

EMPLOYEE NAME: _____

EMPLOYEE PERSONAL DATA

LAST NAME: _____	
FIRST NAME: _____	
MIDDLE INITIAL: _____	EMPLOYEE NO. _____
GENDER: _____	SOCIAL SECURITY: _____-_____-_____
ETHNIC ORIGIN: Amer. Indian/Alaskan Native _____ Pacific Islander _____	
Black/African Amer. _____ Hispanic/Latino _____ White _____ Asian _____	
MARITAL STATUS: Married _____ Single _____ Divorced _____ Widower _____	
Registered Domestic Partner _____	
HOME ADDRESS	
Street _____	
CITY: _____	ZIP: _____
PHONE NUMBER:	
HOME: _____	CELL: _____

EMPLOYMENT STATUS: Perm _____ At-Will _____ Casual _____ Per Diem _____	
JOB TITLE: _____	
DEPT. NO.: _____	DEPT. NAME: _____
WORK PHONE NUMBER: _____	
SUPERVISOR NAME: _____	

EMERGENCY CONTACT INFORMATION	
Name: _____	Relationship: _____
Address: _____	
City: _____	State: _____ Zip code: _____
HOME PHONE: _____	CELL: _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

EMPLOYEE CONFIDENTIALITY AGREEMENT

I, the undersigned, understand that the information provided to the Housing Authority of the City of Los Angeles for determination of eligibility, employment, and/or provision of services to residents, participants or applicants of any program of the Authority, job applicants, vendors, or employees is confidential. As such, I am not to reveal this information without receiving written consent of the individual to whom the information pertains. The responsibility for releasing any other information will rest with supervisors, managers, and/or department heads, in accordance with the Manual of Policy and Procedures Chapter 111:1A Release of Public Information. Disclosure shall occur only as permitted or mandated by law, statute or regulation.

Written authorization is not required for the release of such information solely between employees of the Authority who have access to the information while conducting official Authority business so long as such disclosure is consistent with their job responsibilities and on a need to know basis.

Confidential information includes, but is not limited to: address, telephone number, income(s), income source(s), social security number, driver's license or state identification card number, employment location, employer information, and all other information which may be maintained on individuals either in hard copy or electronic format by the Housing Authority.

Employee Name (print) _____

Employee Signature _____

Employee Number _____ Date _____

Witnessed by _____ At (location) _____

California, on (date) _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
HUMAN RESOURCES DEPARTMENT

Print name here and Sign name on Signature Line Below

TO: _____
Name of Employee

FROM : Human Resources Director
Housing Authority of the City of Los Angeles (HACLA)

SUBJECT: EMPLOYEE DISABILITY/ACCOMMODATION SURVEY

THE INFORMATION GAINED FROM THIS SURVEY WILL BE USED FOR STATISTICAL PURPOSES AND WILL NOT BE CONSIDERED IN DECISIONS ABOUT YOUR EMPLOYMENT. SELF-IDENTIFICATION IS STRICTLY VOLUNTARY.

As required under the provisions of Sections 503 and 504 of the Rehabilitation Act of 1973, all employees are to be given the opportunity to voluntarily identify themselves as disabled so that the employer (HACLA) can make a reasonable effort to accommodate the known physical or mental disabilities.

Under the Rehabilitation Act of 1973, a disabled person is defined as follows:

1. Any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities (including the ability to acquire and maintain employment).
2. A person who has a record of such an impairment.
3. A person who is regarded as having such an impairment.

Some examples of conditions which might be limiting are: respiratory ailments; arthritis or rheumatism; amputated or missing parts; learning disabilities, such as dyslexia; cancer; speech impairments; vision impairments; hypertension; digestive disorders, including ulcers; skin disorders; back, neck or shoulder impairments; hearing impairments; and diabetes.

Job Title _____

Department _____ Work Location _____

Date of hire _____ Nature of Condition _____

Does your condition require accommodations? :

- | | | |
|---|------------------------------|-----------------------------|
| a. In the event of an emergency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Under normal working conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. For the recruitment examination process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "yes" to any of the above, please indicate below the type of accommodation required.

Signature of Employee

Date

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
HUMAN RESOURCES DEPARTMENT

OATH

Pursuant to Section Three, Article XX
Of the Constitution in the State of California

State of California, County of Los Angeles

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

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

(If no affiliations, write in the words "NO EXCEPTIONS")

and that during such time that I hold the office of an employee of the Housing Authority of the City of Los Angeles, California, I will not advocate the overthrow of the Government of the United States or of the State of California by force or violence or other unlawful means.

I understand that as a public employee I am a disaster service worker pursuant to Government Code 3100 and 3102 and that I am required to take this oath before entering the duties of my employment. In the event of natural, manmade or war-caused emergencies which result in conditions of disaster or in extreme peril to life, property and resources, I am subject to disaster services activities assigned to me by my supervisor.

