

Summer Training & Employment Program for Students (STEPS)



STEPS 2020



APPLICATION CHECKLIST



You may apply to STEPS if:

- ☐ You are between the ages of 16 and 21 on the day you apply and for the remainder of the year
- ☐ You are a student presently enrolled in a local high school, adult school, or college
- ☐ You have a current IEP, or a 504 Plan, or its college level equivalent, AND
- ☐ You are a resident of San Joaquin County and will commit to attending all training sessions, and working locally this summer and onward.

✓ If you ticked all four boxes above, you are eligible to apply for STEPS!

Please make sure you **bring** or enclose all four requirements listed below when you turn in your application:

1. **Original** Social Security Card **with your signature on it** (if applying in person, you will get it back right away, as soon as we verify your identity).
2. **Valid** or unexpired school ID or California ID card with a photo that must be undamaged and recognizable as your image (you will also get this back right away.)
3. A copy of your **current IEP** (just the summary page), **or** 504 Plan, **or** the “School Signature,” section of the DOR 203 form completed and signed by your school counselor, **or** a letter or notice of accommodations from your college Disability Support Programs and Service (DSPS) office.
4. A copy of your **current school transcript** (from School Year 2019 – 2020)

⊗ **Without all four requirements, we will not be able to process your application.**

We want you on board, so please call in or email your questions to **Fay Olympia**, STEPS Coordinator, at (209) 468-3588 or folympia@sjcworknet.org.

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APPLICATION INSTRUCTIONS

During the pandemic, we are receiving and processing applications with social distancing and other health and safety measures in place. Select **one** of five ways you may submit your application:

1. Drop off your completed application at the Stockton WorkNet Center, 56 S. Lincoln St., Stockton CA 95203. There will be a STEPS 2020 drop box at or near the entrance. Please call (209) 468-3588 to let us know you did so as soon as possible so that we can retrieve your packet and keep your information safe., **OR**
2. Call (209) 468-3588 to make an appointment in Stockton to turn in your application. We currently **do not accept walk-ins** except to drop off packets. You must make an appointment via that phone number. You will be required to wear a mask as soon as you enter our building and for the entire appointment, **OR**
3. Mail in your completed application packet to Fay Olympia, STEPS Coordinator, 56 S. Lincoln St., Stockton CA 95203, **OR**
4. Scan and email your completed packet and supporting documents to folympia@sjcworknet.org, **OR**
5. Fax your completed application to (209) 468-3617, Attention: Fay Olympia.

Reminders:

- ♦ If you are 16 or 17 years old, your parent or guardian must also sign your application documents.
- ♦ If you are male, aged 18 to 21, you will need to register for Selective Services if you have not yet done so. With your permission, we can do this for you, if you prefer.
- ♦ Please make sure you have a complete set of supporting documents as listed in the application checklist. If any required document is missing, we cannot process your application.
- ♦ Please **SIGN** your Social Security Card before we take a copy for your application.

We want you on board, so please call in or email your questions to **Fay Olympia**, STEPS Coordinator, at (209) 468-3588 or folympia@sjcworknet.org.



Summer Training and Employment Program for Students (STEPS)

(To be completed by WorkNet Staff)

City _____ Intake Date _____

Intake staff name _____

Certified on _____ by _____

STEPS APPLICATION

Instructions: To apply to the STEPS program, it is important that you complete/answer **all** questions below.
Please **PRINT** using only **BLACK** ink. **Answers written in pencil are not valid.**

Applicant Information

Full Name:

(as printed on
your Social
Security Card)

Last

First

M.I.

**Date of
Birth:**

(mm/dd/yyyy) _____

**AGE
TODAY:** _____

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

**Cell Phone
number:**

**Alternate
Phone:**

**Email
Address:**

**Home
Phone (if
any):**

Last four digits of

Social Security No.: XXX-XX-

Are you a citizen of the United States?

YES
☐

NO
☐

If no, are you authorized to work in the U.S.?

YES
☐

NO
☐

Have you worked in the past?

YES
☐

NO
☐

If yes,
when? _____

Where did you work? _____

What did you do at work? _____

☐ Check if you have participated in STEPS before. If you have a resume, you may attach it to your application.

Education

**Current
School:**

School

Address:

**Current Grade or
College Level:** ➞

Graduated or completed
high school?

