

Encinitas Union School District

Substitute Teacher Application

Welcome! Attached are the forms necessary to place your name on our Substitute Consortium and into the **Encinitas District payroll system**. If you are sent to another district to substitute, please be aware that you **must** also sign up with that district for their payroll system. You will need to provide them with copies of the same documents that you provided for our payroll system.

Please read all of the enclosed forms carefully and make sure they are complete before submitting them to the district. You are responsible for providing **COPIES** of the following documents:

- California Teaching Credential
- CBEST Results
- TB Test Result
- California Drivers License
- Social Security Card

To sub in our consortium you need to have either a California Multiple Subject Teaching Credential or the 30 Day Emergency Substitute Permit. If you have applied for your credential and not yet received the Official Document from Sacramento you will need to bring in the Letter of Verification from your University. You also need to have fingerprint clearance through the Clearinghouse.



ENCINITAS UNION SCHOOL DISTRICT

YOU ARE RESPONSIBLE FOR PROVIDING THE FOLLOWING FORMS:

Completed Substitute Application

W4 Form

Oath of Allegiance

Miscellaneous Questions Sheet

Copy of TB test certificate

Copy of CALIFORNIA Credential

Copy of CBEST Result Card

Copy of Driver's License

Copy of Social Security Card

Voluntary Employee/Applicant ID Form

Oath of ALLEGIANCE – Please read and SIGN ONLY. The date and your name will be filled in on the first day you work. If you are NOT a citizen of the United States, please cross out that line.

CALIFORNIA CREDENTIAL – If you have not yet received your document but have applied for the credential you will need a Temporary County Certificate. When you receive your credential it is your responsibility to register it at the San Diego County Office of Education.

**ENCINITAS UNION SCHOOL DISTRICT
SUBSTITUTE TEACHER APPLICATION**

NAME _____ DATE _____

ADDRESS _____
STREET CITY ZIP

PHONE _____ SOCIAL SECURITY # _____

CREDENTIALS _____

IS YOUR CREDENTIAL ON FILE AT THE SAN DIEGO COUNTY DEPT. OF EDUCATION? _____

I REALIZE BY FILLING OUT THIS FORM, MY NAME WILL BE MADE AVAILABLE TO
OTHER DISTRICTS: CARDIFF, DEL MAR, RANCHO SANTA FE, AND SOLANA BEACH.
WILL YOU WORK AT ALL SCHOOLS IN ALL DISTRICTS? YES _____ NO _____
IF "NO" PLEASE EXPLAIN. _____

DAYS AVAILABLE: MON. _____ TUES. _____ WED. _____ THURS. _____ FRI. _____

ARE YOU BILINGUAL? YES _____ NO _____ IF YES, WHAT LANGUAGE _____

PLEASE CHECK EACH SUBJECT AND GRADE LEVEL YOU WISH TO TEACH.

- | | | |
|--|--|--|
| <input type="checkbox"/> 100 Kindergarten | <input type="checkbox"/> 109 Music | <input type="checkbox"/> 119 Roving Substitute |
| <input type="checkbox"/> 101 Grade 1 | <input type="checkbox"/> 110 Special Ed Aide | <input type="checkbox"/> 120 SDC-Preschool |
| <input type="checkbox"/> 102 Grade 2 | <input type="checkbox"/> 111 7 th & 8 th Grade Math | <input type="checkbox"/> 121 Reading Recovery |
| <input type="checkbox"/> 103 Grade 3 | <input type="checkbox"/> 112 7 th & 8 th Grade English | <input type="checkbox"/> 122 Media Center |
| <input type="checkbox"/> 104 Grade 4 | <input type="checkbox"/> 113 7 th & 8 th Grade Science | <input type="checkbox"/> 123 Classroom aide |
| <input type="checkbox"/> 105 Grade 5 | <input type="checkbox"/> 114 PE | <input type="checkbox"/> 124 SDC-Severe Handicap |
| <input type="checkbox"/> 106 Grade 6 | <input type="checkbox"/> 115 Adapted PE (Sp.Ed.) | <input type="checkbox"/> 125 Art |
| <input type="checkbox"/> 107 Speech/Language | <input type="checkbox"/> 116 Resource | <input type="checkbox"/> 126 Science |
| <input type="checkbox"/> 108 Special Ed | <input type="checkbox"/> 117 Bilingual (Spanish) | <input type="checkbox"/> 127 Technology |