Signature

Date

**OUTSIDE ACTIVITIES AND INTERESTS PROCEDURES
FORM CI-JS-2005A**

Name: Department: Title:	Work Location: For the Calendar Year ending: Submittal Date:
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Statement and Questionnaire:

1. Do you or your spouse own (in part or in full) any property that is under any HACLA subsidized programs (including but not limited to: Section 8) or are in the contracting process with a property that is currently owned? If yes, please indicated property address in the space below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does any family member own (in part or in full) any property that is under any HACLA subsidized programs (including but not limited to: Section 8) or are in the contracting process with a property that is currently owned? For these purposes, family members are father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister. If yes, please indicate property address, name of family member, and relationship if you are not the direct owner:	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
3. Do you have any family members currently employed by HACLA or receiving Section 8 assistance? For these purposes, family members are father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister. If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
4. Do you own (full or partial interest) or operate a business that to your knowledge transacts business with HACLA, its vendors, and/or residents, including, but not limited to a part-time interest selling products unrelated to HACLA interests?	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
If you answered "yes" above, please list the name and address of the business, the nature of the business and with which HACLA contractors, vendors, or residents it transacts business.		

<p>5. Are you an employee and/or officer of a Corporation, Trust, Partnership, Limited Liability Company, Foundation or other such organization that to your knowledge transacts business with HACLA or its programs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
<p>If you answered Yes, please state your position, the name and address of the business or organization and the nature of its operations.</p>		
<p> </p>		
<p> </p>		
<p>6. Are you a licensed contractor that transacts business with vendors/contractors who to your knowledge transact business with HACLA?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
<p>If you answered "yes" above, please list the names and addresses of vendor(s) with which you transact business.</p>		
<p> </p>		
<p>7. Do you hold a Real Estate license that is held with a brokering firm that to your knowledge manages any HACLA subsidized property? If so, please provide the name and address of the brokerage firm below.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
<p> </p>		
<p>8. To the best of your knowledge, do you have a family member (including: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister) that has contracts or are is in the process of bidding for vendor contracts with HACLA or any of its programs? If yes, please indicate name, relationship, and contract type in the space below:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know	<input type="checkbox"/> No
<p> </p>		
<p> </p>		

Under penalty of perjury, under the laws of the State of California, I hereby certify that everything listed above is a true and full statement to the best of my knowledge and belief about my business interests, personal activities, outside employment, and nepotism. I understand and agree that any misstatements or omissions of material fact may grounds for disciplinary action up to and including termination.

Signed: _____

Date: _____



THE HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

OUTSIDE EMPLOYMENT REQUEST FORM

I have read and understand Personnel Rules Section 108:1304 of the Housing Authority of the City of Los Angeles, which states "With approval of the Department Head, employees may engage in outside employment that is not in conflict with the interests of the Authority. Employees are required to have on file a notification of outside employment form with their respective department heads. Notification forms will be reviewed semi-annually by the Executive Director or designee". *Additionally, I am aware that if I change classifications or area of assignment within the Housing Authority of the City of Los Angeles or the nature of my outside employment changes, I must request re-approval of this request for outside employment.*

Provide the information required below concerning proposed outside employment.

I. EMPLOYEE INFORMATION

Name of Employee: _____ Department: _____

Title of Employee: _____ Scheduled Work Hours: _____

II. OUTSIDE EMPLOYMENT INFORMATION

Name of Proposed Outside Employer: _____

Address of Proposed Outside Employer: _____

Phone Number of Proposed Outside Employer: _____

Title of Outside Position: _____

Outside Employment Working Days Proposed: _____

Outside Employment Working Hours Proposed: _____

Describe the nature of work or enterprise in which you will be engaged:

Employee Signature: _____ Date: _____

III. AUTHORIZATION

Approved Disapproved

Department Head Signature and Date

Approved Disapproved

Executive Director Signature and Date

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
ACKNOWLEDGEMENT FORM: PERSONNEL RULES

I, the undersigned, acknowledge receipt of the Personnel Rules as provided to me on this _____ day of _____, _____.

Under penalty of perjury, I hereby certify that I understand that noncompliance with the Housing Authority of the City of Los Angeles' Personnel Rules may subject me to disciplinary action up to and including termination.

I recognize that signing this document is a condition of employment with the Housing Authority of the City of Los Angeles.

Name: _____

Date: _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

ACKNOWLEDGE FORM:

PERSONNEL RULES SECTION 108: 1801 EMPLOYEE DRESS CODE

I, the undersigned, acknowledge receipt of the personnel rules Section 108:10 Employee Dress Code as provided to me on the _____ day of _____, 20__

Name: _____

Signature: _____

Date: _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

ACKNOWLEDGEMENT FORM – CONFLICT OF INTEREST POLICY

I, the undersigned, acknowledge receipt of the Conflict of Interest Policy as provided to me on this _____ day of _____, _____.

