

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

EMPLOYMENT INFORMATION (Please Print)

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

3. ETHNICITY: Hispanic or Latino? (Select only one)
 No, not Hispanic or Latino Yes, Hispanic or Latino

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

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

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

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

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

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

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

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

10. REPORT OF CONVICTIONS/PENDING COURT CASES (Form 6087): A record of convictions, arrests and pending court cases does not necessarily disqualify an applicant from employment. However, failure to account on Form 6087 for all convictions, arrests and pending criminal court cases will result in disqualification and/or separation from service.
You must request and complete Form 6087 if you have ever been **convicted** of any violation of law, whether or not you were fined, placed on probation, given a suspended sentence, or forfeited bail, and regardless of any subsequent court dismissal or expungement. You must also report any **pending** criminal court cases. (Do not include minor traffic violations such parking or speeding.)
I have a conviction or pending criminal court case to report and hereby request Form 6087. YES NO

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

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

HUMAN RESOURCES USE ONLY

Document/Notes	Date and Initials
Employment Authorization verified (I-9) _____	_____
HR-Employee Relations approval needed if item 10 is Yes _____	_____
Pers ID/Emp No. <input type="text"/>	



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>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. An alien 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.

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

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		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, 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, sex, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of 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 style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

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



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

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

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

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

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

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

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

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

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

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

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

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



Supplement B, Reverification and Rehire (formerly Section 3)

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

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

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

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

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

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

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

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

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

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

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

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

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

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

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

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Los Angeles Unified School District
Human Resources
Certificated Substitute Unit

**ACKNOWLEDGMENT OF DISTRICT POLICIES AND
NEW HIRE INFORMATION**

- [Child Abuse Reporting Laws/Requirements](#)
- [Drug, Alcohol-Free Workplace](#)
- [Nondiscrimination Statement](#)
- [Sexual Harassment with regard to District Employees and Students](#)
- [Worker's Compensation Information & Physician Pre-Designation Form](#)
- [Hepatitis B](#)
- [Employee Code of Ethics](#)
- [Employee Email Account](#)

Your signature below acknowledges that you have received the information above and understand and will comply with the provisions of each of the above-mentioned policies and information.

Print Full Name

Social Security#

Signature

Date

LOS ANGELES UNIFIED SCHOOL DISTRICT

OATH OF ALLEGIANCE

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

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

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

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

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

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

Executed this _____ day of _____, 20 _____,

at _____, California
City

Signature: _____

Home Address: _____

Number and Street

City

State

Zip Code



Employee's Withholding Allowance Certificate

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

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

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

Exemption from Withholding

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

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
_____	_____

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

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

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

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

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

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

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

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

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

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

The *California Employer's Guide (DE 44)* (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication can be found by visiting [Payroll Taxes - Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, 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 \(CCR\)](#) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

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

Worksheets

Instructions — 1 — Allowances*

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

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

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

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

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

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

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

Worksheet A

Regular Withholding Allowances

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

Instructions — 2 — Additional Withholding Allowances (Optional)

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

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

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

Worksheet B

Estimated Deductions

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

- | | |
|--|------------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. _____ |
| 2. Enter \$11,412 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,706 if single or married filing separately, dual income married, or married with multiple employers | – 2. _____ |
| 3. Subtract line 2 from line 1, enter difference | = 3. _____ |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. _____ |
| 5. Add line 4 to line 3, enter sum | = 5. _____ |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | – 6. _____ |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
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, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C

Additional Tax Withholding and Estimated Tax

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

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

These Tables Are for Calculating Worksheet C and for 2026 Only

Single Persons, Dual Income Married or Married With Multiple Employers

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

Married Persons

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

Unmarried/Head of Household

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

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

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

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2026

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

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

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

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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

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

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):			
(a) Multiply the number of qualifying children under age 17 by \$2,200	3(a)	\$	
(b) Multiply the number of other dependents by \$500	3(b)	\$	
Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here	3	\$	

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b)	\$
(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Exempt from withholding I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

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 unless otherwise noted.

Future Developments

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

Purpose of Form

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

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

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

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

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

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

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

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

Specific Instructions

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

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

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

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



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

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

Step 4.

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

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

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

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



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

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

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

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

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

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b **2b** \$ _____

c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) **4** \$ _____

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

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

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

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

11 **Standard deduction.**

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

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

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

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

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

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

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

Head of Household

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



Los Angeles Unified School District Workers' Compensation Program Pre-designation of Physician Form

In the event of a work related injury or illness, I request to be treated by my personal physician. I understand this designation may only be made **before** the date of injury. I understand that I must have group health coverage for non-industrial injuries or illnesses in order to pre-designate.

The physician I selected meets the following criteria:

- Within a reasonable geographical area from my residence or work location.
- A Licensed Physician pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
- Is my regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed my medical treatment, and retains my medical records.
- Your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operate an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries
- Agrees before the injury to be designated as my physician in the event an industrial injury occurs.

If my personal physician is not qualified to treat the injury or declines to provide treatment, my employer will direct my treatment to an appropriate physician.

Employee Name: _____ **Employee Number:** _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Pre-designated Physician's Name: _____ Telephone No. _____

Address: _____

Employee Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

Physician: I agree to this predesignation:

Signature: _____ Date: _____

The physician is not required to sign this form, however, if the physician or designated employee of the physician does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1 (a)(3)

This form must be maintained at the work location in the employee's personnel file.



LOS ANGELES UNIFIED SCHOOL DISTRICT WARRANT(S) RECIPIENT DESIGNATION

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

GOVERNMENT CODE, STATE OF CALIFORNIA: Section 53245

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



LAUSD HUMAN RESOURCES STATEMENT OF DAY-TO-DAY SUBSTITUTE AVAILABILITY

NAME _____ SSN# _____

ADDRESS _____ Personal Email* _____

CITY, ZIP _____, _____ Phone # _____

You are responsible for making changes to your official address and/or telephone number. Use LAUSD Employee Self-Service at <https://ess.lausd.net> to update your records.

* Personal email will only be used to register in SFE, after 48 hours, your District email will be your official email of contact.

SERVICE UNIT AND CALLING AREA FOR THE 2025-2026 ACADEMIC YEAR

Select one Calling Area within the geographical Service Unit of your preference. Assignment priority will be given to the primary Calling Area selected and then to adjacent Calling Areas based on contractual calling priority order and need (UTLA/District Agreement Article XIX, 5.3).