COMMENTS: _____

DATE _____ SIGNATURE _____

Form W-4 (2013)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 13,000	1	8,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 30,000	3
26,001 - 30,000	4	30,001 - 40,000	4
30,001 - 42,000	5	40,001 - 50,000	5
42,001 - 48,000	6	50,001 - 70,000	6
48,001 - 55,000	7	70,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 75,000	9	95,001 - 120,000	9
75,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

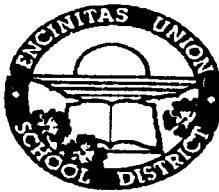
Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
72,001 - 130,000	980	37,001 - 80,000	980
130,001 - 200,000	1,090	80,001 - 175,000	1,090
200,001 - 345,000	1,290	175,001 - 385,000	1,290
345,001 - 385,000	1,370	385,001 and over	1,540
385,001 and over	1,540		

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

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

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

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



MISCELLANEOUS INFORMATION SHEET

NAME _____
(AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)

POSITION _____

Tuberculin skin testing is the standard method of identifying people infected with M. Tuberculosis and is required by Ed Code 49406. Have you had a TB Exam within the past 4 years? _____ If yes, please include a copy of the results. If no, please go to your personal physician or to a clinic that has the testing available. The intradermal Mantoux test, not a multiple puncture test, should be used to determine if tuberculosis infection has occurred. A copy of your TB test result is due within 30 days. Failure to provide us with the test results could result in you not being able to work until such time as a current test results have been submitted to our Human Resources Department.

BIRTHDATE _____ (mo/day/year)

TELEPHONE NUMBER (____) _____ UNLISTED? ____ YES or ____ NO

PERSON TO NOTIFY IN EMERGENCY

Name _____ Phone (____) _____

Section 1233 of the California government code permits school district to solicit from employees a voluntary declaration of their sex and racial/ethnic group membership. Information provided will assist the district in accurately compiling required statistical reports for federal and state agencies. A separate, confidential file will be established for these forms and non of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

Check only one applicable category below. If more than one applies, choose the one category which best identify your racial/ethnic background. (Married women are to indicate their own ancestry rather than that of their husbands)

<input type="checkbox"/>	Black (Black, Afro-Americana, African decent, Jamaican, W. Indian decent)	<input type="checkbox"/>	Filipino (Filipino-American)
<input type="checkbox"/>	Asian (Asian-American), Japanese, Chinese or Korean descent	<input type="checkbox"/>	Native American (American Indian)
<input type="checkbox"/>	Spanish Origin/Latino (Mexican, Puerto Rican, Latin American or Spanish decent)	<input type="checkbox"/>	Other (Aleui, Eskimo, Malayan, Thai, other nonwhite not specified above)
<input type="checkbox"/>	White (White, Anglo, Pakistani, E. Indian, Indo-European decent)	<input type="checkbox"/>	Decline to State

Language Ability Specify

Fluent In:

Can use in conversation	Yes	No	Can Read with Understanding	Yes	No
-------------------------	-----	----	-----------------------------	-----	----

If you are physically handicapped, check all applicable categories.

<input type="checkbox"/>	Impairment (Due to amputation, loss of functions, loss of coordination)
<input type="checkbox"/>	Sight (use of eyeglasses doe not apply)
<input type="checkbox"/>	Hearing (50% or more loss of hearing in both ears)
<input type="checkbox"/>	Speech
<input type="checkbox"/>	Other (specify)

As an evaluation of district's recruitment sources, you are requested to indicate below the method(s) by which this vacancy was communicated to you.