Under penalty of perjury, I hereby certify that I understand that noncompliance with and/or nondisclosure of required information as stated in the Conflict of Interest Policy may subject me to disciplinary action up to and including termination.

I recognize that signing this document is a condition of employment with the Housing Authority of the City of Los Angeles.

Name: _____

Date: _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
EMPLOYEE CERTIFICATION AND RECEIPT OF
CALIFORNIA WORKERS' COMPENSATION INFORMATION

I certify that I have received, read and reviewed the California Workers' Compensation Fact Sheet and List of Administration-Offices. By signing this form, I acknowledge my adherence to these policies and procedures and understand that these policies and procedures apply to me.

Print name: _____

Signature: _____

Date: _____

cc: Employee Personnel File

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
ACKNOWLEDGEMENT FORM: ANTI-HARASSMENT POLICY

I, the undersigned, acknowledge receipt of the Conflict of Interest Policy as provided to me on this _____ day of _____, _____.

Under penalty of perjury, I hereby certify that I understand that noncompliance with the Housing Authority of the City of Los Angeles' Anti-Harassment Policy may subject me to disciplinary action up to and including termination.

I recognize that signing this document is a condition of employment with the Housing Authority of the City of Los Angeles.

Name: _____

Date: _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
EMPLOYEE CERTIFICATION AND RECEIPT OF INFORMATION TECHNOLOGY
POLICIES AND PROCEDURES

I, certify that I have been trained, read and reviewed the AUTHORITY INFORMATION TECHNOLOGY POLICIES & PROCEDURES. By signing this form, I acknowledge my adherence to these policies and procedures and understand that these policies and procedures apply to me.

Name: _____

Signature: _____

Date: _____

Cc: Employee Personnel File

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

ACKNOWLEDGEMENT FORM – ANTI FRAUD POLICY

I, the undersigned, acknowledge receipt of the Anti-Fraud Policy as provided to me on this _____ day of _____, 20____.

Under penalty of perjury, I hereby certify that I understand that noncompliance with and/or nondisclosure of required information as stated in the Anti-Fraud Policy may subject me to disciplinary action up to and including termination.

I recognize that signing this document is a condition of employment with the Housing Authority of the City of Los Angeles.

Name: _____

Date: _____

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES ELECTRONIC DEPOSIT AUTHORIZATION

Employee No: _____ (Must be Included)

Employee Name: _____
(Please print)

Department: _____

Department Phone No: _____

**IMPORTANT: YOU MUST ATTACH A VOIDED CHECK FOR DEPOSITS
MADE TO CHECKING ACCOUNTS.**

I wish to cancel existing account and replace with new account below

check here Account Name _____

Account Number _____

Cancel immediately Wait for new account to be activated

IF NO CHOICE IS MADE ACCOUNT WILL BE CANCELLED IMMEDIATELY

PLEASE DEPOSIT MY PAYROLL CHECK IN THE FOLLOWING ACCOUNT(S):

PRIMARY ACCOUNT NEW CHANGE CANCEL

BANK NAME: _____

ROUTING # _____

ACCOUNT # _____ CHECKING [] SAVING []

AMOUNT OF DEPOSIT: _____ (EACH PAY DAY) OR CHECK HERE IF NET

OTHER ACCOUNT NEW CHANGE CANCEL

BANK NAME: _____

ROUTING # _____

ACCOUNT # _____ CHECKING [] SAVING []

AMOUNT OF DEPOSIT: _____ (EACH PAY DATE)

(I HEREBY AUTHORIZE

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

(NAME OF COMPANY)

INITIATE DEPOSITS (CREDITS) AND/OR CORRECTIONS TO THE PREVIOUS CREDITS TO THE FINANCIAL INSTITUTION INDICATED. THE FINANCIAL INSTITUTION IS AUTHORIZED TO CREDIT AND/OR CORRECT THE AMOUNTS TO MY ACCOUNT. THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL EITHER I REVOKE IT BY GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE COMPANY DESIGNATED ABOVE, OR, IN THE CASE OF PAYROLL DEPOSITS, UPON TERMINATION OF MY EMPLOYMENT WITH SUCH EMPLOYER. I ALSO ACKNOWLEDGE IT WILL TAKE APPROXIMATELY TWO WEEKS FOR NEW ACCOUNT TO GO INTO EFFECT.

