

New Employee Checklist

The following forms should be submitted to Edie Hoffman as soon as possible. Any forms marked with an asterisk (*) are optional. If you have any questions, please call Edie at 510-830-3780, extension 214.

GENERAL

- (111) LPS Employment Application
- (112) ¹LiveScan Fingerprinting Confirmation
- (104) ²Confirmation of Negative TB Test or ‘Inactive TB’ letter from a Physician
- (102) Salary Agreement (individual letter)
- (113) Workers Compensation Pre-Designation Form
- (105) Completion of “VIPs” Online Training
- (108) Child Abuse Reporting Requirements
- (144) Powerschool Form
- (114) Acknowledgement of Review: Staff Handbook, Anti-Harassment Policy,
Discrimination Policy, Drug & Alcohol Abuse, Technology use Policy

PAYROLL

- (111a) New Employee Setup Form
- (115) Employment Eligibility Verification Form “I-9”
> **Show required documents and submit copies** (*see instructions on back of form*)
- (116) W-4 Form for Federal Tax Withholding
- (119) Statement Concerning Your Employment in Job Not Covered by Social Security
EDD Employee’s Withholding Allowances Form
- (140) *401a Plan Investment Election Form
- (121) Direct Deposit Authorization Form (with a copy of a voided check)
- (142) ³STRS Permissive Election Form

REQUIRED FOR TEACHING POSITIONS

- (143a) Teaching Credential or Waiver
- (143b) Transcripts
- (143c) CBEST
- (143d) ELL Authorization
- (143e) NCLB (ESEA) Compliance Form
- (143f) Temporary County Credential Certificate or Registration

BENEFITS (IF APPLICABLE)

- (134) Anthem Blue Cross Medical and/or Life Coverage Application
Kaiser Permanente Medical Coverage Application
- (135) Copy of Current Health Insurance Card
- (136) Delta Dental Enrollment Form
- (137) Vision Service Plan Enrollment Form
- (138) Standard Disability Insurance Enrollment Form
- (138a) *Payflex Application (Health, Day Care, Parking Reimbursement)
- (139) *Pre-Tax Premium Plan Salary Deduction Form
- (140a) *Voluntary - 457 Retirement Enrollment Form
- (141) *Commuter Check Enrollment Form

I acknowledge that I have received all of the above forms and understand that I must confirm background check clearance and submit proof of negative TB test before I work with students.

Name/Signature _____ Date _____

¹ You must confirm background check clearance with Edie Hoffman before work with students begins.
² Negative TB test results OR ‘inactive TB’ letter from physician must be submitted before work with students begins.
³ This form is only applicable to teachers working less than 50% of full time, as these employees can elect to participate in STRS (teachers working 50% or more must participate in STRS and will be automatically enrolled). If you decline to participate in STRS, we will enroll you in the LPS 401(a) Retirement Plan.

LEADERSHIP PUBLIC SCHOOLS EMPLOYMENT APPLICATION

344 Thomas L Berkley Way, Suite 340, Oakland CA 94612
Phone 510-830-3780 x214, jobs@leadps.org

Leadership Public Schools is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, sex, sexual orientation, marital status, age, national origin, ancestry, physical or mental disability, medical condition, or any other consideration made unlawful by federal, state, or local laws.

Personal Information (please print clearly)

First Name Middle Name Last Name

Street City State Zip Code

Business Phone Home Phone Email

Position Applied For: Social Security Number:

Location/School:

Are you interested and/or available for:

Regular full-time work Regular part-time work Substitute teaching
Temporary work Weekends Work overtime, if necessary

If hired, on what date can you start work? Salary desired:

Have you ever applied to or worked for Leadership Public Schools before? Yes No

If yes, when?

Do you have any friends or relatives working for Leadership Public Schools? Yes No If yes, state name (s) and relationship:

Name: Relationship:

Name: Relationship:

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? Yes No (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions. Hire may be subject to passing medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the positions(s) applied for may, however, be considered.)

Are you currently employed? Yes _____ No _____ If so, may we contact your current employer? Yes _____ No _____

Education, Training and Experience

	City, State	# Years	Did you graduate	Degree/Diploma
College/University				
College/University				
College/University				

Some of our families may not speak English. Do you speak, write, or understand any foreign languages? Yes _____ No _____

If yes, which languages? _____

Why are you applying for a position at Leadership Public Schools?