SERVICE UNITS			
	NORTH (N)	CENTRAL (C)	SOUTH (S)
CALLING AREAS	<input type="checkbox"/> 1) Chatsworth, Kennedy, Monroe <input type="checkbox"/> 2) San Fernando, Sylmar, Verdugo Hills <input type="checkbox"/> 3) Canoga Park, Cleveland, Reseda, Taft <input type="checkbox"/> 4) Grant, N. Hollywood, Polytechnic, Van Nuys	<input type="checkbox"/> 1) Hamilton, University, Venice, Westchester <input type="checkbox"/> 2) Belmont, Dorsey, Crenshaw, Fairfax, Hollywood, Jefferson <input type="checkbox"/> 3) Eagle Rock, Franklin, Garfield, Lincoln, Marshall, Roosevelt, Wilson	<input type="checkbox"/> 1) Banning, Carson, Gardena, Narbonne, San Pedro <input type="checkbox"/> 2) Fremont, Jordan, Middle College, Washington <input type="checkbox"/> 3) Bell, Huntington Park, South Gate

We are making you available Monday thru Friday. However, if you wish to change the days of the week you will be available for work, use the SmartFind Express website at <https://lausd.sfe.powerschool.com> or call SmartFind Express at (877) 528-7378 and follow the prompts. Minimum availability is two days per week.

ASSIGNMENT: Available to begin on (Date): ____/____/____ **You must be available to work within ten (10) business days after processing.**

SERVICE LEVEL: **Elementary** **OR** **Secondary**

If you wish to be available for Special Education, please indicate that preference in the box below. Note that Special Education subjects are now all grouped under **SPD** (this includes Mild to Moderate, Moderate to Severe, and Resource Special Education). **Elementary substitutes who wish to add special education must select** and may include Special Education (SPD), *only if* you have viewed the Bloodborne Pathogens video and have proper certification on file. The video may be viewed at the Beaudry District office.

Add Special Education	Check here:	<input type="checkbox"/>
------------------------------	--------------------	--------------------------

Minimum availability is two consecutive days. In order to be name-requested as a preferred substitute you must be available on both Monday and Friday. If you select Monday and Friday ONLY, you cannot work any other day(s), even by request. You will be considered unavailable for work if SmartFind Express calls and you reject 3 jobs, cancel 1 job, do not answer your phone 5 times, or if the system receives 3 busy signals, or 5 hang-ups after your PIN is entered.

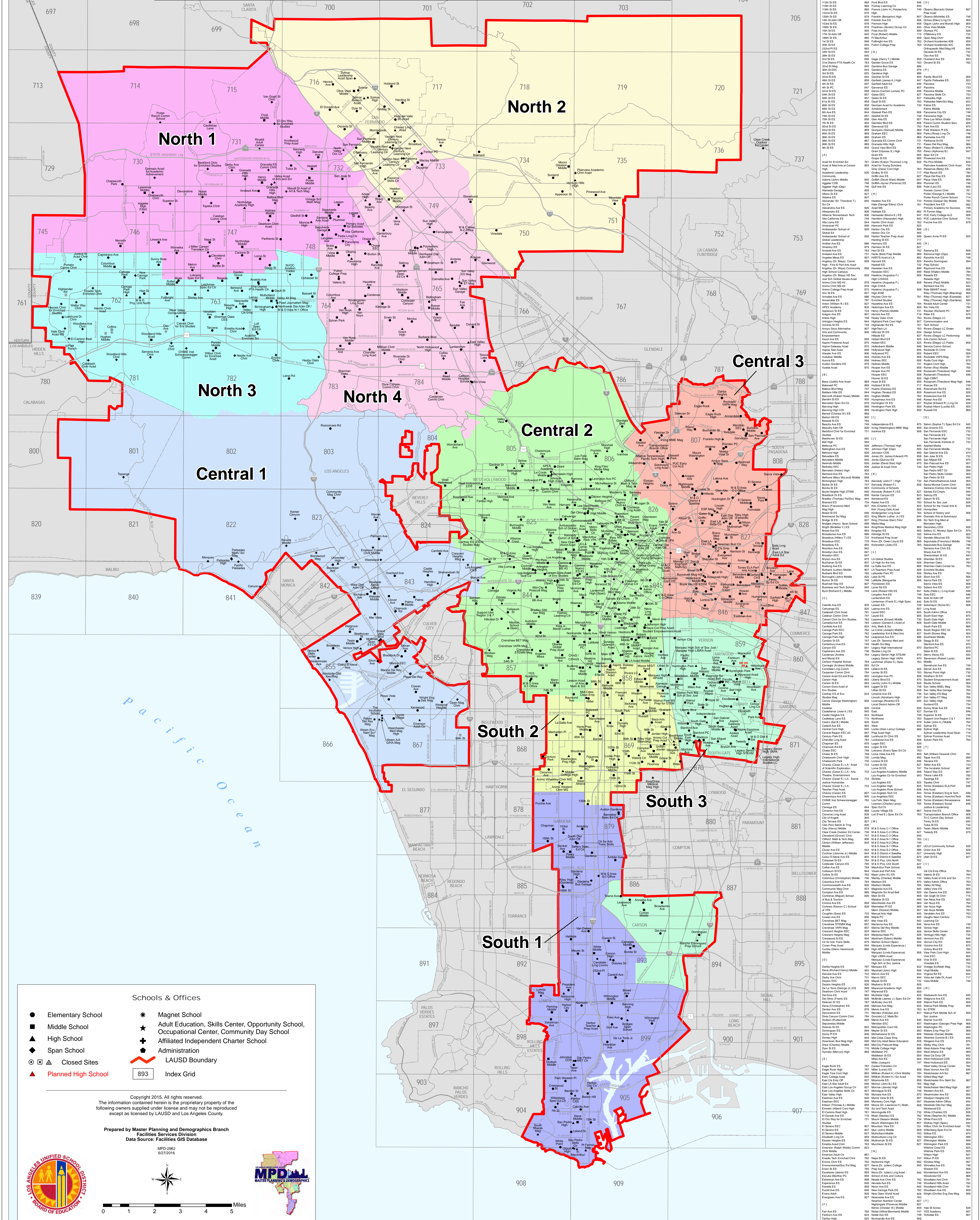
Are there any restrictions on your availability to work the minimum required days? **YES** **NO**

