

New Part-Time 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 415-695-0669, extension 214.

GENERAL

- | | | |
|-------|--|--------------------------|
| (111) | LPS Employment Application | <input type="checkbox"/> |
| (112) | ¹ LiveScan Fingerprinting Confirmation | <input type="checkbox"/> |
| (104) | ² Confirmation of Negative TB Test or 'Inactive TB' letter from a Physician | <input type="checkbox"/> |
| (102) | Salary Agreement (individual letter) | <input type="checkbox"/> |
| (113) | Workers Compensation Pre-Designation Form | <input type="checkbox"/> |
| (105) | Completion of "VIPs" Online Training | <input type="checkbox"/> |
| (108) | Child Abuse Reporting Requirements | <input type="checkbox"/> |
| (114) | Acknowledgement of Review: Staff Handbook, Anti-Harassment Policy,
Discrimination Policy, Drug & Alcohol Abuse, Technology use Policy | <input type="checkbox"/> |

PAYROLL

- | | | |
|--------|--|--------------------------|
| (111a) | New Employee Setup Form | <input type="checkbox"/> |
| (115) | Employment Eligibility Verification Form "I-9" | <input type="checkbox"/> |
| | > Show required documents and submit copies (<i>see instructions on back of form</i>) | <input type="checkbox"/> |
| (116) | W-4 Form for Federal Tax Withholding | <input type="checkbox"/> |
| (119) | Statement Concerning Your Employment in Job Not Covered by Social Security
EDD Employee's Withholding Allowances Form | <input type="checkbox"/> |
| (140) | *401a Plan Investment Election Form | <input type="checkbox"/> |
| (121) | Direct Deposit Authorization Form (with a copy of a voided check) | <input type="checkbox"/> |
| (139) | *Pre-Tax Premium Plan Salary Deduction Form | <input type="checkbox"/> |
| (142) | ³ STRS Permissive Election Form | <input type="checkbox"/> |

REQUIRED FOR PART-TIME TEACHING POSITIONS (NOT AFTER SCHOOL PROGRAM)

- | | | |
|--------|--|--------------------------|
| (143a) | Teaching Credential or Waiver | <input type="checkbox"/> |
| (143b) | Transcripts | <input type="checkbox"/> |
| (143c) | CBEST | <input type="checkbox"/> |
| (143d) | CLAD - ELL Authorization | <input type="checkbox"/> |
| (143e) | NCLB Compliance Form | <input type="checkbox"/> |
| (143f) | Temporary County Certificate or Registration | <input type="checkbox"/> |

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

2601 Mission Street, 9th Floor
 San Francisco, CA 94110
 Phone 415-695-0669 x214, Fax 415-651-9080, 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 _____
Week-ends _____	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 position(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
High School				
College/University				
College/University				
College/University				
Vocation/Business				

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

If yes, which languages? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Leadership Public Schools? Yes ____ No ____ If so, please explain.

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 ____

Other relevant skills, knowledge and achievements _____

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 _____

Address and Street _____

City _____ State _____ Zip _____

Telephone Number _____

Your Immediate Supervisor's Name _____ Title _____

Dates of Employment: From _____ to _____

Salary _____

Your Positions and Duties _____

Reason for Leaving _____

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

For Teaching Positions

Grade/Subjects Taught _____

District _____ Principal _____

Name of Employer _____

Address and Street _____

City _____ State _____ Zip _____

Telephone Number _____

Your Immediate Supervisor's Name _____ Title _____

Dates of Employment: From _____ to _____

Salary _____

Your Positions and Duties _____

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 3 years.

Name _____
Telephone Number _____ Email: _____
City _____ State _____
Relationship/Occupation _____ Number of Years Acquainted _____

Name _____
Telephone Number _____ Email: _____
City _____ State _____
Relationship/Occupation _____ Number of Years Acquainted _____

Name _____
Telephone Number _____ Email: _____
City _____ State _____
Relationship/Occupation _____ Number of Years Acquainted _____

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#***Important: Please write your name as it appears on your Social Security Card.*

Last Name: _____ First: _____ Middle: _____

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: _____

“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.