<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	District Employee	<input type="checkbox"/>	Trade Magazine
<input type="checkbox"/>	Friend or Relative	<input type="checkbox"/>	EUSD District Website	<input type="checkbox"/>	Edjoin.org Website

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO ICE OR USCIS**

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship
(Form N-560 or N-561)
3. Certificate of Naturalization
(Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph
(Form I-151 or I-551)
6. Unexpired Temporary Resident Card (Form I-688)
7. Unexpired Employment Authorization Card
(Form I-688A)
8. Unexpired Reentry Permit
(Form I-327)
9. Unexpired Refugee Travel Document (Form I-571)
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph
(Form I-688B)

LIST B

Documents that Establish Identity

OR

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- 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

LIST C

Documents that Establish Employment Eligibility

AND

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. ID Card for use of Resident Citizen in the United States
(Form I-179)
7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

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

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- ☐ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien #) A _____
☐ An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
--	-----------------------

ENCINITAS UNION SCHOOL DISTRICT

OATH OF ALLEGIANCE
FOR PERSON EMPLOYED BY A
SCHOOL DISTRICT OF THE STATE OF CALIFORNIA

STATE OF CALIFORNIA
COUNTY OF SAN DIEGO

I, _____ do solemnly swear/affirm that I will support and defend the Constitution of the United States of America 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.

I further swear/affirm that I am a citizen of the United States of America.

Signature of Employee _____

Taken, subscribed and sworn to before me this _____ day of _____ 2 _____.

Signature of Authorized Official _____

Human Resources Technician
Encinitas Union School District

SUBSTITUTE TEACHERS:

In the event of a strike, I will be available

Signature



...Together Helping Children to Reach for the Stars...

TO: New Certificated Employees of Encinitas
 FROM: Dan Grider, Ed.D., Assistant Superintendent of Administrative Services
 SUBJECT: State Teachers Retirement System (STRS) Election

As a certificated employee, you have the right of election into STRS even though you do not meet the mandatory enrollment requirement of 50% FTE or more contact or are not already a member of STRS.

As an employer, we are required to enroll you as an employee into a retirement system either Social Security or STRS for all Certificated employees. STRS is now offering you the opportunity of electing membership in their STRS Defined Benefit Plan. If you do not elect membership in STRS you will automatically be subject to Social Security coverage until such time that you qualify for mandatory enrollment into STRS.

The employee and the employer contributes to the Plan elected and rates are listed below:

PLAN	EMPLOYEE	EMPLOYER
Social Security	6.2%	6.2%
STRS	8.0%	8.25%

The election into membership in the STRS Defined Benefit Plan is *irrevocable* for all future employment to perform creditable service. This election may be canceled only by terminating all creditable service and receiving a refund of accumulated employee's retirement contributions. For additional information about STRS you may call STRS directly at 1- 800 228-5453.

Please complete the attached form and return it with your employment package.

Should you have any questions regarding the above information, you may contact the Sub Liaison at (760)944-4300 extension 100 or Linda Brown, in the Benefits Office at extension 185.

Board of Trustees

Shannon Kuder William Parker
 Cathy Regan Carol Skiljan
 Marla Strich



Superintendent

Douglas P. DeVore, Ed.D.

Assistant Superintendents

Bonita Drolet, Ed.D. Danniel Grider, Ed.D.
 Educational Services Administrative Services
 Abdollah Saadat
 Business Services

Permissive Membership

ES 0350 (Rev. 6/11)

CALSTRS

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

PERMISSIVE ELECTION AND ACKNOWLEDGEMENT OF RECEIPT OF CALSTRS DEFINED BENEFIT PLAN MEMBERSHIP INFORMATION

An employee who performs creditable service (Education Code Section 22119.5), and who is excluded from mandatory membership pursuant to Section 22601.5, 22602, or 22604, may elect membership in the California State Teachers' Retirement System (CalSTRS) Defined Benefit Program at any time while employed to perform creditable service. If you elect membership below, then your election becomes irrevocable until you terminate employment. This form containing your election must be on file with CalSTRS before your employer submits contributions into the program.