If yes, provide details: _____

Signature

Date

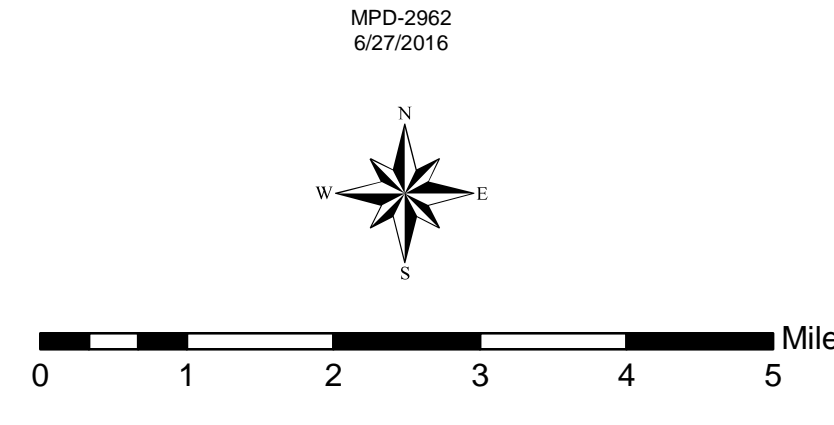
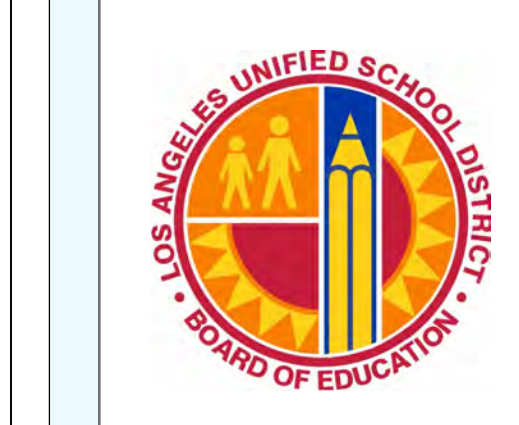
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 Prepared by Master Planning and Demographics Branch
 Facilities Services Division
 Data Source: Facilities GIS Database





Los Angeles Unified School District
Division of Human Resources
333 S. Beaudry Avenue, 18th Floor
Los Angeles, California 90017
Phone (213) 241-4133

Francisco J. Serrato, Ed.D.
Chief Human Resources Officer

Danna Escalante
Administrator

April 28, 2025

Dear K-12 Substitute Teacher,

Los Angeles Unified School District hereby provides you written notification that you have **reasonable assurance** of returning to work in your usual capacity as K-12 Elementary or Secondary Substitute Teacher at the close of all holiday and recess periods for the 2025-26 school year. Your return to work after the holidays and recess periods is **not contingent** on enrollment, funding or program changes.

Your services will not be needed during the recess periods, unless Los Angeles Unified' s Human Resources Assistant Director, Substitute Unit, notifies you in writing prior to the beginning of the recess period. There are no opportunities for you to work at any of the District's Early Education Centers during the summer, Thanksgiving, winter or spring recesses in the 2025-26 school year as the teachers you are assigned to substitute for at the Early Education Center will also be on recess.

California Unemployment Insurance Code 1253.3 and the 2020 Supreme Court decision (United Educators of San Francisco, AFT/CFT, AFL-CIO, NEA/CTA v. CUIAB) states that **school employees are not eligible for unemployment insurance benefits, when in recess** between or within school years as you have been provided this reasonable assurance notice. Not being assigned work or not receiving pay from the District, during the recess periods, does not constitute unemployment as you are on a customary break/recess per your assigned work calendar.

If you file an unemployment claim (UI claim), and receive benefits, but are later found ineligible due to a late or re-determination by the Employment Development Department (EDD) or a decision by an administrative law judge, you may be subject to an overpayment by the EDD. Per the EDD website (<https://edd.ca.gov/en/claims/benefit-overpayments>) "If the EDD finds that you intentionally gave false information or withheld information and, as a result, received benefits that you should not have received, the overpayment is considered fraud." Overpayment, due to false information, may result in a penalty of up to 30 percent of the overpayment amount and a disqualification from filing a UI claim for a period of up to 23 weeks.

Please review the attached Substitute Unit FAQs and Important Employment Requirement Information documents, as **there are required actions for you to take**.

Alberto M. Carvalho
Superintendent

Members of the Board

Scott M. Schmerelson, President
Dr. Rocío Rivas, Vice President
Kelly Gonez
Karla Griego
Sherlett Hendy Newbill
Nick Melvoin
Tanya Ortiz Franklin

Los Angeles Unified School
District Payroll Administration

RETIREMENT CONTRIBUTION INFORMATION

PRINTED NAME: _____ SEX: M F
Last First MI

Birthdate: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

PREVIOUS EMPLOYMENT WITH ANY CALIFORNIA PUBLIC AGENCY: I am currently employed or have had previous employment with a Public Agency. Yes No

Agency Name Job Title Approximate Dates

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

Job Title Approximate Dates Employee Number

RETIREMENT SYSTEMS INFORMATION:

A. Please check all box(s) below that apply if you are retired and are receiving a retirement allowance. If your retirement system is not listed and you are receiving a retirement allowance, please check other and indicate the retirement system name:

State Teachers' Retirement System (STRS) Public Employees' Retirement System (PERS)
 Other: _____

B. If you are **not** retired but are a member of a retirement system, check the appropriate box(s). If the retirement system is not listed, please check the last box and indicate the retirement system name you are a member of:

I am currently enrolled in STRS, or have funds on deposit with STRS.
 I am currently enrolled in PERS, or have funds on deposit with PERS.
 I am currently enrolled in _____, or have funds on deposit with _____.

C. I understand if I am currently receiving a retirement allowance from PERS and/or STRS and I am accepting full time employment, it is my responsibility to rescind my retirement with PERS and/or STRS.

Signature Date

PLEASE NOTE:

- The above information is required to be in compliance with Assembly Bill 340 - California Public Employees' Pension Reform Act (PEPRA)
- Completed form must be submitted to Retirement Unit, Payroll Administration, 27th Floor Beaudry Building



LOS ANGELES UNIFIED SCHOOL DISTRICT

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

1. I have been fully informed of my individual responsibility to report suspected child abuse as specified by District policy and state law.
2. I have received training on suspected child abuse reporting laws, child abuse reporting procedures, and my duties as a mandated reporter.
3. I understand that reporting suspected child abuse is my individual responsibility and that my failure to comply with child abuse reporting laws and/or LAUSD child abuse reporting procedures may subject me to professional liability, which may include discipline, demotion, dismissal, and the possible suspension or revocation of credentials, and criminal and/or civil liability.
4. I understand that, if I reasonably suspect that conduct by another LAUSD employee, other school related adult, or a student to another student may be an indication of suspected child abuse, I must report the suspected child abuse to an appropriate child protective agency ***and*** I must inform my supervising administrator of the alleged inappropriate conduct.
5. I have been provided with a copy of the *Child Abuse Reporting Information Sheet* (Attachment B of District policy, BUL-1347.3, “*Child Abuse and Neglect Reporting Requirements*”) which summarizes my suspected child abuse reporting responsibilities as a LAUSD employee.
6. I further understand that if, at any time during the course of my employment with LAUSD, I make a report of suspected child abuse consistent with District suspected child abuse reporting policy and procedures, I will be defended by the District against any actions or claims that may be made as a result of the report and that the District will pay all expenses associated with such defense.