1. Paycheck Option (Default is 12): 11 paychecks 12 paychecks

2. Signature: _____

3. Have you ever been a member of the California State Teachers Retirement System (CalSTRS)? YES NO

For Payroll Use Only:

____ HR - Payroll

- Salary agreement
- Blue Cross/ Kaiser
- Dependents
- W-4
- EDD
- STRS
- POP
- FSA
- Commuter Check

LEADERSHIP PUBLIC SCHOOLS, INC.
FINGERPRINT CLEARANCE INFORMATION

(INSTRUCTIONS ON BACK)

If your job involves significant contact with students, you must be fingerprinted under LPS's LiveScan account at one of the locations listed below. Information on additional LiveScan locations is available from the LPS Home Office.

Most LiveScan locations require advance appointments scheduled on-line at www.iisfingerprint.com.

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, and will destroy the reports as required by law.

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

<p>SAN FRANCISCO (Financial District)</p> <p>Sylvan Identix Fingerprinting IBT (Integrated Biometric Technology) 50 1st Street, Suite 307 San Francisco, CA 94105 (800) 315-4507 Mon-Fri 8am-5pm *register easily for an appointment online: www.iisfingerprint.com Pay with CC or Check only (no cash)</p>	<p>SAN FRANCISCO (Mission District)</p> <p>Sylvan Identix Fingerprinting A Foto Video Center 2417 Mission Street San Francisco, CA 94110 (415) 648-0800 main (415) 647-4444 [emergency only] Mon-Fri 9am-7pm, Sat/Sun 11am-4pm *walk-ins welcome</p>
<p>SAN JOSE</p> <p>Sylvan Identix Fingerprinting IBT (Integrated Biometric Technology) 2580 1st Street, Suite 307 San Jose, CA 94131 (800) 315-4507 Mon-Fri 9am-4pm *register easily for an appointment online: www.iisfingerprint.com Pay with CC or Check only (no cash)</p>	<p>OAKLAND</p> <p>Sylvan Identix Fingerprinting IBT (Integrated Biometric Technology) 1515 Clay Street, Suite 1102 Oakland, CA 94612 (800) 315-4507 Mon-Fri 9am-4pm *register easily for an appointment online: www.iisfingerprint.com Pay with CC or Check only (no cash)</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 other title as appropriate)
Agency Authorized to Receive Criminal History Info	Leadership Public Schools, Inc.
Mail Code	08509
Street or P.O. Box	2601 Mission Street #900
Contact Name	Jonathan Faustine
City, State, Zip Code	San Francisco, CA 94110
Contact Telephone Number	415-695-0669 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: A2510 Type of Application: Employment
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: Credentialed School Employee

Agency Address Set Contributing Agency:
 Leadership Public Schools, Inc. 08509
Agency authorized to receive criminal history information Mail Code (five-digit code assigned by DOJ)
 2601 Mission Street, #900 Jonathan Faustine
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
 San Francisco, CA 94110 (415) 695-0669
City State Zip Code Contact Telephone No.

Name of Applicant: (Please print) Last First MI
 Alias: Last First Driver's License No:
 Date of Birth: Sex: Male Female Misc. No. BIL -
Agency Billing Number
 Height: Weight: Misc. Number:
 Home Address:
 Eye Color: Hair Color: Street No. Street or PO Box
 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>

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: {

- 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 \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children.

. **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.** {

- 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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

----- Cut 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 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► 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 2010
1 Type or print 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 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (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.) Leadership Public Schools, Inc.	9 Office code (optional)	10 Employer identification number (EIN) 73: 1643646

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 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2** Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4** Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6** Enter an estimate of your 2010 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 \$3,650 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 4–9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it 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.

This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.xls (Microsoft Excel required).

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security
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

1. 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 2008 _____

OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

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 Leadership Public Schools, Inc 2601 Mission St. Suite 900 San Francisco, CA 94110	California Employer Account Number
--	------------------------------------

----- 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 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 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:

- (1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- (2) 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 personal income tax 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 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 only 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.

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD.

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711 (voice)

1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) (916) 845-6500

The *California Employer's Guide* (DE 44) provides the income tax withholding tables. This publication may be found on EDD's Web site at www.edd.ca.gov/taxrep/taxform.htm. To assist you in calculating your tax liability, please visit the Franchise Tax Board's Web site at: www.ftb.ca.gov/individuals/tax_table/index.asp.