YES
☐

NO
☐

If yes, received:

☐ HS Diploma

☐ Certificate

Check if applicable:

☐ Obtained GED

☐ In Young Adult Program

**Will you be
attending summer
school?** ➞

☐

Yes

☐

No

**If yes, what time will
you be available to
work?** ➞

AM:

PM:

**What other summer
activities are on your
schedule this year?**

(Check all that apply) ➞

☐ Vacation from _____
to _____
☐ Sports _____
☐ Other activity from _____
to _____

FOR OFFICE USE ONLY

Male, 18+ years old? ☐ No ☐ Yes, Selective Service Registration # _____

☐ OSY ☐ ISY

Languages spoken other than English: _____

School District: _____

(Turn over and complete the back of this form)

Skills Inventory

What kind of skills and work or volunteer experience do you have? Check all that apply:

<input type="checkbox"/> Answering phones, taking and relaying messages	<input type="checkbox"/> Filing, alpha-ordering, faxing, copying, mail handling
<input type="checkbox"/> Word processing, data entry on computer	<input type="checkbox"/> Lifeguarding, swimming <input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Computer set-up/repair <input type="checkbox"/> Childcare, babysitting	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Janitorial
<input type="checkbox"/> Food preparation <input type="checkbox"/> Food service	<input type="checkbox"/> Yardwork, gardening <input type="checkbox"/> Flea/Farmer's Market work
<input type="checkbox"/> Structural painting <input type="checkbox"/> Graffiti abatement	<input type="checkbox"/> Tutoring, homework assistance <input type="checkbox"/> Retail/Sales

Interest Inventory

The Summer Training & Employment Program for Students offers jobs in three general categories: DATA, PEOPLE, and THINGS. Some jobs emphasize one; other jobs combine two or all three categories. Check all that apply.

JOB CATEGORY Which category do you prefer? Rank according to preference: 1=most preferred 2=second choice 3=least preferred	SKILLS/INTERESTS Which skills do you like to do and do well? Check all that apply:	JOB CLASSIFICATION Which jobs are you interested in? Check your most preferred jobs:
DATA Making judgments and decisions based on facts Rank: _____	<input type="checkbox"/> Follow a set office routine everyday <input type="checkbox"/> Follow instructions completely and accurately; meet deadlines <input type="checkbox"/> Speak clearly with good grammar <input type="checkbox"/> Write clearly with correct spelling and grammar; produce online content <input type="checkbox"/> Work with numbers & complex concepts <input type="checkbox"/> Work with speed and accuracy	<input type="checkbox"/> Clerical/Office Assistant <input type="checkbox"/> Teacher's Aide <input type="checkbox"/> Library Aide <input type="checkbox"/> Data Entry (computer database management) <input type="checkbox"/> Records/Inventory Clerk <input type="checkbox"/> Website Administrator <input type="checkbox"/> Other: _____
PEOPLE Directing, helping, and/or influencing people Rank: _____	<input type="checkbox"/> Care about people and their needs <input type="checkbox"/> Effective public speaking to influence people's actions <input type="checkbox"/> Give or follow written or oral instructions <input type="checkbox"/> Interact with and assist the young, elderly, or disabled <input type="checkbox"/> Resolve conflicts between two parties <input type="checkbox"/> Perform before an audience or make presentations to a group <input type="checkbox"/> Teach people to use computers/devices	<input type="checkbox"/> Hospital aide/caregiver <input type="checkbox"/> Childcare Aide <input type="checkbox"/> Tutor <input type="checkbox"/> Technical support (computer) <input type="checkbox"/> Recreation Aide/Lifeguard <input type="checkbox"/> Arts & Crafts Activity Aide <input type="checkbox"/> Office Receptionist <input type="checkbox"/> Peer Coach/Community Organizing Aide <input type="checkbox"/> Theater Arts
THINGS Operating machines; using equipment to perform tasks; working with plants or animals; manual labor Rank: _____	<input type="checkbox"/> Work with hands, tools or light equipment <input type="checkbox"/> Set up/repair computers/devices <input type="checkbox"/> Work with plants or animals <input type="checkbox"/> Lift, pull, or move materials and/or objects <input type="checkbox"/> Follow technical instructions in verbal, written or chart form <input type="checkbox"/> Work in a warehouse or records storage <input type="checkbox"/> Clean and organize assigned areas <input type="checkbox"/> Prepare food, process ingredients	<input type="checkbox"/> Maintenance Aide, Janitor <input type="checkbox"/> Warehouse or Stock Clerk <input type="checkbox"/> Food Service/Food Bank Aide <input type="checkbox"/> Animal Shelter Aide <input type="checkbox"/> Graffiti Abatement/Building painter <input type="checkbox"/> Gardener/urban farmer <input type="checkbox"/> Computer/IT Assistant
<input type="checkbox"/> You prefer to work INSIDE	<input type="checkbox"/> You can work either INSIDE or OUTSIDE	<input type="checkbox"/> You prefer to work OUTSIDE