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

Name: _____ Signature: _____
(Please Print)

Employee Number: _____ Position: Substitute Teacher

School or Office Location: Certificated Substitute Unit Date: _____

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

LOS ANGELES UNIFIED SCHOOL DISTRICT
Human Resources Division

RETIREMENT SYSTEM OPTION FOR EMPLOYEES WHO ARE CHANGING FROM ONE SERVICE TO ANOTHER, FOR EXAMPLE, FROM CLASSIFIED TO CERTIFICATED SERVICE

I. General Rule

Employees who are members of PERS (in general, classified employees) or STRS (in general, certificated employees) who change from one service to another will be **automatically enrolled** in the appropriate retirement system based on the status and hours of the **new job classification**. For example, a classified employee who changes to a certificated teaching position which qualifies for STRS membership will automatically be enrolled in STRS. However, pursuant to the Education Code, employees have up to **60 days** from the date of assignment in the new classification in which they can **irrevocably elect to remain** in their former retirement system.

II. Rule When The Assignment in The New Service Does Not Automatically Qualify For PERS/STRS Membership

A. PERS Members. Employees who are members of PERS who change to a certificated position which does not automatically qualify for membership in STRS (such as substitute teachers who work less than 100 days per school year, and part-time adult education teachers who work less than 60 hours per pay period, etc.) will be automatically enrolled in PARS. However, employees may irrevocably elect to enroll in STRS at any time during employment or, if they work sufficient hours to become eligible for STRS, they may then irrevocably elect to enroll in PERS within 60 days from the date of STRS eligibility. If the employee has worked sufficient hours to become eligible for STRS and no election is made to enroll in PERS, the employee will automatically be enrolled in STRS effective with the date of STRS eligibility.

B. STRS Members. Employees who are members of STRS who change to a classified position which does not automatically qualify for PERS membership (e.g., classified assignments requiring fewer than 20 hours per week) will be automatically enrolled in PARS until such time that they may qualify for PERS. If the employee has worked sufficient hours to become eligible for PERS, the employee will then automatically be enrolled in PERS unless the employee irrevocably elects to enroll in STRS within 60 days from the date of PERS eligibility.

III. Additional Information and Assistance

The effective date of membership is the first day of the pay period in which qualifying service is performed. Once an election is made, the employee must remain a member of the selected retirement system for all subsequent classified school service or STRS creditable service.

Election forms and written information describing STRS and PERS membership and benefits are available from the District offices listed below. Any completed election forms must be returned to the appropriate District office within 60 days from the date of assignment in the new classification.

- Certificated Substitute Unit, Human Resources, (213) 241-6151
- Credential Services, Human Resources, (213) 241-6520
- Personnel Unit, Adult and Career Education (213) 241-3174
- Human Resources Unit, Early Childhood Education (213) 241-2404
- Benefits Administration (213) 241-4262

For written information regarding PARS and for additional informational/assistance related to STRS and PERS, please contact the appropriate retirement system as follows:

- PERS (Public Employee's Retirement System) (888) 225-7377
- PARS (Public Agency Retirement System) (800) 540-6369 or (949) 250-6369
- STRS (State Teachers' Retirement System) (800) 228-5453

IV. Certification

My signature below certifies that I have been informed of my option to elect to continue membership in STRS/PERS. I understand that it is my responsibility to notify the District of my retirement system election, if any, within 60 days from the date of assignment in my classification. I also understand that if I choose to file an election to stay with STRS/PERS, the election is to be made on CalSTRS form [\(ES 372\)](#) and sent to the Payroll Services Branch--Retirement Section, (213) 241-6670, 27thFl., Beaudry site. Within 15 business days, the Retirement Section of the Payroll Services Branch will send a copy of the completed election form [\(ES 372\)](#) to me. I further understand that any election made will remain in force for all subsequent certificated or classified service.

Signature of Employee

Pers ID/Emp No.

Date

Employee Name (Print)

Social Security Number



If you are employed to perform creditable service in a position that is excluded from mandatory membership in the CalSTRS' Defined Benefit (DB) Program, you may use this form to elect DB Program membership at any time while employed to perform creditable service.

A permissive election of membership in the DB Program applies to all future creditable service performed for the same or another employer, including any non-member or CalSTRS Cash Balance Benefit (CB) Program service you are currently performing. You may be entitled to elect coverage by the CB Program or California Public Employees' Retirement System (CalPERS) for future eligible service as allowed by law. Please work with your employer if you believe you are entitled to make one of these elections.

A permissive election of membership in the DB Program is irrevocable. Membership may only be cancelled if you terminate all employment to perform creditable service and refund your accumulated retirement contributions from the CalSTRS DB Program.

SECTION 1: EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

Provide the following information:

- CalSTRS Client ID* or Social Security Number
- Last Name, First Name and Middle Initial
- Mailing Address**, City, State and Zip Code
- Date of Birth
- Email Address
- Telephone Number

*If you have already been employed to perform creditable service you will have a CalSTRS Client ID, even if you were not formerly a member. Please provide your CalSTRS Client ID, if you have one, in lieu of your Social Security Number.

**To establish residency for tax purposes, we ask that you provide a street address. Be sure to include any street, apartment or suite number. If your post office does not deliver mail to your street address, you may enter your box number instead. If you reside outside the United States, use the CITY – STATE – ZIP field to provide your foreign address. If you receive your mail in care of a third party, enter "c/o" followed by the third party's name and address.

SECTION 2: EMPLOYEE ELECTION (TO BE COMPLETED BY EMPLOYEE)

If you want to elect membership in the CalSTRS DB Program:

- Check the appropriate box
- Provide your requested membership date***

***You will begin contributing to the DB Program as of your membership date. Your membership date can be no earlier than the first day of the pay period in which

your election is made, or your first day of employment, whichever is later. Work with your employer to select the most beneficial, valid membership date you are eligible for. Electing an invalid membership date will require a revision to your election form and may result in delayed contributions to CalSTRS.