For Teaching Positions:

Grade/Subject Matter Expertise _____

List all credentials held: *(Include type of credential held, state, date granted and expiration date).*

Have you passed California Basic Education Skills Test (CBEST)? Yes _____ No _____

Have you passed the CSET? Yes _____ No _____

Has your teaching credential ever been revoked or suspended? Yes _____ No _____
If so, please explain.

Employment History

Please attach a detailed resume or list below all present and past employment starting with your most recent employer. Account for all periods of unemployment. If additional space is needed, please answer on a separate sheet of paper.

Name of Employer _____

Position Title _____

Your Immediate Supervisor's Name _____ Title _____

Dates of Employment: From _____ to _____

Reason for Leaving _____

May we contact this employer for a reference? Yes _____ No _____

For Teaching Positions

Grade/Subjects Taught _____

District _____ Principal _____

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No _____
If so, describe:

References

Please attach references or list below three persons not related to you who have knowledge of your work performance in the last three years.

Please Read Carefully and Sign Below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Upon request, I agree to provide any further information that is relevant to my application for employment.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. I also understand and agree that all oral and written responses to Leadership Public School inquiries shall remain confidential and shall not be divulged to the applicant. In addition, I hereby release Leadership Public Schools, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

In any legal action or proceeding in which Leadership Public Schools is required to enforce the terms of this release, Leadership Public Schools shall be entitled to recover from the applicant all reasonable attorneys' fees, costs and expenses incurred therein if Leadership Public Schools is found to be the prevailing party of such action.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Leadership Public Schools. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature _____ **Date** _____

Additional Information (Optional)

The following questions are for planning purposes only and will NOT affect your application for employment.

How did you hear about Leadership Public Schools?

- Friend currently employed by LPS Newspaper advertisement Website: Flyer
- Friend with children at an LPS school Newspaper or magazine article Friend, no affiliation with LPS
- School District Other _____

What three factors are most important in your decision to apply for a job at Leadership Public Schools?

- Overall reputation Opportunity for career growth Professional development
- Opportunity to collaborate Overall vision Quality of academic program
- Good principal/teachers Smaller school/Smaller classes Other _____

New Employee Setup Form	ABRA ID# (TEMP #)
<i>Important: Please write your name as it appears on your Social Security Card.</i>	
First Name: _____ Middle: _____ Last: _____ Soc. Sec. #: _____ Sex: _____ Ethnicity: _____ Birth Date: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell phone: _____ Title: _____ Email address: _____ Location: _____ Supervisor: _____ Start Date: _____ ← Same as start date listed on your Offer Letter/Salary Agreement	
Emergency Contact Information: Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	
<p>“School Year” Employees Only: School year staff earn 12 paychecks each academic year (August-July). If you prefer 11 months (August-June), please indicate here.</p> <p>1. Paycheck Option (Default is 12): 11 paychecks 12 paychecks _____</p> <p>2. Signature: _____</p> <p>3. Have you ever been a member of the California State Teachers Retirement System (CalSTRS)? YES NO</p>	
For Payroll Use Only: <input type="checkbox"/> Salary agreement <input type="checkbox"/> Blue Cross/ Kaiser <input type="checkbox"/> Dependents <input type="checkbox"/> W-4 <input type="checkbox"/> EDD <input type="checkbox"/> STRS <input type="checkbox"/> POP <input type="checkbox"/> FSA	HR - Payroll

Electronic W-2s

There are many advantages to receiving your Form W-2 electronically—it will be available to you all through the tax season (actually, through October 15, 2013). You don't have to worry about misplacing it, spilling coffee on it, or having the dog chew it up. You can print as many copies as you want and you can print a copy quicker than having it mailed. The only requirements are access to a computer with an internet connection, an internet browser, and printer. If you choose not to receive your W-2 electronically, a paper W-2 will be mailed to you.

So that you can be sure you will be able to access and print your W-2, go to <http://efile.aatrix.com/MIP007> and print the test sample W-2 form. After you have printed the test W-2, fill out the following information and provide it to your company representative.

I hereby give my consent to electronically receive my Form W-2 each year until such time I revoke this consent.

By returning this form I acknowledge that I have the ability to receive my W-2 electronically.