Signatures

I certify that the answers above are true and complete to the best of my knowledge.

Applicant

Signature: _____

Date

signed: _____

Signature of
Parent or Legal

Guardian*: _____

Date

signed: _____

*If applicant is below 18 years of age

STEPS is an **Equal Opportunity** Program. Auxiliary aids and services are available upon request to individuals with disabilities.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

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

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

- Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).
- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet B and C**)
OR

Exemption from Withholding

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
OR Write "Exempt" here
- I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
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PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

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

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

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

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

- You did not owe any federal/state income tax last year, and
- You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

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

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax 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 \(DE 44\) \(PDF, 2.4 MB\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last *California Resident Income Tax Return* (FTB Form 540), visit the [Franchise Tax Board \(FTB\)](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 \(CCR\)](#), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

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

WORKSHEETS

INSTRUCTIONS — 1 — ALLOWANCES*

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

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

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

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

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

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

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

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

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

INSTRUCTIONS — 2 — (OPTIONAL) ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B

ESTIMATED DEDUCTIONS

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

- | | |
|---|------|
| 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 | 1. |
| 2. Enter \$9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,537 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
Add this number to Line F of Worksheet A and enter it on line 1 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 | 11. |

Complete Worksheet C

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

WORKSHEET C
ADDITIONAL TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2020. 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 2020 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$134.20). 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 2020. 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 2020. 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 2020. 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 2020 ONLY

**SINGLE PERSONS, DUAL INCOME
MARRIED WITH MULTIPLE EMPLOYERS**

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$8,809	1.100%	\$0	\$0.00
\$8,809	\$20,883	2.200%	\$8,809	\$96.90
\$20,883	\$32,960	4.400%	\$20,883	\$362.53
\$32,960	\$45,753	6.600%	\$32,960	\$893.92
\$45,753	\$57,824	8.800%	\$45,753	\$1,738.26
\$57,824	\$295,373	10.230%	\$57,824	\$2,800.51
\$295,373	\$354,445	11.330%	\$295,373	\$27,101.77
\$354,445	\$590,742	12.430%	\$354,445	\$33,794.63
\$590,742	\$1,000,000	13.530%	\$590,742	\$63,166.35
\$1,000,000	and over	14.630%	\$1,000,000	\$118,538.96

MARRIED PERSONS

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,618	1.100%	\$0	\$0.00
\$17,618	\$41,766	2.200%	\$17,618	\$193.80
\$41,766	\$65,920	4.400%	\$41,766	\$725.06
\$65,920	\$91,506	6.600%	\$65,920	\$1,787.84
\$91,506	\$115,648	8.800%	\$91,506	\$3,476.52
\$115,648	\$590,746	10.230%	\$115,648	\$5,601.02
\$590,746	\$708,890	11.330%	\$590,746	\$54,203.55
\$708,890	\$1,000,000	12.430%	\$708,890	\$67,589.27
\$1,000,000	\$1,181,484	13.530%	\$1,000,000	\$103,774.24
\$1,181,484	and over	14.630%	\$1,181,484	\$128,329.03

UNMARRIED HEAD OF HOUSEHOLD

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$17,629	1.100%	\$0	\$0.00
\$17,629	\$41,768	2.200%	\$17,629	\$193.92
\$41,768	\$53,843	4.400%	\$41,768	\$724.98
\$53,843	\$66,636	6.600%	\$53,843	\$1,256.28
\$66,636	\$78,710	8.800%	\$66,636	\$2,100.62
\$78,710	\$401,705	10.230%	\$78,710	\$3,163.13
\$401,705	\$482,047	11.330%	\$401,705	\$36,205.52
\$482,047	\$803,410	12.430%	\$482,047	\$45,308.27
\$803,410	\$1,000,000	13.530%	\$803,410	\$85,253.69
\$1,000,000	and over	14.630%	\$1,000,000	\$111,852.32