If you do not want to elect membership in the CalSTRS DB Program at this time, check the appropriate box.

SECTION 3: REQUIRED SIGNATURE (TO BE COMPLETED BY EMPLOYEE)

Sign the form and date your signature. Return the form to your employer.

SECTION 4: EMPLOYEE POSITION INFORMATION (TO BE COMPLETED BY EMPLOYER)

Provide the position hire date – the date in which the employee was hired to perform creditable service in the position they are making this election for. CalSTRS defers to the employer as to the date in which you consider an employee to be hired. Provide the position title – the title of the position the employee is performing creditable service in.

SECTION 5: EMPLOYER INFORMATION AND CERTIFICATION (TO BE COMPLETED BY EMPLOYER)

Verify the employee is eligible for the requested membership date.

Provide the following information:

- The employer (county or district) name
- County and district code
- Name and title of employer official completing the form

Sign the form and date your signature. Submit the form to CalSTRS and retain a copy.

SUBMIT

This form should be submitted to CalSTRS by the employer. CalSTRS must receive this form within 60 days after the employee's signature date and, if applicable, prior to the submission of contributions.

Secure Employer Website: Upload forms to SEW via Electronic Content Management unless otherwise instructed.

Email: Submit this form via email to esforms@calstrs.com. If sending forms via email, please remove all Social Security numbers and only provide the Client ID where applicable.

Mail: CalSTRS
P.O. Box 15275, MS 17
Sacramento, CA 95851-027

QUESTIONS

If you have questions, please call the CalSTRS Employer Helpline at 877-277-5778 or email EmployerHelp@CalSTRS.com. If you are a member, please contact your employer.

Permissive Membership
ES 0350 REV 06/25

[For CalSTRS' Official Use Only]



California State Teachers' Retirement System
P.O. Box 15275, MS 17
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

**PERMISSIVE MEMBERSHIP ELECTION AND/OR ACKNOWLEDGEMENT OF RECEIPT
OF CALSTRS DEFINED BENEFIT PROGRAM MEMBERSHIP INFORMATION**

This form is used to permissively elect membership in the CalSTRS Defined Benefit Program and/or to acknowledge receipt of information provided by an employer about the right to elect membership in the CalSTRS Defined Benefit Program. Please read all instructions before completing the form.

Section 1: Employee Information (to be completed by employee)

Provide either your CalSTRS Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Employee Election (to be completed by employee)

Check One:

- I elect membership in the CalSTRS Defined Benefit Program as of: _____

MEMBERSHIP DATE (MM/DD/YYYY)**

I understand this election applies to all future creditable service performed for any current or future employer unless another election is made as allowed by law. I understand my membership is irrevocable and may only be cancelled by terminating all employment to perform creditable service and receiving a refund of my accumulated retirement contributions from the CalSTRS Defined Benefit Program.

**Membership Date may be no earlier than the first day of the pay period in which the election is made, or the first day of employment, whichever is later. Please work with your employer to select the most beneficial, valid membership date.

- I decline membership in the CalSTRS Defined Benefit Program at this time

I understand that I can elect membership in the CalSTRS Defined Benefit Program at any time while I am employed to perform creditable service.



Section 3: Required Signature (to be completed by employee)

I certify that I have received information from my employer concerning the CalSTRS Defined Benefit Program and understand the criteria for membership in the program.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYEE SIGNATURE	DATE (MM/DD/YYYY)
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Section 4: Employee Position Information (to be completed by employer)

POSITION TITLE	POSITION HIRE DATE
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Section 5: Employer Information and Certification (to be completed by employer) Required Signature

I certify that the above-named employee was provided information about their right to elect membership in the CalSTRS Defined Benefit Program and, if electing membership, is eligible to elect membership in the CalSTRS Defined Benefit Program as of the membership date provided.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

EMPLOYER OFFICIAL'S SIGNATURE	DATE (MM/DD/YYYY)
EMPLOYER NAME	COUNTY AND DISTRICT CODE
EMPLOYER OFFICIAL'S NAME AND TITLE	



California Workplace - Know Your Rights

As a worker in California, you are entitled to know and exercise your workplace and constitutional rights. Labor laws, including but not limited to standards for wages, hours, and health and safety, apply to all workers in the state *regardless of immigration status*.

It is against the law for your employer to retaliate against you for exercising your rights, including:

- Filing a complaint with the Labor Commissioner, Cal/OSHA, the Civil Rights Department, or another government agency.
- Asking about your employer's compliance with federal, state, or local law.
- Talking with others about their rights or helping them exercise their rights under federal, state, or local law.

Examples of illegal retaliation include firing you, reducing your work hours, or threatening to report you or a relative to immigration authorities because you exercised your rights.



Workplace Protections Related to Immigration Status

Your right to Notice of Immigration Inspections ([Labor Code § 90.2](#))

If your employer receives notice of an upcoming immigration agency's inspection of I-9 Employment Eligibility Verification forms or other employment records, your employer must post a notice informing workers and their union representative, if applicable, within 72 hours of receiving that notice.

Your protections against unfair immigration-related practices ([Labor Code §§ 1019-1019.2](#))

Under California law, it is unlawful for employers to retaliate against you or threaten immigration-related action when you exercise your rights. An employer is prohibited from taking any of the following actions because you exercised your rights:

- Refusing to accept identification documents during the I-9 process (proof of ID and federal permission to work) that appear to be genuine.
- Using E-Verify in a way not required or authorized by law.
 - For example, using E-Verify to reverify employment eligibility for an employee when not legally required to do so or screening only specific workers rather than all workers in a workplace without a legitimate basis for doing so.
- Reporting or threatening to report you or your family to immigration authorities.
- Filing or threatening to file any false report to the police or a state or federal agency.



Your right to designate an emergency contact ([Labor Code § 1555](#))

Your employer **must** allow you to provide them with emergency contact information and to indicate if you want the emergency contact to be notified if you are arrested or detained at work. If you are arrested or detained at work and your employer has knowledge of it, they **must** notify your designated emergency contact if you choose that option.