NOTIFICATION: Your employer is required to send a copy of your DE 4 to the Franchise Tax Board (FTB) if it meets any of the following conditions:

- You claim more than 10 withholding allowances
- You claim exemption from state or federal income tax
- You make major changes to DE 4, such as crossing out words or writing more than is asked
- You admit that the DE 4 is false

IF THE IRS INSTRUCTS YOUR EMPLOYER TO WITHHOLD FEDERAL INCOME TAX BASED ON A CERTAIN WITHHOLDING STATUS, YOUR EMPLOYER IS REQUIRED TO USE THE SAME WITHHOLDING STATUS FOR STATE INCOME TAX WITHHOLDING IF YOUR WITHHOLDING ALLOWANCES FOR STATE PURPOSES MEET THE REQUIREMENTS LISTED UNDER "NOTIFICATION." IF YOU FEEL THAT THE FEDERAL DETERMINATION IS NOT CORRECT FOR STATE WITHHOLDING PURPOSES, YOU MAY REQUEST A REVIEW.

To do so, write to:

W-4 Unit
Franchise Tax Board MS F180
P.O. Box 2952
Sacramento, CA 95812-2952
Fax: (916) 843-1094

Your letter should contain the basis of your request for review. You will have the burden of showing the federal determination incorrect for state withholding purposes. The Franchise Tax Board (FTB) will limit its review to that issue. FTB will notify both you and your employer of its findings. Your employer is then required to withhold state income tax as instructed by FTB. In the event FTB or IRS finds there is no reasonable basis for the number of withholding exemptions that you claimed on your W-4/DE 4, you may be subject to a penalty.

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

INSTRUCTIONS — 1 — ALLOWANCES*

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

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

TWO-EARNER/TWO-JOBS: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or W-4 filed for the highest paying job and zero allowances are claimed for the others.

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

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

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

WORKSHEET A

REGULAR WITHHOLDING ALLOWANCES

- (A) Allowance for yourself — enter 1
(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1
(C) Allowance for blindness — yourself — enter 1
(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1
(E) Allowance(s) for dependent(s) — do not include yourself or your spouse
E-1. Please enter the number of dependents for which you are claiming allowances:
E-2. Please multiply the number entered in E-1 by 3 and enter on line E
(F) Total — add lines (A) through (E) above

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

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

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

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

WORKSHEET B

ESTIMATED DEDUCTIONS

- 1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB 540 form
2. Enter \$7,032 if married filing joint, head of household, or qualifying widow(er) with dependent(s) or \$3,516 if single or married filing separately
3. Subtract line 2 from line 1, enter difference
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)
5. Add line 4 to line 3, enter sum
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)
7. If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.
9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)
10. Enter amount from line 5 (deductions)
11. Subtract line 10 from line 9, enter difference
Complete Worksheet C

*Due to recent legislation, beginning January 1, 2007, wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California personal income tax (PIT) withholding and PIT wages. This new law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

WORKSHEET C

TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2008 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) 2. _____
3. Add line 1 and line 2. Enter sum 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) 5. _____
6. Add line 4 and line 5. Enter sum 6. _____
7. Subtract line 6 from line 3. Enter difference 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2008 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$94) 9. _____
10. Subtract line 9 from line 8. Enter difference 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12. _____
13. Calculate the tax withheld and estimated to be withheld during 2008. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2008. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2008 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 15. _____

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

THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2008 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$ 0	\$ 6,827	1.0%	\$ 0	\$ 0.00
\$ 6,827	\$ 16,185	2.0%	\$ 6,827	\$ 68.27
\$ 16,185	\$ 25,544	4.0%	\$ 16,185	\$ 255.43
\$ 25,544	\$ 35,460	6.0%	\$ 25,544	\$ 629.79
\$ 35,460	\$ 44,814	8.0%	\$ 35,460	\$ 1,224.75
\$ 44,814	\$ 999,999	9.3%	\$ 44,814	\$ 1,973.07
\$ 999,999	and over	10.3%	\$ 999,999	\$ 90,805.28