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

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

San Joaquin County Employment & Economic Development Department (WorkNet/AJCC) GRIEVANCE AND COMPLAINT PROCEDURES

Workforce Innovation and Opportunity Act (WIOA), 20 Code of Federal Regulations (CFR) Proposed Rules, Section 683.600, requires that recipients of WIOA funds establish and maintain hearing and appeal procedures for handling program related grievances/complaints, except for grievances related to Job Corps. WIOA Proposed Rules 20CFR 683.600 defines the requirements for both the local and State grievance procedures.

San Joaquin County WorkNet/America's Job Center of California (AJCC), in compliance with WIOA federal regulations and State directives, has established a grievance/complaint procedure for the prompt review, impartial consideration and equitable disposition for complaints (administrative and/or Equal Employment Opportunity) presented by a complainant in any WorkNet Center under WIOA §181(c) (1). This does not cover complaints concerning fraud and abuse or alleged discrimination due to participant disabilities.

- At all levels of the grievance/complaint process, complainants have the right to be represented, at their own expense, by a person or persons of their choosing.
- All complainants have the right to technical assistance provided at no cost by WorkNet/AJCC.
- Grievances/complaints must be filed within **one (1) year** of the alleged violation. All grievances/complaints, amendments and withdrawals must be in writing.

I. **Filing the Grievance/Complaint**

Grievances/complaints must be in writing, signed and dated. The date the grievance/complaint is received by WorkNet, its service providers, One-Stop partners or subrecipients, shall be considered the date of filing. The grievance/complaint shall be considered a request for hearing. WorkNet/AJCC shall issue a written decision within sixty (60) days of the filing date.

A. Complaint Information

1. The grievances/complaints must provide the following in the original filing:
 - a. The full name, telephone number and mailing address of the complainant;
 - b. Full name, telephone number and mailing address of the agency and person involved (respondent);
 - c. A statement of allegations in a clear and concise statement of the facts, including dates and any supporting documentation available;
 - d. What the complainant believes are the violation(s) of the Act, regulations, labor standards, grants or agreements, to the best of the complainant's knowledge;
 - e. Grievances/complaints against individuals, including participants or staff shall indicate how those individuals did not comply with the WIOA law, regulation or contract; and
 - f. Remedy sought by the complainant.

B. Timeline for filing original complaint

1. Any absence of the required information shall constitute grounds for dismissal of the grievance/complaint.
2. The written complaint must be made within one (1) year of the alleged occurrence.
3. Complaints alleging discrimination on the basis of a participant's disability must be filed within 180 days of occurrence.
4. A complainant has the right to withdraw their grievance/complaint in writing at any time prior to the formal hearing.
5. Grievances/complaints may be amended to clarify issues, but not to add new allegations.
6. All complaints submitted to WorkNet/AJCC must be mailed to:
Stockton WorkNet Center, Attention: John Solis, 56 S. Lincoln Street, Stockton, CA 95203.

C. Informal resolution of the complaint

1. WorkNet/AJCC shall notify the complainant and the respondent of the opportunity for an informal resolution.

2. Respondents must make good faith efforts to resolve all grievances/complaints prior to the scheduled hearing. Failure on the part of either party to exert good faith efforts shall not constitute a basis for dismissing a grievance or complaint, nor shall it be considered to be a part of the facts to be judged in the resolution process.
3. WorkNet/AJCC shall ensure that any grievance/complaint not resolved in the informal resolution process, shall be provided a formal hearing, regardless of the merit of the grievance/complaint.
4. When a complaint has been resolved through the informal resolution process, WorkNet/AJCC shall attempt to contact the complainant and have them provide a written withdrawal of the complaint within 10 days of the receipt of the notice of resolution or impasse where a complainant decides not to proceed to an administrative hearing.

