in Escape

Department budget code: _____ -2361

Department budget code: _____ -2360 (FWS if applicable)

Department budget code: _____ -2361

Dean/Director name: _____ Dean/Director signature: _____

Supervisor name: _____ Supervisor signature: _____

R/A Form- Student

All fields with arrows need to be filled in

Student Information

Citizenship Status: US citizen, noncitizen, or International

FASFA section

- Don't remember the exact date? That's ok, do your best
- FWS = Federal Work Study: This is where the federal gov. provides financial aid money to your boss to use for your salary. You must request this in your FASFA. You can check your status in your Financial Aid Portal
- CalWorks: only check off if you are a CalWorks Student
- District: Neither FWS nor CalWorks



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REQUEST/APPROVAL FORM page 2

Student Information

Address: _____
Street City State Zip

Student ID: _____ - _____ - _____ SSN: _____ - _____ - _____

____ Yes ____ No Have you ever been employed by SRJC as a Student Employee in the past?

Department _____ Year _____
(Please fill out a complete hiring packet if you have not been paid as a student employee for more than 6 months.)

I understand that I must present an original, valid Social Security Card for W-4 verification with my hiring packet to work as a Student Employee at SRJC. This is in addition to 1-9 requirements. Please check one of the following:

____ I am a U.S. Citizen/Permanent Resident. I have a Social Security Card.

____ I am an International Student with an F-1 Visa. I have a Social Security Card.

____ I am an International Student with an F-1 Visa. I will need to obtain a proof of employment letter from the Career Hub and International Student Programs office to apply for a Social Security Card. Questions? Email Career Hub.

____ I am not a U.S. citizen. I have a Social Security Card and unexpired work eligibility documents. If you have a Social Security Card with the legend "VALID FOR WORK ONLY WITH DHS AUTHORIZATION"* you will need to present further documentation. Please refer to the I9 documents included with this hiring packet for other types of acceptable documentation or contact the Career Hub office. *DHS = Department of Homeland Security

Program Information

FEDERAL WORK STUDY (FWS): You must have applied for Financial Aid (FAFSA) to receive FWS. FWS money pays your salary when you work on campus. If you are unsure about whether you have been debarred, please email JLongnecker@santarosa.edu to verify.

____ Yes ____ No Have you applied for the FAFSA and requested Work Study for 2020_21? If yes, date: _____

____ Yes ____ No Have you received a notice from Financial Aid Services confirming a FWS award for 2020_21?

____ Yes ____ No Have you completed the *Summer Request for Federal Work Study* Form for Summer 2021? (Required for working June & July) Date: _____

If No, STOP HERE if you are planning to work the months of June or July. If you have received your award letter please contact Financial Aid to complete the Summer Request for Federal Work Study form.

CalWORKs: I have been approved for CalWORKs Study and understand a portion of my salary will be paid by CalWORKs.

Note: Not all CalWORKs students are approved for CalWORKs Study. Contact CalWORKs Department regarding eligibility.

DISTRICT: I do not have FWS or CalWORKs funding.

R/A Form- Student Cont.

Fall/Spring Semester- minimum 6 units (international: minimum 12 units)

Summer Semester- minimum 3 units (international: minimum 6 units)

Maximum 25 hours of work per week

F-1 Visa students: maximum 20 hours per week (25 max during breaks)

Signature

Bottom information = Office use only



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REQUEST/APPROVAL FORM page 3

Eligibility Requirements

PLEASE READ BEFORE SIGNING: I understand that I must be enrolled in and stay enrolled in at least **6.00 units** during Fall and/or Spring semester and at least **3.00 units** during the Summer semester. If I drop units or am dropped below the unit criteria I am no longer eligible to work on campus and will be removed from my position immediately.

For all jobs held on campus, the combined total may not exceed 25 hours per week. F-1 Visa students may not work more than 20 hours per week except during breaks and summer semester.

In addition, I understand that the hours and length of my employment are contingent upon the hiring department's budget.