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$ 0	\$ 13,654	1.0%	\$ 0	\$ 0.00
\$ 13,654	\$ 32,370	2.0%	\$ 13,654	\$ 136.54
\$ 32,370	\$ 51,088	4.0%	\$ 32,370	\$ 510.86
\$ 51,088	\$ 70,920	6.0%	\$ 51,088	\$ 1,259.58
\$ 70,920	\$ 89,628	8.0%	\$ 70,920	\$ 2,449.50
\$ 89,628	\$ 999,999	9.3%	\$ 89,628	\$ 3,946.14
\$ 999,999	and over	10.3%	\$ 999,999	\$ 88,610.64

HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$ 0	\$ 13,662	1.0%	\$ 0	\$ 0.00
\$ 13,662	\$ 32,370	2.0%	\$ 13,662	\$ 136.62
\$ 32,370	\$ 41,728	4.0%	\$ 32,370	\$ 510.78
\$ 41,728	\$ 51,643	6.0%	\$ 41,728	\$ 885.10
\$ 51,643	\$ 61,000	8.0%	\$ 51,643	\$ 1,480.00
\$ 61,000	\$ 999,999	9.3%	\$ 61,000	\$ 2,228.56
\$ 999,999	and over	10.3%	\$ 999,999	\$ 89,555.47

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA INCOME TAX RETURN OR CALL FRANCHISE TAX BOARD:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) (916) 845-6500

*marginal tax

DE 4 information is collected for purposes of administering the Personal Income Tax law and under the Authority of Title 22 of the California Code of Regulations and the Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California income tax return.

Precise Pay, Inc.
www.precisepay.com

Tel: 888.303.1500
Fax: 800.228.4051



Employee Direct Deposit Enrollment Form

General Instructions: (1) Fill out and sign this form, (2) Attach a voided check for each checking account (*not a deposit slip*), and (3) Return this to your Payroll Manager. If you want to deposit into a savings account, have your bank provide you with the account number and the routing and transit number (*it usually is not the number on a deposit slip*). See example at bottom.

Company: Leadership Public Schools

Client #

Important! Employees, please read and sign the following before you complete and submit your account information.

The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. This authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Printed Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Employee Account Information. (*Last item must equal remaining balance. For more accounts, attach additional sheets*).

New Account Additional Account Replacement Account

1. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____ . ____ or ____% or Entire Net Pay

New Account Additional Account Replacement Account

2. Bank Name, City, & State: _____

Routing & Transit Number: _____ Account Number: _____

Checking Savings Please deposit: \$ _____ . ____ or ____% or Remaining Net Pay

John & Jane Doe
123 Your Street
Anywhere, USA 12345

Date _____ 2001

Pay To The Order Of _____ \$ _____

ATTACH VOIDED CHECK

DOLLARS

YOUR BANK
123 Your Bank's Street
Anywhere, USA 12345

Memo _____

&012347678& 123456789/ /2001/

Checking Account # (usually follows the Routing & Transit #)

Routing & Transit # (9 digit number)

Check Number (is not needed to complete this form)

Salary Reduction Contributions Enrollment Form

Employee Information

Leadership Public Schools
Employer Name

Richmond San Jose College Park Hayward Home Office
Site Location

Employee Name

Social Security Number

Plan Year

Pre-Tax Premium Elections

Listed below are the benefits that may be available under the P.O.P Plan. Please indicate which Benefits you elect to deduct pre-tax, by checking the box next to the applicable benefit. Benefits may cover employee or dependants.

Benefits (X)

- | | | |
|----------------------------------|-------------------------------|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> STRS | <input type="checkbox"/> 457 |
| <input type="checkbox"/> Dental | <input type="checkbox"/> 401a | <input type="checkbox"/> Flexible Spending Account |
| <input type="checkbox"/> Vision | | <input type="checkbox"/> Commuter Checks |
| | | <input type="checkbox"/> Other |

Authorization

I authorize the adjustment to my annual base salary based on my elections above. I understand that by signing and submitting this form I am making a binding election for the plan year as stated, unless such revocation or new election is on account of and consistent with a change in status (e.g., marriage, divorce, death and/ or termination of employment of spouse). I further understand that this form must be signed and dated prior to my plan effective date, in order to be eligible to participate in this plan year.