D. Hearing process

Complainant may have representation if desired. Both parties shall have the opportunity to examine relevant records and documents, to present written or oral testimony and to call and/or question witnesses. The hearing shall be recorded either mechanically or by a court reporter. If an informal resolution is not possible between the complainant and respondent, WorkNet/AJCC must notify the complainant in writing of the next formal procedural step in the grievance process.

II. **Notice of Hearings**

In the event a decision cannot be reached through the informal resolution process, WorkNet/AJCC shall:

- A. Conduct a hearing by an impartial independent hearing officer within thirty (30) days of the filing a grievance/complaint.
- B. Notify the complainant and respondent of the "Notice of Hearing" not less than ten (10) days prior to the date of the hearing by certified mail (return receipt requested). The time of the hearing may be earlier if mutually agreed to by both parties.
- C. The following information shall be included in the written Notice of Hearing;
 1. Grievances/complaint case number, name of complainant, name of respondent, date of grievance/complaint;
 2. Date, time and location of the hearing before an impartial hearing officer and an opportunity to present evidence; and
 3. A statement of the alleged violation(s). These statements must accurately reflect the content of the grievance or complaint as submitted by the complainant. However, clarifying notes may be added to assure that the grievance or complaint is addressed accurately.
- D. A request for a five (5) day postponement may be granted either party upon a showing of good cause to the Hearing Officer, provided the hearing is still conducted within thirty (30) days of the filing of the grievance/complaint.

III. **Rules of the Hearing**

- A. Shall be held in an informal manner;
- B. The presentation of both written and oral testimony will be allowed;
- C. Both parties may present witnesses and the right to cross-examine the witness; and
- D. Both parties have the right to examine all relevant records and documents submitted.
- E. The hearing will be recorded electronically or by a court reporter.

IV. **Decision**

- A. The decision shall be made not later than sixty (60) days after the filing date (Note: Time spent in informal resolution efforts may not extend this time limit) and must include:
 1. The names of the parties involved;
 2. A statement of the alleged violation and any related issues;
 3. A statement of facts;
 4. The decision on the issue and the reasons for the decision;

5. Description of the corrective action, if necessary to comply with the decision; and
6. Notification that an adverse decision may be appealed by the complainant to the State Review Panel; and
7. Notice of the right to file a complaint with the ORC Regional Office pursuant to §144(c) of Public Law 97-300, within ten (10) days of the receipt of the decision when any party disagrees with the decision.

B. The decision shall be delivered to all parties by first class mail.

C. If the decision is not issued within sixty (60) calendar days of the date of the filing of the complaint, or if either party is dissatisfied with the local hearing decision, either party has the right to file an appeal with the State.

A State hearing may be requested by submitting a written notice of appeal to:

Chief, Compliance Review Office, MIC 22-M, Employment Development Department, PO Box 826880, Sacramento, CA 94280-0001

D. If the State Review Panel has issued an adverse decision regarding a grievance or complaint, or has not issued a decision within 60 days of receipt of a local level appeal, request for EDD review, or grievance or complaint, the complainant may file an appeal with the Secretary.

This appeal process applies to grievances and complaints that originated at the local or state level. Appeals of an adverse decision must be filed within 60 days of receipt of the adverse decision from the State Review Panel. In cases where the State Review Panel did not issue a decision, the complainant must file an appeal within 120 days of either of the following:

1. The date on which the complainant filed the appeal of a local level decision or request for EDD review with the state.
2. The date on which the complainant filed the grievance or complaint with the state.

All appeals to the Secretary must be sent to the DOL National Office via certified mail with return receipts requested. Copies of the appeal must simultaneously be provided to the DOL Employment and Training Administration (ETA) Regional Administrator and the respondent. Mailing addresses for the DOL National Office and ETA Regional Administrator are included below:

DOL National Office

Secretary of Labor
Attn: Assistant Secretary of ETA
U.S. Department of Labor
200 Constitution Avenue, NW Washington, DC 20210

ETA Regional Administrator

Office of Regional Administrator
U.S. Department of Labor
P.O. Box 193767 San Francisco, CA 94119-3767

3. Grievances or complaints filed directly with the Secretary that were not previously filed with the Local Area and/or state will be remanded to the Local Area or state, as appropriate. The Secretary shall issue a final determination no later than 120 days after receiving the appeal.