Student Signature: _____ **Date:** _____

FOR CAREER HUB OFFICE USE ONLY:

Units enrolled In for in SIS: Summer _____ Fall _____ Spring _____

Federal Work Study Award Amount if Applicable: Summer _____ Fall _____ Spring _____

FWS/CalWORKs District District/CalWORKs International Student Awaiting a Social Security Card Only


Career Hub Office Approval: _____

Career Hub Paperwork Clearance Date: _____ Start Date _____

Employment Eligibility Verification

This form also **confirms citizenship**. Make sure that you have **filled in all of the required spaces**, especially your **social security number and signature**.

There is a **Second page** to this form in the packet, however you **do not** need to check that side since the **Career Hub staff fills that part out**.

		Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019	
		<p>▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>			
<p>Section 1. Employee Information and Attestation <i>(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.)</i></p>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p>					
<input type="checkbox"/> 1. A citizen of the United States					
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)					
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____					
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)					
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p>					
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____					
					OR Code - Section 1 Do Not Write in This Space
Signature of Employee				Today's Date (mm/dd/yyyy)	
<p>Preparer and/or Translator Certification (check one):</p> <p><input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i></p> <p>I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</p>					
Signature of Preparer or Translator				Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town	State	ZIP Code

I-9 Documentation

I-9 form requires some form of document in order for us to verify your identity and status. You may submit one of the approved documents **from List A or a combination from documents on B & C** (One from B & one from C). The most common combination that people submit is their drivers license and social security card.

Please note that **SRJC Student ID** card can not be used as a form of identification and therefore it is **NOT** an accepted document for the list B.

If the documents are not submitted correctly you will be required to **start over from the beginning**. Therefore, if you have any questions about this process or what documents can be used for the I-9 purposes, please contact the Career Hub at careerhub@santarosa.edu

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be **UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

I-9 Documentation (International students)

If the you are an international student you must have extra I-9 forms which are your Visa, Passport, I-20, and

Individuals can visit www.cpb.gov/I94 to receive a copy of their electronic I-94 form.

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: **N0004705512**

SURNAME/PRIMARY NAME Doe Smith	GIVEN NAME John	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME John Doe-Smith	PASSPORT NAME	
COUNTRY OF BIRTH UNITED KINGDOM	COUNTRY OF CITIZENSHIP UNITED KINGDOM	
DATE OF BIRTH 01 JANUARY 1980	ADMISSION NUMBER	
FORM ISSUE REASON EXCEL ADMISSION	LEGACY NAME John Doe-Smith	

SCHOOL INFORMATION

SCHOOL NAME SEV2 School for Advanced SEVIS Studies SEV2 School for Advanced SEVIS Studies	SCHOOL ADDRESS 3002 Nancy Lane, Pt. Washington, MD 20744
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Helene Robertson DESO	SCHOOL CODE AND APPROVAL DATE BAL21474444000 03 APRIL 2015

PROGRAM OF STUDY

EDUCATION LEVEL ENHANCED	MAJOR 1 Economics, General 45.0601	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 72 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient.
PROGRAM START DATE 01 SEPTEMBER 2015	PROGRAM END DATE 31 MAY 2021	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR 9 MONTHS		STUDENT'S FUNDING FOR 9 MONTHS	
Tuition and Fees	\$ 23,000	Personal Funds	\$ 3,000
Living Expenses	\$ 6,000	Scholarship and Teaching Assistantship	\$ 29,000
Expenses of Dependents (1)	\$ 3,000	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 32,000	TOTAL	\$ 32,000

REMARKS

Orientation Begins 8/25/2015. Please Report to ISSS upon arrival.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	DATE ISSUED 21 April 2015	PLACE ISSUED Pt. Washington, MD
SIGNATURE OF: Helene Robertson, DESO		

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<input checked="" type="checkbox"/>	DATE
SIGNATURE OF: John Doe Smith	
<input checked="" type="checkbox"/>	DATE
SIGNATURE OF PARENT OR GUARDIAN	
SIGNATURE	ADDRESS (city/state or province/country) DATE

Confidentiality Statement

Read this form and make sure that it is signed at the bottom before submitting.