Signature

Date

Declination of LPS Health Coverage

The benefits of the plane have been thoroughly explained to me and I decline to participate. I understand that I cannot re-enroll until the beginning of the next plan year or until I experience a change in status that would allow me to change my election. I can verify that I am covered under another health insurance plan.

Signature

Date

**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.

Signature of Employee _____

Date _____

**Information about Social Security Form SSA-1945
Statement Concerning Your Employment in a Job Not Covered by Social Security**

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/form1945. Paper copies can be requested by email at oplmsw.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

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

Employee copy

Child Abuse Reporting Requirements

California Penal Code Section 1166

11166. (a) Except as provided in subdivision (c), a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make a report to the agency immediately or as soon as is practically possible by telephone, and the mandated reporter shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any non-privileged documentary evidence the mandated reporter possesses relating to the incident.

(1) For the purposes of this article, “reasonable suspicion” means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse or neglect. For the purpose of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

(2) The agency shall be notified and a report shall be prepared and sent even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during autopsy.

(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

(b) Any mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by fine of one thousand dollars (\$1,000) or by both that fine and punishment.

(c)(1) A clergy member who acquires knowledge or a reasonable suspicion of child abuse or neglect during a penitential communication is not subject to subdivision (a). For the purposes of this subdivision, “penitential communication” means a communication, intended to be in confidence, including, but not limited to, a sacramental confession, made to a clergy member who, in the course of discipline or practice of his or her church, denomination, or organization, is authorized or accustomed to hear those communications, and under the discipline, tenets, customs, or practices of his or her church, denomination, or organization, has a duty to keep those communications a secret.

(2) Nothing in this subdivision shall be constructed to modify or limit a clergy member’s duty to report known or suspected child abuse or neglect when the clergy member is acting in some other capacity that would otherwise make the clergy member a mandated reporter.

(3) (A) On or before January 1, 2004, a clergy member or any custodian of records for the clergy member may report to an agency specified in Section 11165.9 that the clergy member or any custodian of records for the clergy member, prior to January 1, 1997, in his or her professional capacity or within the scope of his or her employment, other than during a penitential communication, acquired knowledge or had a reasonable suspicion that a child had been the victim of sexual abuse that the clergy member or any custodian of records for the clergy member did not previously report the abuse to an agency specified in Section 11165.9. The provisions of Section 11172 shall apply to all reports made pursuant to this paragraph.

(B) This paragraph shall apply even if the victim of the known or suspected abuse has reached the age of majority by the time the required report is made.

(C) The local law enforcement agency shall have jurisdiction to investigate any report of child abuse made pursuant to this paragraph even if the report is made after the victim has reached the age of majority.

(d) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, videotape, negative, or slide depicting a child under the age of 16 years engaged in an act of sexual conduct, shall report the instance of suspected child abuse to the law enforcement agency having jurisdiction over the case immediately, or as soon as practically possible, by telephone, and shall prepare and send a written report of it with a copy of the film, photograph, videotape, negative, or slide attached within 36 hours of receiving the information concerning the incident. As used in this subdivision, "sexual conduct" means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital, or oral-anal, whether between persons of the same or opposite sex or between humans and animals.

(2) Penetration of the vagina or rectum by any object.

(3) Masturbation for the purpose of sexual stimulation of the viewer.

(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer.

(5) Exhibition of the genitals, pubic, or rectal areas of any person for the purpose of sexual stimulation of the viewer.

(e) Any other person who has knowledge of or observes a child whom he or she knows or reasonably suspects has been a victim of child abuse or neglect may report the known or suspected instance of child abuse or neglect to an agency specified in Section 11165.9.

(f) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the reporting team.

Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(g) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrator of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

(h) A county probation or welfare department shall immediately, or as soon as practically possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for the investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.2, or reports made pursuant to Section 1165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

(i) A law enforcement agency shall immediately, or as soon as practically possible, report by telephone to the agency given responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code and to the district attorney's office every known or suspected instance of child abuse or neglect reported to it, except acts or omissions coming within subdivision (b) of Section 11165.2, which shall be reported only to the county welfare or probation department every known or suspected instance of child abuse or neglect reported to it which is alleged to have occurred as a result of the action of a person responsible for the child's welfare, or as the result of the failure of a person responsible for the child's welfare to adequately protect the minor from abuse when the person responsible for the child's welfare knew or reasonably should have known that the minor was in danger of abuse. A law enforcement agency also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information concerning the incident to any agency to which it makes a telephone report under this subdivision.