NO INDIVIDUAL SHALL BE DENIED SERVICE OR OTHERWISE INCUR RETALIATION BECAUSE OF HIM/HER EXERCISING HIS/HER RIGHT UNDER THE LAW TO FILE A COMPLAINT OR GRIEVANCE.

Signature

Date

SAN JOAQUIN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM

Auxiliary aids and services available upon request to individuals with disabilities.

TDD or Relay Service users please call 1-800-735-2929 for assistance.

56 S. LINCOLN STREET, STOCKTON, CALIFORNIA 95203 (209) 468-3500 FAX (209) 462-9063

Student Services Plan Request

DR 203 (REV 08/19)

Page 1 of 2

Student Last Name		First Name		Middle Initial
Mailing Address		City	Zip Code	County
Phone Number	Email Address			
Date of Birth (mm/dd/yyyy)	Social Security Number (if available)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State	

Please check all that apply

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

Please state the student's disability or reason for IEP/504 eligibility:

Documentation (please select one)

- ☐ IEP (provide a copy)
☐ 504 Plan (provide a copy)
☐ School Signature (see below)



If "School Signature" is selected: I confirm that the student is enrolled in the school identified below and has a record of or is regarded as having the disability stated above.

Signature of School Official: _____ Date: _____

Printed Name of School Official: _____ Title: _____

School Name	School Address	Current Grade Level
School Type <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Home school <input type="checkbox"/> GED program <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> College/University <input type="checkbox"/> Other		Expected Date of Graduation/Exit from School (mm/dd/yyyy)
Parent/Guardian/Conservator Last Name	First Name	Relationship
Phone Number	Email Address	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator

I give permission to school personnel to release this information to the Department of Rehabilitation. (20 U.S.C. 1232g(b) and 34 CFR 99.30 and 99.31.) I confirm that the student has documentation of or is regarded as having the disability stated above. I give consent for the student to participate in student services provided or arranged by the DOR, for as long as the student qualifies for such services.

Student Signature 	Date Signed	Parent/Guardian/Conservator Signature 	Date Signed
--	-------------	--	-------------

Student Services Plan

DR 203 (REV 08/19)

Page 2 of 2

FORM PURPOSE

This form is intended to request the Student Services Plan for potentially eligible students, in accordance with 34 CFR 361.48(a) and the Vocational Rehabilitation Services Portion of the Unified State Plan. "Potentially eligible" students are defined as students with disabilities, ages 16 through 21, who have not yet applied or been found eligible for the vocational rehabilitation program. This is not an application for vocational rehabilitation services.

The Student Services Plan can include any or all of the five pre-employment transition services: job exploration counseling, work-based learning, postsecondary enrollment counseling, work readiness training, and instruction in self-advocacy, depending on the needs and interests of the student. The Student Services Plan supports students to explore and prepare for employment through career exploration, work experience, and other foundational skills that assist in achieving workplace success.

FORM COMPLETION INSTRUCTIONS

Complete this form to document that the student is currently enrolled in a recognized education program and is considered a student with a disability as defined in 34 CFR 361.5(c)(51). Parent/Guardian contact information and consent are required for students who are less than 18 years of age and not an emancipated minor. Conservator contact information and consent are required for students with disabilities who are over 18 and have a conservator with relevant authority. An electronic version of this form is available online at www.dor.ca.gov. For more information on the requirements for pre-employment transition services, refer to 29 USC sections 705(37) and 733, and 34 CFR parts 361.48(a) and 361.5(c)(51). Consent for the student to participate in the Student Services Plan may be revoked at any time by providing written notice to the local DOR office.

NOTICE AND PRIVACY STATEMENT

The information requested on this form is necessary to correctly identify the individual as a student with a disability as defined in 34 CFR 361.5(c)(51), to provide authorization for the provision of pre-employment transition services, and to provide authorization for school personnel to release the information requested on this form to the DOR to coordinate, provide, or arrange student services in accordance with 29 USC sections 705(37) and 733 and 34 CFR parts 361.48(a) and 361.5(c)(51). The Social Security Number, if available, is necessary to utilize the Social Security Administration's Ticket to Work and other programs, and also to provide some services. Failure to provide the information requested may result in delays in services. Individuals should not provide any personal information on this form that is not requested.