My first name is: _____

My last name is: _____

My middle name is: _____

The last 4 digits of my Social Security Number are: _____

My Email Address is: _____
(this cannot be your leadps email address)

Employee Signature: _____

It is important to notify your company representative when any of the above information changes.

Return this form to your company representative.

Your employer will notify you when your electronic Form W-2 is available and will provide the password you will need to access it. The W-2 you print from the website can be attached to your federal and state income tax returns.

You may withdraw your consent to receive your Form W-2 electronically in writing to your company representative (electronically or on paper) to:

Contact Name: Jing Shi

Address: 344 Thomas L Berkely Way, Suite 340, Oakland, CA 94612

Phone: (510) 830-3780 **Phone Extension:** 233

If you withdraw consent to receive your Form W-2 electronically after your Form W-2 has been posted electronically, your employer will be required to mail you a paper copy within 30 days of receipt of your withdrawal of consent. A request to receive a paper copy of your W-2 will be considered withdrawal of consent to receive your W-2 electronically.

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: <ul style="list-style-type: none"> • 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 _____
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	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2013</h1>
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
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.	6 \$ _____	
• 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.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
Leadership Public Schools, 344 Thomas L Berkley Way, Suite 340, Oakland, CA 94612		10 Employer identification number (EIN) 73-1643646

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2013)

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 *Converting Credits to Withholding Allowances for 2013 Form W-4* 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

Table 2

Married Filing Jointly		All Others		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	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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 60,000	5	385,001 and over	1,540		
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						

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.

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California Withholding Schedules for 2013 _____
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (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.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
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----- cut here -----

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

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.

You should complete this form if either:

- You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,
- You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal tax brackets and withholding methods do not reflect state PIT withholding tables. **If you rely on the number of withholding**

allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or 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, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>						
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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		E-mail Address		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):

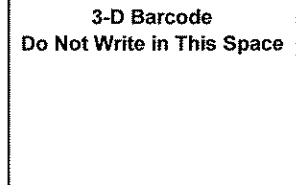
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

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.

Signature of Preparer or Translator:			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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
			Leadership Public Schools	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
344 Thomas Berkley Way		Oakland	CA	94612

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

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 Birth Abroad issued by the Department of State (Form FS-545)
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. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
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. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
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		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			

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

LEADERSHIP PUBLIC SCHOOLS, INC.
FINGERPRINT CLEARANCE INFORMATION

(INSTRUCTIONS ON BACK)

All LPS employees must be fingerprinted under LPS’s LiveScan account at one of the locations listed below. Information on additional LiveScan locations is available by searching on-line.

Most LiveScan locations require advance appointments.

To get fingerprinted, please bring a completed “Request for LiveScan Service” application (included in this packet, see instructions on the next page) and a valid photo ID to the LiveScan location. Examples of valid ID include: California drivers license, valid out of state drivers license, California DMV ID card, military card, passport, and alien registration card/immigration/green card. Charges for this service are the responsibility of the employee.

LPS will receive the results of your fingerprint clearance directly.

LiveScan Locations in Alameda, Contra Costa, San Francisco and Santa Clara Counties

<p>OAKLAND</p> <p>Red Tomatoes Service P3Digitx Live Scan 2141 Broadway #2 Oakland, CA 94612 510-847-4828</p> <p>LPS discount through HR email: p3dlivescan@redtomatoes.org</p> <p>Red Tomatoes has a Berkeley location also.</p>	<p>SAN FRANCISCO (Mission District)</p> <p>A Foto Video Center 2417 Mission Street San Francisco, CA 94110 (415) 695-9999</p> <p>*walk-ins welcome</p> <p>info@elivescan.com</p>
<p>SAN JOSE</p> <p>L1 ID Solutions 2580 1st Street, Suite 307 San Jose, CA 94131 (800) 315-4507</p> <p>email: cafingerprint@L1id.com</p>	<p>OAKLAND</p> <p>The UPS Store 360 Grand Avenue Oakland, CA 94610 510-835-1209</p> <p>email: store1821@theupsstore.com</p>

Request for LiveScan Service

APPLICATION INSTRUCTIONS

Please fill in the following sections with the information indicated below:

ORI	A2510
Type of Application	Employment
Job Title or Type of License, Certification or Permit	Credentialed School Employee (or non-credentialed) (or other title as appropriate)
Agency Authorized to Receive Criminal History Info	Leadership Public Schools, Inc.
Mail Code	08509
Street or P.O. Box	344 Thomas L Berkley Way #340
Contact Name	Edie Hoffman
City, State, Zip Code	Oakland, CA 94612
Contact Telephone Number	510-830-3780 ext 214
Name of Applicant and Alias	Enter applicant's full name and any known alias
Personal Descriptors	Enter your Driver's License or other valid ID number, date of birth, gender, height, weight, eye color, hair color, place of birth, and home address
Misc. No. BIL	145084
SOC	Your Social Security Number
Your Number	Leave blank
Level of Service	Non-credentialed employees: Check DOJ & FBI Credentialed employees: Check DOJ only
Original ATI No	Leave blank
Employer	Leave this entire section blank

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____ Mail Code (five-digit code assigned by DOJ) _____
Agency authorized to receive criminal history information

Street No. Street or PO Box _____ Contact Name (Mandatory for all school submissions) _____
 _____ () _____
 City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. BIL - _____
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Home Address: _____

Street No. Street or PO Box

Eye Color: _____ Hair Color: _____

Place of Birth: _____

City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box _____ Mail Code (five digit code assigned by DOJ) _____
 _____ () _____
 City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

TB TEST INFORMATION

If your job involves significant contact with students, you must be TB tested and present proof of negative test results to LPS. You may also present written proof of a prior negative test, if it occurred within the last three months.

Test results should be presented to LPS before contact with students begins.

Charges for this service are the responsibility of the employee.

Any qualified clinic or your own physician's office may be used, although here are a few local options:

<p>Greater Richmond Industrial Medical Center 120 Broadway Avenue Suite 23 Richmond, CA 94801 510-236-7243 Hours: 8:00 AM - 4:00 PM (Mon-Fri) Call for appointment -- cash only</p>	<p>Concentra Medical Centers, Richmond 2970 Hilltop Mall Road, Suite 203 Richmond, CA 94806 510-222-8000 May offer discounts to public school employees Hours: 8:00 AM - 5:00 PM (Mon-Fri)</p>
<p>US Healthworks, Berkeley 2850 Seventh Street Berkeley, CA 94710 (510) 845-5170 Hours: 8:00 AM - 5:00 PM (Mon-Fri)</p>	<p>Berkeley Free Clinic 2339 Durant Ave Berkeley, CA 94704 1/800-6-CLINIC www.berkeleyfreeclinic.org Hours: Call to make appointment at 5:45pm daily. They are open until 9pm (Mon-Fri), until 5pm (Sat), until 7pm (Sun)</p>
<p>Concentra Medical Center, San Francisco 2 Connecticut Street (@ 3rd) San Francisco, CA 94107 Phone: 415-621-5055 Hours: 7:00 AM - 7:00 PM (Mon-Wed & Fri)</p>	<p>Concentra Medical Center, San Francisco 110 Sutter Street, 3rd Floor San Francisco, CA 94104 Phone: 415-781-7077 Hours: 8:00 AM - 5:00 PM (Mon-Fri)</p>
<p>US Healthworks, San Jose 1893 Monterey Road, Suite 200 San Jose, CA 95112 Phone: (408) 288-3800 Hours: 7:00 AM - 7:00 PM (Mon-Fri)</p>	<p>US Healthworks, Santa Clara 988 Walsh Avenue Santa Clara, CA 95050 Phone: (408) 988-6868 Hours: 7:00 AM - 5:00 PM (Mon-Fri)</p>
<p>Concentra Medical Center, Oakland 384 Embarcadero West Oakland, CA 94607 Phone: 510-465-9565 Hours: 8:00 AM - 5:00 PM (Mon-Fri)</p>	<p>US Healthworks, Oakland 7817 Oakport Street Oakland, CA 94621 Phone: (510) 638-0701 Hours: 7:00 AM – 7:00 PM (Mon-Fri)</p>

Permissive Membership

ES 0350 (Rev. 6/11)



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			
<p>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.</p> <p>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).</p>			
I elect membership <input type="checkbox"/>		I decline membership at this time <input type="checkbox"/>	
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		BIRTHDAY	MEMBERSHIP DATE	ASSIGNMENT	
	MALE	FEMALE	(MO/DAY/YEAR)	(MO/DAY/YEAR)	FT	PT
						SUB





FORM 4C

VEHICLE USAGE FORM WHEN TRANSPORTING STUDENTS

Read attached Guidelines for Volunteer/Employee When Transporting Students.