EMPLOYEE CERTIFICATION

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

POSITION TITLE

()

CITY

STATE

ZIP CODE

HOME TELEPHONE

E-MAIL ADDRESS

With my signature below, I certify that I have received information from my employer on my eligibility to elect membership in CalSTRS Defined Benefit Program and that I am making the following election. I fully understand this election is irrevocable and applies to all future creditable service until I terminate employment.

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and a fine of up to \$5,000 (Education Code Section 22010).

I elect membership

☐

I decline membership at this time

☐

SIGNATURE

DATE

TO BE COMPLETED BY EMPLOYER

With my signature below, I certify that the above-named employee has been provided with the membership criteria for the CalSTRS Defined Benefit Program, and if applicable, was informed within 30 days of hire that they may elect membership in the Program at any time while employed. (Education Code section 22455.5).

OFFICIAL'S SIGNATURE

TITLE

COUNTY (or Other Employing Agency)

DISTRICT

EMPLOYEE #

SEX
MALE FEMALE

BIRTHDAY
(MO/DAY/YEAR)

MEMBERSHIP DATE
(MO/DAY/YEAR)

ASSIGNMENT
FT PT SUB



ES0350

PERMISSIVE MEMBERSHIP • REV 06/11

INSTRUCTIONS FOR FORM MR 350

EMPLOYEE'S RESPONSIBILITY

Block

- A Legibly print last name
- B Legibly print first name
- C Legibly print middle initial (if any)
- D Legibly print Social Security Number
- F or G Mark the box of choice and date.

If "I Elect M/S" box is marked this election is *irrevocable* for all future employment to perform creditable service. This election may be canceled only by terminating all creditable service in the State and receiving a refund of accumulated retirement contributions.

If "I decline M/S" box is marked, you may elect membership at a later date, or you will be enrolled in membership when the mandatory requirements are met.

- H Sign

DISTRICT'S RESPONSIBILITY

Block

- E Identify the position to be filled (i.e., Substitute Teacher, Nurse, Consultant)
- F If this box is marked, *immediately* forward the Form 350 (with the original employee signature) upon receipt to the County Office, Retirement Reporting Unit. The employee may be working in other districts and their election affects service reporting in those districts. File a copy in the employee's personnel file.
- G If this box is marked, file Form 350 in the employee's personnel file. **DO NOT** send a copy to the County Office.
- I Please mark as appropriate
- J Please write in the birth date.
- K Please indicate assignment.

PT = a position paid on an hourly basis
SUB = a position paid on a daily basis
- L Enter the District Number

Note: There is no requirement for a District Official to sign Form 350. The County Office certifies service and the validity of the Form.
The County Office will fill in the correct Membership Date. Once done the information is available through the Payroll System.

San Diego County Office of Education
**VERIFICATION OF MEMBERSHIP STATUS IN A CALIFORNIA
PUBLIC RETIREMENT SYSTEM**

To be completed by newly-hired school district personnel

Who did not render service in a San Diego County school district during the school year preceding present employment

BUT

Who have been employed in **ANY CAPACITY** by a school district or public agency in California prior to present employment.

Mr.

Mrs.

Miss

Last name

First

Middle

Maiden

Birthdate _____

In what *California* county did you last serve? _____

Agency last served? _____

In what year? _____

Under what name? _____

In what position? _____

(If as a teacher indicate contract, hourly, substitute, child care)

(If in a nonteaching assignment indicate secretary, clerk, highway patrol, accountant, etc.)

If a monthly employee, what percent were you employed? _____
(30%) (50%) (75%) etc.

Check retirement system to which you contributed during above employment:

State Teachers' _____ Public Employees' _____

Other _____
(Name)

Are you currently a member of the system you checked above? ☐ Yes ☐ No

If you checked NO: When did you withdraw your funds? _____
or *(Date)*

When did you retire? _____
(Date)

(Retire means receiving a monthly benefit payment)

The facts you have furnished as to your public agency retirement membership status are to enable the San Diego County Office of Education to determine and verify your retirement status with the retirement systems.