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CAREER HUB

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workexperience.santarosa.edu/career-hub

CONFIDENTIALITY STATEMENT

Dear Student Employee:

In the course of your job you will sometimes encounter two circumstances of particular sensitivity: **confidentiality and disruptive students or clients**. To assist you to better understand our policies, and therefore your response to these situations, these statements have been prepared.

Please read the following; ask your supervisor any questions you have and sign below.

CONFIDENTIALITY

"I understand and agree that I will not divulge any information concerning an SRJC student to anyone who is not a clearly identifiable SRJC staff person with a need-to-know, unless given express authorization by the student to do so.

I understand that I am not to engage in casual conversation concerning a student's circumstances with anyone."

DISRUPTIVE STUDENTS

"If confronted with a disruptive individual, I understand that it is the responsibility of the staff to deal with these situations and that it is my job to listen and then refer the individual to my supervisor."

Printed Name

Signature

Date

Personal Data Form

Please complete this form as honestly as you can. If the you do have a record, this may not hinder you in any way from getting a job, but it is necessary that we know this information. If there are questions, you may be contacted by the Coordinator, Workforce Development or the Human Resources Department for follow-up questions.

Make sure all the required fields on this form are completed and signed.

PERSONAL DATA FORM

Completion of this personal data is mandatory (your hiring packet will be considered incomplete without this form). This sheet will be separated from your application prior to review by the screening committee. This information will only be used for lawful reasons related to employment decisions made by the District.

[1] Do you have any relatives employed by the Sonoma County Junior College District? Yes _____ No _____

If yes, please list name(s) and relationship(s): _____

[2] Have you ever been dismissed or asked to resign from employment for misconduct or unsatisfactory service? Yes _____ No _____

If yes, please explain: _____

[3] Have you ever been convicted of any offense by any civilian or military court? Yes _____ No _____

(a plea of nolo contendere is considered a conviction)

If yes, please note in the table below the date and place of each conviction, the specific charge, the fine or sentence received and any other remarks you may feel are relevant. The following need not be reported: a) minor traffic violations for which the fine was \$100 or less; b) any offense which was finally settled in a juvenile court or under a welfare youth offender law; c) any incident that has been sealed under Welfare and Institutions Code #781 or Penal Code #1203.45; or d) any conviction specified in Health and Safety Code #11361.5. If you have no additional information to list, indicate "N/A" and sign and date the form. The area labeled "DISPOSITION/RESULTS" refers to length of jail sentence, amount fined, etc. You may attach additional pages as necessary.

DATE, CITY, AND STATE OF CONVICTION/ARREST	SPECIFIC CHARGE OR CODE SECTION(S) VIOLATED	DISPOSITION/RESULTS	ADDITIONAL COMMENTS

Please be advised that being convicted of a criminal offense does not necessarily disqualify you for employment eligibility. However, conviction of a sexual offense or controlled substance offense as defined by Education Code sections 87010 and 87011 may automatically disqualify you as an employee. All employment selections shall be based upon job-related qualifications. Please contact the Human Resources Department at (707) 527-4821 should you have any questions or concerns.

SIGNATURE _____ DATE _____

JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY POLICY AND CAMPUS CRIME STATISTICS ACT

Sonoma County Junior College District's annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Sonoma County Junior College District; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can read or obtain a full copy of this report by going to the following link: <http://police.santarosa.edu>. Paper copies of the full report are available upon request by calling Police Department Records at (707) 527-4963 or by coming to the Sonoma County Junior College District Police Department located at 2032 Armory Drive, Pedroncelli Center, Santa Rosa Campus.

SIGNATURE _____ DATE _____

W-4: Federal Copy

The W-4 Forms (one for California and one for Federal) tell the SRJC Payroll Office how much money to take out of your check for taxes. W-4 forms are required in order for the **student's taxes** to be dealt with accordingly. For Californians, we must complete two W-4s: one for state government and one for the federal government.

By law, we are **not allowed to tell the student what to put on their W-4**, so the only questions we can really answer regarding this page are correlated to what the form is for. **All other questions should be directed to the three worksheet forms** in the packet that help explain how to fill out this section.

Make sure all the required fields are filled out and the Social Security number is entered correctly.


Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>		2020
Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number	
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.	
	City or town, state, and ZIP code			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.				
Step 2: Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.			
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____			
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____			
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. ▶ _____ ▶ Date _____ Employee's signature (This form is not valid unless you sign it.)			
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2020)				

W-4: California Copy

In this form we need to make sure that the **personal information section** is filled out, as well **part #1 and #2 are filled or #3 or #4 is filled out**, and you should put down your **signature and date**.

Make sure that the Social Security number matches the Social Security numbers on other forms and your Social Security card.

The next three pages are worksheets and are for you to use in case you need help filling out this page. Remember, **we cannot give advice on how to fill this form out.**

		<input type="button" value="Clear Form"/>
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE		
Complete this form so that your employer can withhold the correct California state income tax from your paycheck.		
Enter Personal Information		
First, Middle, Last Name	Social Security Number	
Address	Filing Status	
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD	
1. Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).		
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet B and C) OR		
Exemption from Withholding		
3. I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption. OR Write "Exempt" here		
4. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here) <input type="checkbox"/>		
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, <i>Employee's Withholding Allowance Certificate</i> (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding only . You must file the state form <i>Employee's Withholding Allowance Certificate</i> (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding. If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance. CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form. EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption: 1. You did not owe any federal/state income tax last year, and 2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1. Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act , check the box on Line 4 . You may be required to provide proof of exemption upon request.		
DE 4 Rev. 49 (2-20) (INTERNET)		Page 1 of 4

Direct Deposit

This form does not necessarily need to be turned in at the time of their hiring packet submission. This paper is only required if you want to have your paycheck sent directly into their bank account. You can turn this in at any time during their employment. Please note that it will take roughly 2 or so weeks for this process to go into effect from the time you have turned the form in.

When it is submitted, make sure the personal information is filled, signature is present, and that you have attached either a voided check or a letter from your bank.

SANTA ROSA JUNIOR COLLEGE		
DIRECT DEPOSIT AUTHORIZATION AGREEMENT		
Employee Name _____ <i>Last Name First Name</i>	Employee ID _____	
_____ <i>Email Address- Required</i>	_____ <i>Day time Phone Number</i>	_____ <i>Department</i>
PAYROLL DIRECT DEPOSIT OPTION(S)		
You MUST ATTACH a preprinted voided check, OR a letter from your banking institution, preprinted with your account number and routing number, for EACH option selected below. WE CANNOT ACCEPT DEPOSIT SLIPS.		
Option 1 Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>	Primary: Financial Institution Name _____ Account Number: _____ ALL NET PAY WILL BE DEPOSITED - NO DOLLAR AMOUNT NEEDED	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Option 2 Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>	Second: Financial Institution Name _____ Account Number: _____ DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Option 3 Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>	Third: Financial Institution Name _____ Account Number: _____ DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Option 4 Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>	Fourth: Financial Institution Name _____ Account Number: _____ DOLLAR AMOUNT DEPOSITED EACH PAYDAY \$ _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
<small>I hereby authorize SRJC and the financial institution shown above or on the attached check to deposit my pay as indicated above. If funds to which I am not entitled are deposited, I hereby authorize SRJC or Sonoma County Office of Education either to direct the financial institution to return such funds or to determine appropriate corrective action or to request a "stop payment" of the Auto Deposit and to issue a warrant for the correct amount or I direct SRJC to adjust future earnings. This authority will remain in effect until I have signed the cancellation section below.</small>		
I understand by completing this form my automatic deposit may not be effective for two payroll cycles.		
_____ <i>Date</i>	_____ <i>Employee Signature</i>	
CANCELLATION		
I, _____ hereby request that direct deposits to the account number above be discontinued effective immediately after receipt of this request by the SRJC.		
_____ <i>Date</i>	_____ <i>Employee Signature</i>	

Substantial Presence Test

Not every student employee will need to fill out this form.

This form is to be filled out by non citizen students who do not have F1 visas or are not Permanent Residents.

If this form applies to you, the dates of every time you have entered entered the US needs to be recorded on the second page.

Make sure that all of the information is filled out. Every time that they entered the US needs to be recorded on the second page.