Please check one: ___ Volunteer ___ Employee

Please complete this form and return it to HR for review and approval.

DRIVER AND INSURANCE INFORMATION

Name: _____ Date of birth: _____

Address: _____

City/Zip: _____ Home #: _____ Work #: _____

Driver's License #: _____ Class: _____ Expiration date: _____

Moving violations received, if any, in the past 3 years? #: _____ *Explain: _____

Number of accidents, if any, in the past 3 years? #: _____ *Explain: _____

*(Use additional sheet, if necessary, and attach it to this form.)

Insurance Company: _____ Telephone #: _____

Policy Number: _____ Expiration date: _____

VEHICLE INFORMATION

Name of Registered Owner: _____ License Plate #: _____

Address: _____

City/Zip: _____ Home #: _____ Work #: _____

Vehicle make: _____ Model: _____ Year: _____ Seating capacity: _____

COPY of VALID DRIVERS LICENSE

(OVER)

DRIVERS STATEMENT- I CERTIFY THAT:

- I have a valid California driver’s license and there are no restrictions preventing me from transporting students in my vehicle.
- I am 21 years of age or older and I have been a licensed driver for at least three (3) years.
- There is a current vehicle registration and I have at least the minimum insurance coverage in effect as specified in the California Vehicle Code on any private vehicle I use to transport students **or** for District business.
- The vehicle is regularly maintained and kept in good mechanical condition; and is equipped with seat belts for all occupants.
- The driver of the private vehicle follows all the manufacturer’s recommendations when transporting students.
- I have not had more than one (1) conviction for a moving violation in the past three (3) years, which was not dismissed.
- I have had no convictions for reckless or drunk driving or other major violations.
- I meet the following LPS vehicle insurance requirements: Bodily Injury Liability \$50,000 per person/\$100,000 per occurrence and Property Damage \$25,000 per occurrence.
- I understand that, per the California Vehicle Code, my personal automobile liability insurance policy shall be primary in the event of an accident and I understand that the District provides no insurance coverage (comprehensive or collision) for physical damage to my personal vehicle.
- I consent to LPS checking **my motor vehicle record from the Department of Motor Vehicles.**
- The information provided by me in this form is true and correct.

California law provides as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accidents, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims.’ (Education Code Section 35330).” MY SIGNATURE ON THIS FORM SHALL CONSTITUTE AN INFORMED AND KNOWING WAIVER AS REQUIRED BY LAW.

Volunteer/Employee Signature *Date*

Campus Administrator Signature *Date*

Campus Name

Or - Decline to drive students Signature: _____

**ORIGINAL FORM TO BE KEPT by HR
& COPY SENT TO SCHOOL**

Child Abuse Reporting Requirements

Before you begin your new job, state law* requires you to sign a statement signifying (1) that you have knowledge of the laws relating to child abuse reporting requirements specified in California Penal Code section 11166 (See attached form); and (2) that you comply with these laws and reporting requirements.

Child abuse is defined as ‘*a physical injury which is inflicted by other than accidental means,*’ sexual abuse, willful cruelty or unjustifiable punishment, cruel or inhuman corporal punishment or injury, and negligent treatment or maltreatment under circumstances indicating harm, or threatened harm, the child’s health or welfare.

The legal definition of child abuse does not encompass mental or emotional suffering, but if you ‘*[have] knowledge of or...reasonably [suspect] that mental suffering has been inflicted on a child or his or her emotional well-being is endangered in another way,*’ you as a person required to report child abuse may report such to a child protective services agency.**

Please read the following materials, which explain your responsibilities to report any suspected instances of child abuse and the procedure for doing so, then sign the ‘Acknowledgement of Receipt and Agreement to Comply’ form below and return it to Personnel Services.

*Penal Code 11166.5.

**Penal Code 1165, subd. (b)

Child Abuse Requirements: Acknowledgement of Receipt and Agreement to Comply

This is to acknowledge receipt of a copy of California Penal Code Section 11166 with explanations and school procedures pertaining to child abuse reporting requirements. My signature below verifies that I have read and understand all the material received and that I agree to comply with all state and school reporting requirements.

NAME (PLEASE PRINT)

DATE

SIGNATURE