EMPLOYEE'S SIGNATURE

DATE

PAYROLL USE ONLY:

SAVINGS:

PRENOTE # _____ BY: _____ PAY PERIOD: _____

LIVE # _____ BY: _____ PAY PERIOD: _____

CHECKING:

PRENOTE # _____ BY: _____ PAY PERIOD: _____

LIVE # _____ BY: _____ PAY PERIOD: _____

This form can be faxed to Payroll along with a copy of a check at (213) 252-5338.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't 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 \$2,000 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. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 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. { • 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 \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ 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.				2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 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 \$4,050 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 2017. 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 2017. 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 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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 2016 _____
 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
-----------------------------	------------------------------------

----- 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.

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

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

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

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 800-852-5711 (voice)
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 the Employment Development Department (EDD) website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the FTB website at www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION: 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.

The burden of proof rests with the employee to show the correct California Income Tax Withholding. Pursuant to Section 4340-1(e) of the California Code of Regulations, the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

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

INSTRUCTIONS — 1 — ALLOWANCES*

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

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

TWO-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 Form 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 (A) _____
- (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 (B) _____
- (C) Allowance for blindness — yourself — enter 1 (C) _____
- (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 (D) _____
- (E) Allowance(s) for dependent(s) — do not include yourself or your spouse (E) _____
- (F) Total — add lines (A) through (E) above (F) _____

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 Form 540 as a model to calculate this year's withholding amounts.

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

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

WORKSHEET B

ESTIMATED DEDUCTIONS

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1. _____
2. Enter \$8,088 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,044 if single or married filing separately, dual income married, or married with multiple employers - 2. _____
3. Subtract line 2 from line 1, enter difference = 3. _____
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4. _____
5. Add line 4 to line 3, enter sum = 5. _____
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) - 6. _____
7. If line 5 is greater than line 6 (if less, see below);
Subtract line 6 from line 5, enter difference = 7. _____
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number 8. _____
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) 9. _____
10. Enter amount from line 5 (deductions) 10. _____
11. Subtract line 10 from line 9, enter difference 11. _____
Complete Worksheet C

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

WORKSHEET C

TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2016 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 2016 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$119.90) 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 2016. 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 2016. 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 2016 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 2016 ONLY

SINGLE OR MARRIED WITH DUAL EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$7,850 ...	1.100%	\$0	\$0.00
\$7,850	\$18,610 ...	2.200%	\$7,850	\$86.35
\$18,610	\$29,372 ...	4.400%	\$18,610	\$323.07
\$29,372	\$40,773 ...	6.600%	\$29,372	\$796.60
\$40,773	\$51,530 ...	8.800%	\$40,773	\$1,549.07
\$51,530	\$263,222 ...	10.230%	\$51,530	\$2,495.69
\$263,222	\$315,866 ...	11.330%	\$263,222	\$24,151.78
\$315,866	\$526,443 ...	12.430%	\$315,866	\$30,116.35
\$526,443	\$1,000,000 ...	13.530%	\$526,443	\$56,291.07
\$1,000,000	and over	14.630%	\$1,000,000	\$120,363.33

MARRIED FILING JOINT OR QUALIFYING WIDOWER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$15,700 ...	1.100%	\$0	\$0.00
\$15,700	\$37,220 ...	2.200%	\$15,700	\$172.70
\$37,220	\$58,744 ...	4.400%	\$37,220	\$646.14
\$58,744	\$81,546 ...	6.600%	\$58,744	\$1,593.20
\$81,546	\$103,060 ...	8.800%	\$81,546	\$3,098.13
\$103,060	\$526,444 ...	10.230%	\$103,060	\$4,991.36
\$526,444	\$631,732 ...	11.330%	\$526,444	\$48,303.54
\$631,732	\$1,000,000 ...	12.430%	\$631,732	\$60,232.67
\$1,000,000	\$1,052,886 ...	13.530%	\$1,000,000	\$106,008.38
\$1,052,886	and over	14.630%	\$1,052,886	\$113,163.86

UNMARRIED HEAD OF HOUSEHOLD TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS*	
\$0	\$15,710 ...	1.100%	\$0	\$0.00
\$15,710	\$37,221 ...	2.200%	\$15,710	\$172.81
\$37,221	\$47,982 ...	4.400%	\$37,221	\$646.05
\$47,982	\$59,383 ...	6.600%	\$47,982	\$1,119.53
\$59,383	\$70,142 ...	8.800%	\$59,383	\$1,872.00
\$70,142	\$357,981 ...	10.230%	\$70,142	\$2,818.79
\$357,981	\$429,578 ...	11.330%	\$357,981	\$32,264.72
\$429,578	\$715,962 ...	12.430%	\$429,578	\$40,376.66
\$715,962	\$1,000,000 ...	13.530%	\$715,962	\$75,974.19
\$1,000,000	and over	14.630%	\$1,000,000	\$114,404.53

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

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

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

*marginal tax

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, 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.

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, _____

COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE OF EMPLOYEE X
------------	-----------------------------------

I, _____, of _____,
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X
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To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

DO NOT RETURN THIS FORM TO DMV.