Therefore, it is **VERY important** that you accurately complete this form. If you are a current member of STRS or PERS and have not indicated so on this form, you are immediately liable for retirement contributions not deducted from your earnings.

Signature _____ Date _____



...Together Helping Children to Reach for the Stars...

December 6, 2005

Dear Substitute,

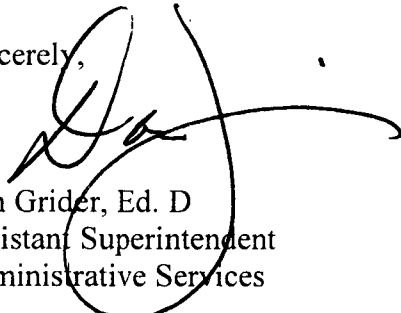
On behalf of the Encinitas Union School District I want to thank you for the service you provide to the students of our district. We appreciate your work!

Safety is always a priority in the school setting, not only for students, but staff and substitutes as well.

Our staff receives annual training in universal precautions (e.g. handwashing, use of protective equipment, cleaning techniques, etc.) Because we are unable to train every substitute prior to service, we do ask that substitutes who have not received training not participate in administering first aid or procedures that involve contact with bodily fluids. If this contact should accidentally occur, please contact the site principal.

Again, we are so grateful for your work in our district.

Sincerely,


Dan Grider, Ed. D
Assistant Superintendent
Administrative Services

Board of Trustees

Shannon Kuder William Parker
Cathy Regan Carol Skiljan
Marla Strich



101 S. Rancho Santa Fe Road, Encinitas, CA 92024-4349
Phone (760) 944-4300 FAX (760) 942-7094

www.uisd.k12.ca.us

Superintendent

L. McLean King, Ed.D.

Assistant Superintendents

Deborah Blow, Ed.D. Danniell Grider, Ed.D.
Educational Services Administrative Services
Abdollah Saadat
Business Services

ENCINITAS UNION SCHOOL DISTRICT

WORKERS' COMPENSATION INFORMATION

YOUR BENEFITS ARE ADMINISTERED BY:

Hazelrigg Risk Management Service, Inc.
5694 Mission Center Road Suite 700
San Diego, CA 92108
Phone: (858) 300-2500

PROMPT reporting of every injury/accident is the key to your benefits coverage. Report your injury IMMEDIATELY to your supervisor.

WHAT WOULD HAPPEN TO ME IF I WERE INJURED ON THE JOB?

The California Workers' Compensation Law requires that every employer provide its employees with Workers' Compensation coverage. This coverage guarantees prompt benefits to employees injured on the job or incurring a job-related illness. Benefits are in the form of medical care, temporary disability benefits, and may include permanent disability awards as well as death benefits. If the industrial injury causes death your dependent spouse, children and/or dependent survivors will receive cash benefits established by the California law.

WHO IS ELIGIBLE FOR COVERAGE?

All employees have protection under the Worker's Compensation Law, including part-time and temporary workers.

IF I'M INJURED, HOW DO I APPLY FOR BENEFITS?

Upon reporting an injury, benefits are automatic and are applied according to State law. The key is prompt reporting of your injury. The person to report your injury to is your immediate supervisor.

WHAT INJURIES AM I COVERED FOR?

ALL injuries are covered if they are caused by your job, not just serious accidents, but even minor injuries requiring only first aid treatment. ALL job-related injuries are to be reported, even if they are minor and do not require medical attention.

WHAT EXACTLY DO I DO IF I AM INJURED?

Report your injury to your supervisor immediately. If medical care is needed and your supervisor is not available, get the necessary treatment and then report it to your supervisor at the earliest time possible. In any event, report the injury/illness to your supervisor within 24 hours.

WHAT DOCTOR DO I GO TO?

If your injury requires medical attention, your supervisor will make arrangements for you to be seen by a physician from an AUTHORIZED medical panel. Give the receptionist the "Medical Service Order" which your supervisor will give you. This form authorizes the doctor to treat and tells that all medical reports and billings are to be sent to Hazelrigg.