Your right to organize a union or engage in protected activity in the workplace

Most employees in California have the right to organize, join, or participate in union activities. Employees also have the right to jointly act with co-workers to address work-related issues and concerns to improve working conditions or for the purpose of collective bargaining. **This means you have the right to join with coworkers to request better working conditions or raise work-related concerns, including about wages, hours, health and safety, and other terms of employment.** You also have the right to not participate in union activities or protected activities. It is illegal for your employer to:

- Interfere with or discourage your union activity or protected activities.
- Threaten you, or retaliate or discriminate against you, because of your union support or protected activities.



Your rights when interacting with law enforcement, including immigration agents, in the workplace

California workers have certain rights and protections under the U.S. Constitution, **regardless of their immigration status**, including when law enforcement (including a federal immigration agent) approaches you. In addition, under California law, state and local law enforcement cannot assist federal agencies such as ICE with immigration enforcement in most circumstances.

Your right to be free from unreasonable searches (U.S. Constitution, 4th Amendment)

- If law enforcement, including immigration agents, ask if they can search you or your personal belongings, unless they have a judicial warrant specifically authorizing a search of your person or your personal belongings, you have the right to say no.
- If the officer conducts the search, even if you say no – remain calm, do not physically resist, and do not run.

Law enforcement can enter *public areas* without a warrant. Public areas may include a lobby, waiting room, public dining area, or parking lot of a workplace. In most circumstances, law enforcement needs a [judicial warrant](#), signed by a judge, to enter *non-public areas* of your workplace without consent. Non-public areas may include a breakroom, employee restroom, workspace, or any area marked as employees only. Administrative forms, such as an I-200 or I-205, are not a judicial warrant.

In California, your employer is prohibited from providing voluntary consent to an immigration enforcement agent to enter *non-public* areas of the workplace. Without a judicial warrant, your employer must refuse entry to immigration enforcement to *non-public* areas of the workplace.

More detailed information can be found in the DOJ's and LCO's joint [Immigrant Worker Protection Act FAQ](https://oag.ca.gov/system/files/media/ab450-faqs.pdf) (<https://oag.ca.gov/system/files/media/ab450-faqs.pdf>).

Your right to be free from unreasonable seizures (U.S. Constitution, 4th Amendment)

- You are protected against unreasonable seizures, which includes detaining or arresting you.
- Law enforcement must have a reasonable suspicion of wrongdoing before they can stop and question or search you. You can ask “Am I being detained?” or “Am I free to leave?” If the officer says that you are not being detained or you are free to leave, then you can walk away calmly.
- An arrest requires probable cause and occurs when a person is taken into custody by law enforcement officers.
- Law enforcement agents do not need a judge-signed warrant to arrest someone in public.
- You have the right to speak to a lawyer if you are arrested. You may be pressured to sign documents. You do not have to sign anything without speaking to an attorney.



Your right to remain silent (*U.S. Constitution, 5th Amendment*)

- Anything you say to law enforcement officers can be used against you in court.
- You have the right to remain silent, even if you are asked about your immigration status.
- If you wish to remain silent, clearly state so, request to speak with an attorney **and then remain silent**.
- Do not provide false information, false identification, or false documents to an officer. Providing false documents is a federal offense and may carry severe immigration consequences for noncitizens.



Your right to record interactions with law enforcement in public spaces under the 1st Amendment

The public has the right to observe and record officers and government officials carrying out their duties in public. If you choose to record, you should stand a safe distance away and do not interfere with the officer's actions. Physical obstruction or verbal escalation can put your safety at risk and may lead to criminal charges.

Access to legal representation

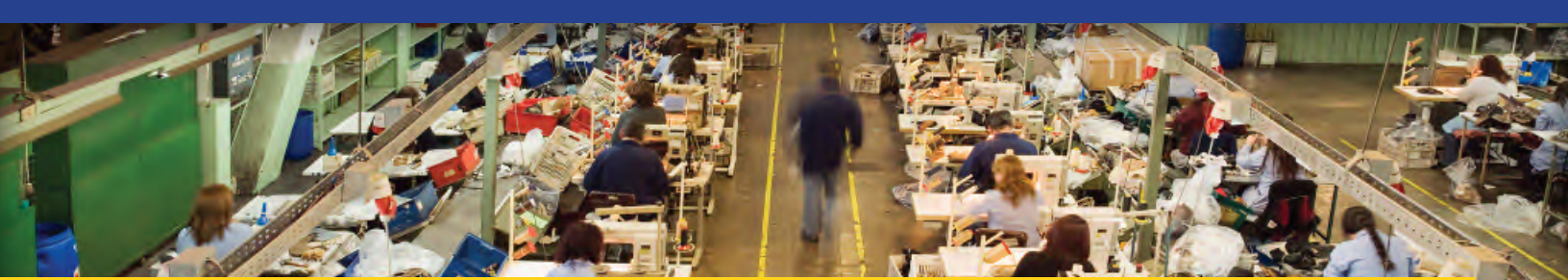
If you are arrested, you have the right to an attorney. If you cannot afford an attorney, you can get a government-appointed attorney to represent you in a criminal case.

However, if you are arrested by U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP), which includes Border Patrol, for civil immigration violations, you have the right to consult with a lawyer, but the government is not required to provide a lawyer for you. If you are arrested by ICE or CBP, you may invoke your right to speak with an attorney before saying or signing anything. You may also ask to speak to your consulate who may provide assistance.



Workers' Compensation

You have the right to workers' compensation benefits if you are injured or become ill because of your job. The benefits provide you with medical care for your injury/illness, partially replace the wages you lose while you are recovering, and help you return to work. For additional information, visit www.dir.ca.gov/dwc/ or call 1-800-736-7401.



Who can I contact if I believe my rights have been violated?

If you believe your rights have been violated, below is a list of government agencies where you can seek assistance:

California Department of Industrial Relations (DIR):

California Labor Commissioner's Office (LCO)

Information: (833) LCO-INFO (833-526-4636)
Immigration helpline: (855) 526-7775
www.dir.ca.gov/dlse/

California Division of Occupational Safety and Health (Cal/OSHA)

(833) 579-0927
<https://www.dir.ca.gov/dosh/>

California Division of Workers Compensation (DWC)

(800) 736-7401
dir.ca.gov/dwc/

Other California Agencies:

California Attorney General (AG)

(800) 952-5225
www.oag.ca.gov

California Civil Rights Department (CRD)

(800) 884-1684
civildrights.ca.gov/

California Agricultural Employees Agricultural Labor Relations Board (ALRB)

(800) 449-3699
www.alrb.ca.gov

California Public Sector Employees *and Transportation Network Company Drivers* Public Employment Relations Board (PERB)

(916) 322-3198
perb.ca.gov

Federal Agencies:

Private Sector Employees National Labor Relations Board (NLRB):

(844) 762-6572
www.nlr.gov

Federal Employees U.S. Federal Labor Relations Authority (FLRA):

(771) 444-5801
<https://www.flra.gov/>

Railway and Airline Employees National Mediation Board (NMB):

(202) 692-5000
https://nmb.gov/NMB_Application/

Non-Governmental Organizations:

You may also contact a nonprofit legal or community-based organization for assistance. For a list of organizations that partner with state agencies to help workers to understand their rights, scan the QR code to the right, or visit www.dir.ca.gov/dlse/Nonprofit-Legal-and-Community-Based-Organizations-Serving-Workers.html.