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

Return this copy to LPS

WORKERS' COMPENSATION
PERSONAL PHYSICIAN PRE-DESIGNATION FORM

Form Instructions:

Leadership Public Schools, Inc. is required by law to distribute this form to all new employees. However, employees are not required to complete or submit this form. LPS wants to maintain a safe workplace and prevent injuries. We appreciate your participation in keeping our schools and offices safe.

You may elect to see LPS' doctors for treatment of any workers' compensation injury or you may elect to see you own doctor. LPS reserves the right to verify the requirements of the Personal Physician.

If you elect not to designate a personal physician using this form, in the event of a workplace injury, you may be required to receive initial treatment from a clinic designated by LPS.

{Pursuant to Title 8, California Code of Regulations 9780, the definition of "Personal Physician" means:

- A doctor of medicine or doctor of osteopathy,
- Who, prior to the injury, has directed the medical treatment of the employee, and
- Retains the medical records and medical history of the employee.
- A chiropractor may be pre-designated, but you must first be seen by the industrial medical facility noted on the posting notice.

The Personal Physician is required to adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician.}

I choose to pre-designate the following Personal Physician for my medical treatment and evaluation, should I sustain a work-related injury or illness:

Name of Physician: _____ Specialty: _____

Address: _____

_____ Phone: (____) _____

I choose not to pre-designate a "Personal Physician" at this time. I understand that I can do so at any time prior to an injury. I further understand that if the form is not completed and returned to LPS prior to an industrial injury, the employee is to seek medical treatment from the LPS-designated medical facility as noted on the posted notices regarding workers' compensation.

Employee Name (print): _____

Employee Signature: _____

Date of Completion: _____



**LEADERSHIP
PUBLIC SCHOOLS**

2601 Mission Street, 9th Floor
San Francisco, CA 94110

Tel: 415 695 0669 Fax: 415 358 4513
Email: info@leadps.org Web: www.leadps.org

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 the school Principal 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

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

**ORIGINAL FORM TO BE KEPT AT SCHOOL
& COPY SENT TO THE HOME OFFICE**

1. ACKNOWLEDGEMENT

*** PLEASE READ THE LPS EMPLOYEE HANDBOOK AND FILL OUT AND RETURN THIS PORTION, ALONG WITH YOUR NEW HIRE PAPERWORK, TO YOUR HUMAN RESOURCES DIRECTOR AS SOON AS POSSIBLE. Thank You!**

Employee Name: _____

- I acknowledge that I have received and read a copy of the **LPS Employee Handbook**. I agree to abide by the rules, policies, expectations and standards set forth in the handbook.
- I acknowledge that I have read the **Anti-harassment Policy** set forth in the LPS Employee Handbook and I agree to abide by this policy.
- I acknowledge that I have read the **Discrimination Policy** set forth in the LPS Employee Handbook and I agree to abide by this policy.
- I acknowledge that I have read the policy on **Drug and alcohol abuse** set forth in the LPS Employee Handbook and I agree to abide by this policy.
- I acknowledge that I have received and read a copy of the **Technology Usage Agreement** and I agree to abide by this policy.
- I acknowledge that I have received and read a copy of the **Child Abuse Reporting Policy** and hereby agree to abide by this policy. I agree to sign and return the Child Abuse Reporting Requirements form in addition to my new hire paperwork.

I understand that my employment with LPS is not for a specified period of time and LPS can terminate me or I can resign at any time for any reason, with or without cause or notice. I know that this at-will relationship can only be modified in writing signed by the CEO of LPS, and that no other supervisor, manager, or other employee can alter the foregoing.

I understand LPS reserves the right to revise, delete, and/or add to the provisions of this Staff Handbook. All such changes must be in writing.

Finally, I understand that the foregoing agreement is the sole and entire agreement between me and LPS concerning the duration of my employment, the circumstances under which my employment may be terminated, and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes any and all prior agreements, understandings, and/or representations concerning these topics.

Date: _____

Signed: _____

This Acknowledgement will be placed in the employee's personnel file.