If your supervisor is not available or if an injury occurs at work during the evening or on a weekend, report to U. S. Healthworks located at 4814 Van Allen Way Suite 210 Carlsbad CA 92008 or Scripps hospital emergency room. Tell the receptionist that your injury happened on the job; explain how the injury happened and that Hazelrigg pays your Workers' Compensation Benefits.

You may be asked to see a medical specialist at the request of Hazelrigg depending on the nature of your injury/illness. The specialist will be a well-respected physician in the medical community who is familiar with comprehensive evaluations and detailed Workers' Compensation reporting requirements.

CAN I GO TO MY OWN DOCTOR?

To be initially treated by your personal physician who has your prior medical history, you must have registered his/her name and address IN WRITING with the Human Resources Technician at the Encinitas District Office prior to any injury.

If after treatment by a Worker's Compensation panel physician, you are dissatisfied and wish to switch to a physician of your own choice you may do so 30 days AFTER reporting the injury to your employer.

If during the 30 days treatment by the Workers' Compensation panel physician are dissatisfied, you may request one change of panel physician from Hazelrigg.

WHO PAYS?

The doctor or hospital will bill Hazelrigg. (This includes doctor, hospital, X-ray, crutches, lab work expenses, etc. If medication is prescribed, have the pharmacy bill Hazelrigg. If you pay, submit your prescription receipts to Hazelrigg for reimbursement. You may also be reimbursed for mileage to and from any medical treatment. Hazelrigg will send you a form to use to itemize your mileage with your first benefit notice.)

ENCINITAS UNION SCHOOL DISTRICT GENERAL PAYROLL INFORMATION

GENERAL INFORMATION FOR SUBSTITUTE TEACHERS:

When you check in at the school office you need to pick up a time sheet. It is your responsibility to be sure that you fill it out and give it to the Office Manager to get a budget number and the Principal's signature. You will keep the time sheet with you for the month and take it to each of the Encinitas schools you work at.

PAYROLL INFORMATION:

The pay period is the first of the month through the last working day of the month. **Time sheets are due in the payroll office no later than the 5th of the following month to be processed for payment.** For example, if you work in January we need the time sheet by February 5th.

Checks will be handed out the last working day of the following month you worked. You may pick them up at the district office between 9:00 AM and 12:15PM, and again between 1:15PM and 3:30 PM. If you are unable to pick up your check it will be mailed out to you that day. It is important to keep the payroll office informed of any address change.