Lugar de Trabajo en California - Conozca sus Derechos

Como trabajador en California, usted tiene el derecho de conocer y ejercer sus derechos laborales y constitucionales. Las leyes laborales, incluyendo, entre otras, los estándares para salarios, jornadas laborales y salud y seguridad se aplican a todos los trabajadores en el estado, *sin importar su estatus migratorio*.

Es contra la ley que su empleador tome represalias en su contra por ejercer sus derechos, entre los que se incluyen:

- Presentar una denuncia ante la Comisionada Laboral, Cal/OSHA, el Departamento de Derechos Civiles u otra agencia gubernamental.
- Preguntar sobre el cumplimiento de las leyes federales, estatales o locales por parte de su empleador.
- Hablar con otras personas sobre sus derechos o ayudarlas a ejercer sus derechos según la ley federal, estatal o local.

Algunos ejemplos de represalias ilegales son el despido, la reducción de las horas de trabajo o la amenaza de denunciar a usted o a un familiar ante las autoridades de inmigración por haber ejercido sus derechos.



Protecciones en el Lugar de Trabajo relacionadas con el Estatus Migratorio

Su derecho a recibir un Aviso de Inspecciones de Inmigración ([Código Laboral § 90.2](#))

Si su empleador recibe un aviso sobre una próxima inspección de una agencia de inmigración de los formularios I-9 de Verificación de Elegibilidad de Empleo u otros registros de empleo, su empleador debe publicar un aviso informando a los trabajadores y a su representante sindical, si corresponde, dentro de las 72 horas siguientes a la recepción de dicho aviso.

Sus protecciones contra prácticas injustas relacionadas con inmigración (Código Laboral §§ 1019-1019.2)

Según la ley de California, es ilegal que los empleadores tomen represalias en su contra o le amenacen con tomar medidas relacionadas con inmigración cuando usted ejerce sus derechos. Se prohíbe al empleador tomar cualquiera de las siguientes medidas porque usted haya ejercido sus derechos:

- Negarse a aceptar documentos de identificación durante el proceso I-9 (prueba de identidad y permiso federal para trabajar) que parezcan ser auténticos.
- Utilizar E-Verify de una forma no requerida ni autorizada por la ley.
 - Por ejemplo, utilizar E-Verify para volver a verificar la elegibilidad laboral de un empleado cuando no existe la obligación legal de hacerlo, o seleccionar solo a determinados trabajadores en lugar de a todos los trabajadores de un lugar de trabajo sin una base legítima para hacerlo.
- Denunciar o amenazar con denunciar a usted o a su familia ante las autoridades de inmigración.
- Presentar o amenazar con presentar cualquier informe falso ante la policía o una agencia estatal o federal.



Su derecho a designar un contacto de emergencia (Código Laboral § 1555)

Su empleador **debe** permitirle proporcionar información de contacto de emergencia e indicar si desea que se notifique al contacto de emergencia en caso de que usted sea arrestado o detenido en el trabajo. Si usted es arrestado o detenido en el trabajo y su empleador tiene conocimiento de ello, su empleador **debe** notificarlo a su contacto de emergencia designado, si usted elige esa opción.



Su derecho a organizar un sindicato o participar en actividades protegidas en el lugar de trabajo

La mayoría de los empleados de California tienen derecho a organizarse, afiliarse o participar en actividades sindicales. Los empleados también tienen derecho a actuar de forma conjunta con sus colegas de trabajo para abordar cuestiones e inquietudes relacionadas con el trabajo a fin de mejorar las condiciones laborales o con el propósito de negociar colectivamente. **Esto significa que tiene derecho a unirse a sus colegas de trabajo para solicitar mejores condiciones laborales o plantear inquietudes relacionadas con el trabajo, incluyendo salarios, horarios, salud y seguridad, y otras condiciones de empleo.** También tiene derecho a no participar en actividades sindicales o actividades protegidas. Es ilegal que su empleador:

- Interfiera o desanime su actividad sindical o actividades protegidas.
- Amenazarle, tomar represalias en su contra o discriminarle por su apoyo al sindicato o por sus actividades protegidas.



Sus derechos al interactuar con las autoridades policiales, incluidos los agentes de inmigración, en el lugar de trabajo

Los trabajadores de California tienen ciertos derechos y protecciones bajo la Constitución de los Estados Unidos, **sin importar su estatus migratorio**, incluso cuando las autoridades policiales (incluyendo a un agente federal de inmigración) se acerquen a usted. Además, según la ley de California, las autoridades estatales y locales no pueden ayudar a las agencias federales, como ICE, a hacer cumplir las leyes de inmigración en la mayoría de los casos.



Su derecho a no ser objeto de registro de cuerpo y artículos personales injustificados (*Constitución de los Estados Unidos, 4ª Enmienda*)

- Si las autoridades policiales, incluidos los agentes de inmigración, le preguntan si pueden catearle o registrar sus pertenencias personales, a menos que tengan una orden judicial que autorice específicamente el registro de su persona o sus pertenencias personales, usted tiene derecho a negarse.
- Si el agente lleva a cabo el cateo, aunque usted se niegue, mantenga la calma, no oponga resistencia física y no huya.



Las autoridades policiales pueden entrar en *áreas públicas* sin una orden judicial. Las áreas públicas pueden incluir el vestíbulo o salón, la sala de espera, el comedor colectivo o el estacionamiento de un lugar de trabajo. En la mayoría de los casos, las autoridades responsables de hacer cumplir la ley necesitan una [orden judicial](#), firmada por un juez, para entrar sin consentimiento en las *áreas no públicas* de su lugar de trabajo. Las áreas no públicas pueden incluir una sala de descanso, un servicio sanitario para empleados, un espacio de trabajo o cualquier área marcada como “solo para empleados”. Los formularios administrativos, como el I-200 o el I-205, no son una orden judicial.