The student, or parent, guardian, or conservator as appropriate, has the right to revoke the school's authorization to release information by providing written notice to school personnel. If the student, or parent, guardian, or conservator as appropriate, revokes the authorization, it will not affect information released to the DOR before the school personnel received the written notice revoking the authorization.

An individual has the right to inspect information maintained by the DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR. The DOR's Privacy Policy is online at www.dor.ca.gov. The DOR office locations and contact information can be found at <https://www.dor.ca.gov/Home/FindAnOffice>.

Any personal information maintained by the DOR is subject to the limitations in the California Information Practices Act (Civ. Code § 1798 et seq.), Title 34 Code of Federal Regulations section 361.38, and California Code of Regulations, title 9, sections 7140 through 7143.5. The DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, or abuse, subject to the limitations set forth in California Code of Regulations, title 9, section 7143.5. (34 CFR 361.38(e)(4) and (5).)

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

DIVISION: _____

Name / Entity / Address:		Individual's Full Name and Address:	
Social Security Number: (if necessary)		Record Number:	Date of Birth:




I hereby consent to and authorize the Department of Rehabilitation (DOR) to:☐ Obtain from the above Name / Entity ☐ Release to the above Name / Entity

- | | |
|---|--|
| <input type="checkbox"/> Benefits Planning Query | <input type="checkbox"/> Benefits Summary and Analysis |
| <input type="checkbox"/> Employment History | <input type="checkbox"/> Financial Aid Award |
| <input type="checkbox"/> HIV / AIDS Information | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Individualized Education Program (IEP) | <input type="checkbox"/> Transcripts / Report Cards |
| <input type="checkbox"/> Individualized Plan for Employment (IPE) | <input type="checkbox"/> Work Incentives Plan |
| <input type="checkbox"/> Psychological / Psychiatric Reports | <input type="checkbox"/> Vocational Rehabilitation Records |
| <input type="checkbox"/> Drug and Alcohol Information, as explicitly described below | |
| <input type="checkbox"/> Regional Center Records, including Individual Program Plan (IPP) | |
| <input type="checkbox"/> Other: _____ | |

The dates of the requested information are: _____ to _____

I acknowledge and understand the following: the requested information may contain medical history, treatment, and diagnosed mental and physical condition, including drug and alcohol information, psychiatric disabilities, or HIV / AIDS. I may refuse to allow DOR to release or obtain information by not signing this form or not checking some of the above boxes, which may affect the provision of vocational rehabilitation services. The information requested by DOR will be used to determine eligibility for or assist in the provision of vocational rehabilitation services. The DOR shall not make any disclosure of the information received without my signed authorization, unless required or permitted by law. I may revoke this authorization in writing at any time; however, the revocation will not be effective to the extent that any person or entity has already acted in reliance on my authorization prior to the revocation. I may have a copy of this signed authorization, which will remain valid for 30 days from the date of signature, unless

otherwise specified here: _____

Individual's Signature 	Date Signed
Guardian, Parent or Conservator Signature 	Date Signed
Witness Signature (if above signature by mark) 	Date Signed
Information sent To / From: Department of Rehabilitation	Phone Number:

Staff Name and Title: _____

Address: _____

CONSENT TO RELEASE AND OBTAIN INFORMATION

DR 260 (Rev. 01/18)

PRIVACY STATEMENT AND NOTICE

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to correctly identify the individual and provide written consent to obtain or release information for the limited purpose of determining eligibility for or assisting in the delivery of vocational rehabilitation services or release information at the individual's request. Please do not provide any personal information on this form that is not requested.

An individual has the right to revoke this authorization by providing written notice to the local Department of Rehabilitation (DOR) office serving the individual. If an individual revokes the authorization, it will not affect information already used or released before DOR received the individual's written notice. The federal Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. § 290dd-2) may not protect information after it is released or provided to agencies not covered by that law. Even though DOR is not subject to HIPAA, DOR adheres to applicable federal and state privacy laws. The DOR's Privacy Policy is online at www.dor.ca.gov.

Information obtained by DOR will be included in the individual's record of services. An individual has the right to inspect information maintained by DOR about the individual, unless otherwise prohibited or conditioned by law or regulation. For assistance accessing such information, contact the DOR staff listed on the form.