1. Capri Elementary
941 Capri Road
Encinitas, CA 92024
phone: 944-4360

2. El Camino Creek Elementary
7885 Paseo Aliso
Carlsbad, CA 92009
phone: 943-2051

3. Flora Vista Elementary
1690 Wandering Road
Encinitas, CA 92024
phone: 944-4329

4. La Costa Heights Elementary
3035 Levante Street
Carlsbad, CA 92009
phone: 944-4375

5. Mission Estancia Elementary
3330 Calle Barcelona
Carlsbad, CA 92009
phone: 943-2004

6. Ocean Knoll Elementary
910 Melba Road
Encinitas, CA 92024
phone: 944-4361

7. Olivenhain Pioneer Elementary
8000 Calle Acervo
Carlsbad, CA 92009
phone: 943-2000

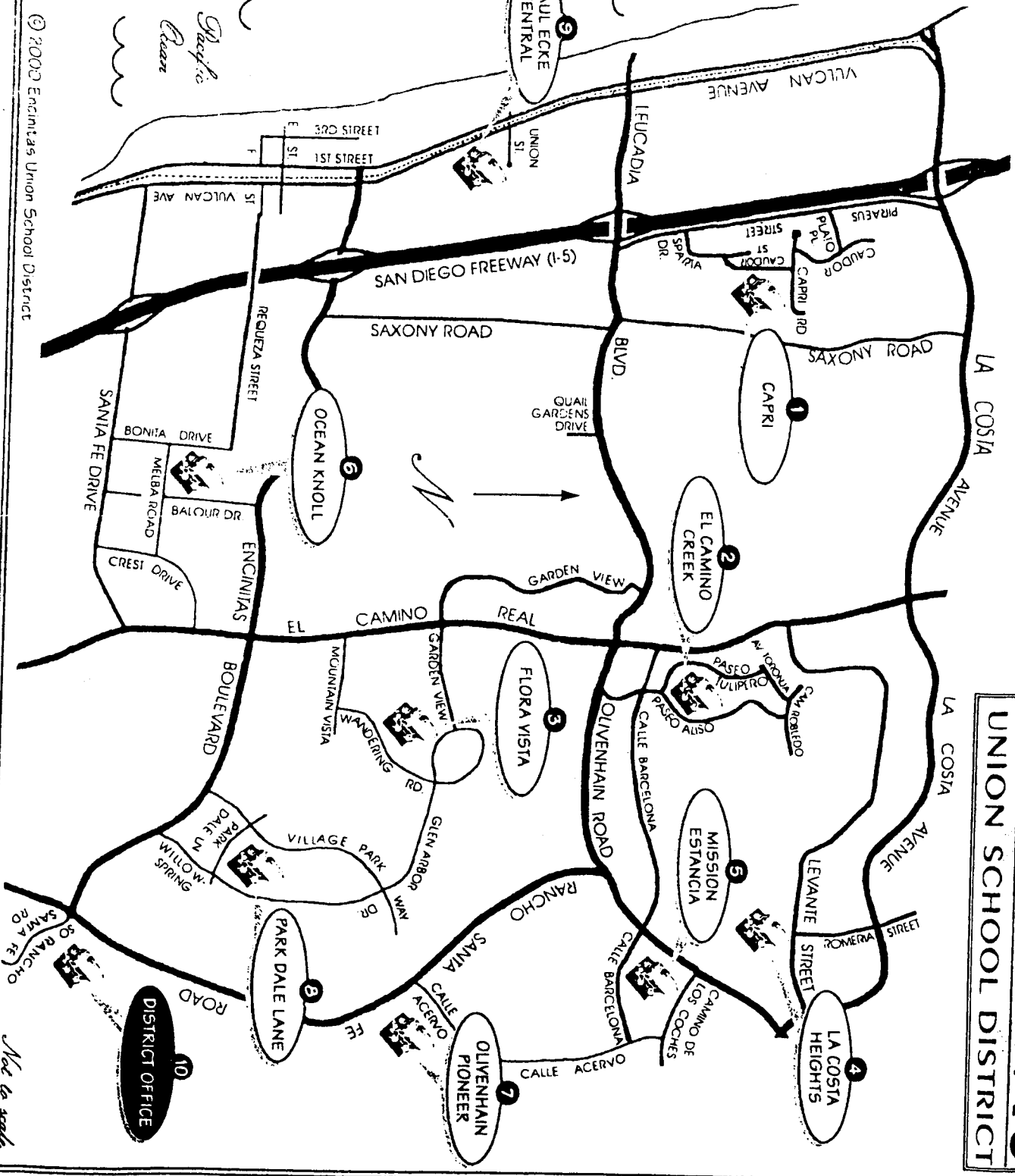
8. Park Dale Lane Elementary
2050 Park Dale Lane
Encinitas, CA 92024
phone: 944-4344

9. Paul Ecke Central Elementary
185 Union Street
Encinitas, CA 92024
phone: 944-4323

10 District Office
101 South Rancho Santa Fe Road
Encinitas, CA 92024
phone: 944-4200

ENCINITAS

UNION SCHOOL DISTRICT



Not to scale

SANTE FE DRIVE (ENCINITAS)

I-5

Montgomery

Cardiff Elem.
School

San Elijo

BIRMINGHAM DRIVE

CARDIFF

Acia
Harris
School

Windsor

LaGranada

Rancho
Santa Fe
School
K-8th

WEST

I-5

El Fuego

EAST

LOMAS SANTA FE DRIVE (SOLANA BEACH)

(2.5 M.)