En California, su empleador tiene prohibido dar su consentimiento voluntario a un agente de inmigración para que entre en áreas *no públicas* del lugar de trabajo. Sin una orden judicial, su empleador debe negar el acceso a las autoridades de inmigración a las áreas *no públicas* del lugar de trabajo.

Se puede encontrar información más detallada en las [Preguntas Frecuentes sobre la Ley de Protección al Trabajador Inmigrante](https://oag.ca.gov/system/files/media/ab450-faqs.pdf) (<https://oag.ca.gov/system/files/media/ab450-faqs.pdf>), desarrolladas por el Departamento de Justicia y la Oficina de la Comisionada Laboral.

Su derecho a no ser objeto de aprehensiones injustificadas (*Constitución de los Estados Unidos, 4ª Enmienda*)

- Usted está protegido contra aprehensiones injustificadas, lo que incluye su detención o arresto.
- Las autoridades policiales deben tener una sospecha razonable de que se ha cometido un delito antes de poder detenerle, interrogarle o hacerle un cateo. Puede preguntar “¿Estoy detenido?” o “¿tengo libertad para marcharme?”. Si el agente le dice que no está detenido o que es libre de marcharse, puede alejarse tranquilamente.
- Un arresto requiere una causa probable y se produce cuando una persona es puesta bajo custodia por agentes de la autoridad encargada de hacer cumplir la ley.
- Las autoridades policiales no necesitan una orden judicial firmada por un juez para arrestar a alguien en público.
- En caso de ser arrestado, tiene derecho a hablar con un abogado. Es posible que le presionen para que firme documentos. No está obligado a firmar ningún documento sin antes consultar con un abogado.

Su derecho a permanecer en silencio (*Constitución de los Estados Unidos, 5ª Enmienda*)

- Todo lo que diga a las autoridades policiales, puede ser usado en su contra ante un tribunal.
- Tiene derecho a permanecer en silencio, incluso si le preguntan sobre su estatus migratorio.
- Si desea permanecer en silencio, indíquelo de forma clara, solicite hablar con un abogado **y luego, permanezca en silencio.**
- No proporcione información falsa, identificación falsa o documentos falsos a un agente. Proporcionar documentos falsos es un delito federal y puede conllevar graves consecuencias migratorias para los no ciudadanos.



Su derecho a grabar interacciones con las autoridades que hacen cumplir la ley, en espacios públicos en virtud de la Primera Enmienda

El público tiene derecho a observar y grabar a los agentes y funcionarios públicos en el ejercicio de sus funciones en la vía pública. Si decide grabar, debe mantenerse a una distancia segura y no interferir en las acciones del agente. Las obstrucciones físicas o las provocaciones verbales pueden poner en peligro su seguridad y dar lugar a cargos penales.

Acceso a representación legal

Usted tiene derecho a un abogado en caso de ser arrestado. Si no puede pagar un abogado, puede recurrir a un abogado designado por el gobierno para que lo represente en un caso penal.

Sin embargo, si usted es arrestado por el Servicio de Inmigración y Control de Aduanas de los Estados Unidos (ICE, por sus siglas en inglés) o por la Oficina de Aduanas y Protección Fronteriza de los Estados Unidos (CBP, por sus siglas en inglés), que incluye la Patrulla Fronteriza, por infracciones civiles de inmigración, tiene derecho a consultar con un abogado, pero el gobierno no está obligado a proporcionarle uno. Si usted es arrestado por ICE o CBP, puede hacer uso de su derecho a hablar con un abogado antes de decir o firmar cualquier cosa. También puede solicitar hablar con su consulado, quien puede proporcionarle asistencia.



Compensación de los Trabajadores

Tiene derecho a recibir prestaciones de compensación de los trabajadores si sufre alguna lesión o enfermedad a causa de su trabajo. Las prestaciones le ofrecen asistencia médica para su lesión o enfermedad, le reembolsan parcialmente el salario que pierde mientras se recupera y le ayudan a reincorporarse al trabajo. Para conocer un poco más al respecto, visite www.dir.ca.gov/dwc/ o llame al 1-800-736-7401.

¿A quién puedo contactar si creo que se han violado mis derechos?

Si cree que se han violado sus derechos, a continuación, encontrará una lista de agencias gubernamentales a las que puede acudir en busca de ayuda:

Departamento de Relaciones Industriales de California (DIR, por sus siglas en inglés):

Oficina de la Comisionada Laboral de California:

Información:

(833) LCO-INFO (833-526-4636)

Línea de ayuda a la inmigración:

(855) 526-7775

www.dir.ca.gov/dlse/

División de Compensación de Trabajadores de California (DWC, por sus siglas en inglés)

(800) 736-7401

dir.ca.gov/dwc/

División de Seguridad y Salud Ocupacional de California (Cal/OSHA, por sus siglas en inglés)

(833) 579-0927

<https://www.dir.ca.gov/dosh/>

Otras agencias de California:

Fiscal General de California (AG, por sus siglas en inglés)

(800) 952-5225

www.oag.ca.gov

Empleados agrícolas de California:

Junta de Relaciones Laborales Agrícolas (ALRB, por sus siglas en inglés)

(800) 449-3699

www.alrb.ca.gov

Departamento de Derechos Civiles de California (CRD, por sus siglas en inglés)

(800) 884-1684

civillrights.ca.gov/

Empleados del sector público de California y conductores de empresas de redes de transporte:

Junta de Relaciones Laborales Públicas (PERB, por sus siglas en inglés)

(916) 322-3198

perb.ca.gov

Agencias Federales:

Empleados del sector privado:

Junta Nacional de Relaciones Laborales (NLRB, por sus siglas en inglés):

(844) 762-6572

www.nlr.gov

Empleados federales:

Autoridad Federal de Relaciones Laborales de los Estados Unidos (FLRA, por sus siglas en inglés):

(771) 444-5801

<https://www.flra.gov/>

Empleados ferroviarios y de líneas aéreas:

Junta Nacional de Mediación (NMB, por sus siglas en inglés):

(202) 692-5000

https://nmb.gov/NMB_Application/

Organizaciones no gubernamentales:

Para obtener ayuda, también puede ponerse en contacto con una organización jurídica sin fines de lucro o una organización comunitaria. Para obtener una lista de las organizaciones que colaboran con las agencias estatales para ayudar a los trabajadores a comprender sus derechos, escanee el código QR a la derecha o visite: www.dir.ca.gov/dlse/Nonprofit-Legal-and-Community-Based-Organizations-Serving-Workers.html.