Any personal information collected or released by DOR is subject to the limitations established in federal and state law and regulations. Federal law requires DOR to release some personal information to other state agencies in order to match data, such as wage records, for federal performance accountability requirements. In some cases, DOR may release personal information in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the individual or others. The DOR may also release personal information for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for applicants and recipients of services in accordance with a written agreement that limits use of the information and safeguards confidentiality, and if the final product reveals any personal identifying information, informed, written consent is required. (29 U.S.C. § 3141; 34 C.F.R. § 361.38; 42 C.F.R. §§ 2.33, 2.51, 2.52, 2.61, and 2.63; Civ. Code §§ 56.13 and 1798 et seq.; and Cal. Code of Regs., tit. 9, §§ 7140 through 7143.5.)

If information is RELEASED with the informed, written consent of the individual to whom the information pertains, the receiving individual or agency should be aware that the information from DOR is confidential. Federal and state law and regulation prohibit any further disclosure of this information without the informed, written consent of the individual to whom this information pertains, unless otherwise permitted by law.

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A “STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE” form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)**Minor’s Information**

Minor’s Name (<i>First and Last</i>)		Home Phone	Grade
Home Address		City	Zip Code
Birth Date	Social Security Number	Age	Student’s Signature

School Information

School Name	School Phone	School ID Number
School Address	City	Zip Code

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent’s Name (<i>Print First and Last</i>)	Parent’s Signature	Date
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To be filled in and signed by employer

Business Name or Agency of Placement*	Business Phone	Supervisor’s Name
Business Address	City	Zip Code
Employer’s Maximum Expected Work Hours: _____ hours per day _____ hours per week		
Describe nature of work to be performed: _____		

***The Foundation for California Community Colleges (FCCC) is this minor’s Employer of Record.**

In compliance with California labor laws, this employee is covered by workers’ compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer’s Name (<i>Print First and Last</i>)	Employer’s Signature	Date
---	----------------------	------

For authorized work permit issuer use ONLY

Maximum number of work hours when school is in session:								Maximum number of work hours when school is not in session:							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor’s Age (<i>Evidence Type</i>)								Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience <input type="checkbox"/> Education, Vocational <input type="checkbox"/> Education, or Personal <input type="checkbox"/> Attendant <input type="checkbox"/> Workability							
Verifying Authority’s Name and Title (<i>Print</i>)															
Verifying Authority’s Signature															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.

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.**

2020**Step 1:
Enter
Personal
Information**

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

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

**Step 3:
Claim
Dependents**

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

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

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

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

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

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

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

**Step 5:
Sign
Here**

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

▶ **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

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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

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

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

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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

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

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

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

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

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

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

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

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.



C O U N T Y O F S A N J O A Q U I N
EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT
WINNER OF NATIONAL ALLIANCE OF BUSINESS DISTINGUISHED SERVICE AWARD

RELEASE OF INFORMATION

I hereby give permission and authorize the Employment and Economic Development Department to obtain or release information relative to my eligibility and progress in my Workforce Innovation and Opportunity Act (WIOA) employment and training experience in San Joaquin County to the following entities:

- | | |
|--|--|
| • Vocational Research Institute | • Schools |
| • Human Services Agency | <input type="checkbox"/> Name |
| • Other Governmental Agency | <input type="checkbox"/> Phone |
| • Employers | <input type="checkbox"/> Cumulative folder information |
| <input type="checkbox"/> Work History | <input type="checkbox"/> Grades/Transcript |
| <input type="checkbox"/> Wage Information | <input type="checkbox"/> Test Scores |
| • Employment Development Department (EDD) | <input type="checkbox"/> Student Attendance Records |
| <input type="checkbox"/> UI Base Wage Information | <input type="checkbox"/> Citizenship Records |
| <input type="checkbox"/> UI Profiling Information | <input type="checkbox"/> Counselor Information |
| <input type="checkbox"/> Last Employer Information | |

Applicant Signature

Applicant Print Name

Date

Parent/Legal Guardian Signature

Date of Birth

Social Security Number

FOR HSA USE ONLY

This shall serve as verification that the above-named person ☐ was ☐ was not receiving benefits from HSA during the month of _____, 20__:

☐ TANF

☐ General Assistance

☐ Food Stamps

☐ Other _____

Case Number _____

Total number of people in family group _____

HSA Representative

Phone Number

Date