Directions to Del Mar Schools

Ashley Falls

13030 Ashley Falls drive
San Diego, CA 92130
858-259-7812

From I-5, exit Del Mar Height Road. Turn East. Stay on Del Mar Heights Road (past shopping center, past Torrey Pines High School) to Ashley Falls Drive. Turn right and you will see Ashley Falls School on the right.

Carmel Del Mar

12345 Carmel Park Drive
San Diego, CA 92130
858-481-6789

From North of Del Mar, I-5, exit east on Del Mar Heights Road.

Right on Carmel Country Road. Right on Carmel Creek Road. Left on Carmel Grove Road. Right on Carmel Park Drive. School is on the left side

From South of Del Mar, I-5, exit east onto Highway 56

First exit is Carmel Creek Road. North on Carmel Creek Road. Right on Carmel Grove Road. Right on Carmel Park Drive. School is on the left side

Del Mar Hills

14085 Mango Drive
Del Mar, Ca 92014
858-755-9763

From I-5, exit Del Mar Heights Road west. Right on Mango Drive. School is on the right side.

Del Mar Heights

13555 Boquita Drive
Del Mar, CA 92014
858-755-9367

From I-5, exit Del Mar Heights Road west. Left on Mercado. Left on Cordero. Right on Boquita.

Sage Canyon

5290 Harvest Run Drive
San Diego, CA 92130
858-481-7844

From I-5, exit Carmel Valley Road (or Highway 56) East. Exit south on Carmel Country Road (1.5 miles) to Carmel Mountain Road, turn right. Go west for 0.4 miles to Harvest Run Drive, turn left (you will see Sage Canyon School on the left).

Sycamore Ridge

5333 Carmel Valley Rd
San Diego, CA 92130
858-755-1060

From I-5, take Highway 56, exit Carmel Valley Rd and go north (left). Turn left on Del Mar Heights Road, which turns into Carmel Valley Road. School is on the left.


Torrey Hills

10830 Calle Mar De Mariposa
San Diego, CA 92130
858-481-4266

From I-5, exit Carmel Valley Road East. Go to El Camino Real and turn right (not old El Camino Real). Turn right on Carmel Mountain Road (get immediately in the left lane). Turn left on Vista Sorrento Parkway. Turn left on Ocean Bluff Drive. Turn right on West Ocean Air. Left on Calle Mar De Mariposa. School is on the left

District Office

309 N. Rios Ave,
Solana Beach, 92075

 794-7100
Phone 794-7105 FAX

LESLIE FAUSSET, SUPERINTENDENT
Kathy Presnell, Admin.

No. Rios Avenue

Skyline

606 Lomas Santa Fe
Solana Beach, 92075

794-3600
794-3650 FAX

LISA MUMBY, Princ.

Kathy Myer, Secty.
Sue Peters, Clerk

Lomas Santa Fe

Solana Vista

780 Santa Victoria
Solana Beach, 92075

794-3700
794-3750 FAX

LISA PLATT, Princ.

Angela Lew, Secty.
Nancy L'Esperance, Clerk

Santa Victoria




Santa Helena

Via de la Valle

I-5

Solana Highlands

3520 Long Run Drive
San Diego, 92130

 794-4300
Phone 794-4350 FAX

DOROTHEA WILSON, Princ.

Linda Jung, Secty.
Judy Alpert, Clerk

El Camino Real



Solana Santa Fe

6570 El Apajo/PO Box 8940
Rancho Santa Fe, 92067

794-4700
794-4750 FAX

JULIE NORBY, Princ.

Karen Stalon, Secty.
Theresa Schatzle, Clerk

El Apajo

San Dieguito Rd.

Carmel Creek

4210 Carmel Center Rd.
San Diego, 92130

794-4400
794-4450 FAX

TERRY DAVIS, Princ.

Paula Branch, Secty.
Patricia Saenz, Clerk




Carmel Creek

Del Mar Heights Road

Townsgate Drive

Solana Pacific

3901 Townsgate Dr.
San Diego 92130

 794-4500
Phone 794-4550 FAX

BRIAN McBRIDE, Princ.

Debi Dunn, Secty.
Donna VanDillen, Clerk