If you have any questions or concerns about this form please contact Jamie Longnecker or schedule a one on one meeting with her to go over this form.

If you are a Non-U.S. Resident seeking employment, please complete this form.

Current federal laws state that if you are not a U.S. citizen, a tax residency analysis must be completed before you can receive any form of payment from Santa Rosa Junior College. The information requested below is strictly confidential and will be used for tax withholding and reporting purposes only. All applicable questions below must be answered.

Last Name:		First Name:		Middle Initial:	
(1) Social Security or ITIN #:		(2) Country of Citizenship:		(3) Country of Tax Residence:	
(4) Passport #:	(5) Visa #:	(6) What is your relationship to SRJC? (check all that apply) <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Other <input type="checkbox"/> Consultant			
(7) U.S. Local Street Address:			(8) Foreign Residence Address:		
City:	State:	Zip:	City:	Province/Region:	
Email Address:		Phone #:	Country:		Postal Code:
(9) What is your current visa immigration status? <input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Professor <input type="checkbox"/> J-1 Student <input type="checkbox"/> J-1 Trainee <input type="checkbox"/> J-1 Research Scholar <input type="checkbox"/> Other		(10) Original date of entry to U.S. on <u>current</u> visa status?	(11) Expiration date for current immigration status?	(12) Estimated departure from the U.S.?	
(13) Institution sponsoring your visa: <input type="checkbox"/> SRJC <input type="checkbox"/> Other Institution: _____ <input type="checkbox"/> No sponsoring institution (i.e. B-1/B-2 or WB/WT visa)		mm/dd/yy	mm/dd/yy	mm/dd/yy	
If you are eligible to claim a tax treaty exemption as a student, you must file a Form 8233 with the proper attachment for your country of permanent residence.					
Do you have a valid Employment Authorization Card? ___No ___Yes If yes, expiration date: _____					
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF MY STATUS CHANGES FROM THAT WHICH I HAVE INDICATED ON THIS FORM, I MUST SUBMIT A NEW SUBSTANTIAL PRESENCE TEST FORM TO STUDENT EMPLOYMENT.					
Date: _____			Your signature: _____		

Student Payroll Form

This form is the last form in the packet.

Make sure that **all of the information is filled out on the front side**, especially your **start date** (which should be a day after the date you are submitting this form) and your **signature**.

On the **second page** make sure that your **emergency contact information** is filled out; the **rest of the second page** is not to be filled out by the you, but **by our office**.



STUDENT PAYROLL FORM – Side Two

EMERGENCY CONTACT INFORMATION

Last Name: _____

First Name: _____

Relationship: _____ Phone Number: _____



SANTA ROSA
JUNIOR COLLEGE

CAREER HUB
Bertolini Student Center
3rd Floor, Room 4842
(707) 527-4329

workexperience.santarosa.edu/career-hub

STUDENT PAYROLL FORM

Can your personal data and information be released to the public without your written consent? Yes No

Social Security # _____
Cell Phone # _____
Email Address _____

Have you ever been employed by SRJC as a Student Employee? No Yes STNC? No Yes

If Yes, Name of Department _____ Year _____

Last Name _____ First Name _____ Middle Initial _____
(Use the name on your Social Security card)

Male Female Non-Binary (Gender identity not specifically male or female or identifies with both genders) (Circle one)

Address _____ Date of Birth _____

City _____ Zip _____

Ethnicity: Information is voluntary and optional

Hispanic/Latino: Mexican, Mexican-American, Chicano Central American South American Hispanic, Other
Other: Asian, Indian Chinese Hawaiian Pacific Islander, Other
 Asian, Other Cambodian Japanese Samoan
 American Indian/Alaskan Filipino Korean Vietnamese
 Black/ African American Guamanian Laotian White

Department _____ Type of Work Assignment _____

Start Date _____ Date of Termination _____
(Date must be after Student Employment clearance date - Month/Day/Year) (Do not fill in)

Student's Signature _____ Date _____



Career Hub's
Facebook



Career Hub's
Instagram



Career Hub's
linkedin

THANKS!

Do you have any questions?

We are here for you!

Please email us at

careerhub@santarosa.edu