



Cañada College • College of San Mateo • Skyline College

SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

PROFESSIONAL EXPERT EMPLOYMENT AGREEMENT

This Professional Expert Employment Agreement ("AGREEMENT") is made and entered between the SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT, a public educational agency ("DISTRICT") and _____ ("EMPLOYEE"). DISTRICT and EMPLOYEE are referred to herein individually as "PARTY" and collectively as the "PARTIES."

WHEREAS, DISTRICT desires to obtain expert professional services for and assistance in _____ ("SERVICES"); and

WHEREAS, EMPLOYEE warrants and represents to DISTRICT that EMPLOYEE has special experience and expertise to successfully complete SERVICES required by DISTRICT, and EMPLOYEE agrees to enter into a temporary employment agreement with DISTRICT to perform SERVICES; and

WHEREAS, DISTRICT has the authority to retain EMPLOYEE as a temporary employee for the performance of SERVICES, pursuant to applicable provisions of the California Education Code and the California Government Code:

NOW, WHEREFORE, the PARTIES agree as follows:

1. Effective as of the date of DISTRICT's execution of this AGREEMENT, DISTRICT shall employ EMPLOYEE as a professional expert for a temporary period of time commencing on _____ and ending on _____ for the purpose of performing SERVICES.

2. EMPLOYEE shall competently and expertly perform SERVICES on behalf of DISTRICT and such other related duties as directed by _____ SUPERVISOR or designee ("SUPERVISOR"). EMPLOYEE will exercise their best efforts in providing SERVICES to DISTRICT during the term of this AGREEMENT. EMPLOYEE will provide SERVICES under the direction of and to the satisfaction of SUPERVISOR, where SUPERVISOR oversees all aspects of work performed, except for medical services performed, unless SUPERVISOR meets specific qualifications to oversee medical services performed.

3. During the term of this AGREEMENT, EMPLOYEE will work up to a maximum of _____ hours per week.

4. During the term of this AGREEMENT, EMPLOYEE will be paid at a rate of \$ _____ per hour, subject to standard withholdings and deductions. Beyond the compensation as specified herein, EMPLOYEE shall not be entitled to any other compensation or benefits from DISTRICT, including health and welfare benefits.

5. EMPLOYEE shall hold and maintain during the performance of this AGREEMENT any and all applicable licenses, permits, and/or certificates necessary for performance of SERVICES under this AGREEMENT, and comply with all applicable federal, state, and local laws, statutes, regulations, rules, and ordinances, as well as with all DISTRICT policies, rules, and procedures in the performance of SERVICES under this AGREEMENT.

6. It is expressly understood that EMPLOYEE is an at-will employee of DISTRICT, serving at the pleasure of DISTRICT, and that as a professional expert, EMPLOYEE has no right to continued employment with DISTRICT. It is further understood that DISTRICT may terminate the services of

EMPLOYEE at any time, with or without cause, upon written notice. At the time of such termination, EMPLOYEE will be paid by DISTRICT for SERVICES satisfactorily performed up through the date of termination.

7. EMPLOYEE shall not be permitted to sell books, tapes, and/or professional services, or otherwise promote their own business without prior written approval during the performance of AGREEMENT.

8. During the performance of this AGREEMENT, DISTRICT shall reimburse EMPLOYEE for any expenses directly related to SERVICES, provided that EMPLOYEE receives prior written authorization from DISTRICT to incur such expenses.

9. This AGREEMENT represents the entire and integrated agreement between DISTRICT and EMPLOYEE, and supersedes all prior negotiations, representations, and agreements, written or oral, between the parties. This AGREEMENT may be amended only by written instrument signed by the PARTIES hereto.

10. If any part of this AGREEMENT is determined to be illegal or unenforceable, all other parts shall remain in full force and effect.

IN WITNESS WHEREOF, the PARTIES have executed this AGREEMENT effective as of the date of execution by DISTRICT below.

Professional Expert

_____ Employee	_____ Signature	_____ Date
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San Mateo County Community College District

_____ Supervisor	_____ Signature	_____ Date
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_____ Vice President of Administration	_____ Signature	_____ Date
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_____ Vice Chancellor, Human Resources & General Counsel	_____ Signature	_____ Date
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NEW SHORT TEMPORARY, SUBSTITUTE, NON-CONTINUING, MISCELLANEOUS WELCOME PACKET

Employee Name

Start Date

- Classified short-term and non-continuing assignments must be board approved prior to the start of employment.
- Board approval is not required for classified substitutes.
- The following documents require completion prior to the start of employment and are approved/submitted to the College Business/Operations Office and then forward to HR:

Short term and substitute Personnel Action Form (EPAF)

Employment Eligibility Verification Form I-9 Form

- Copy of documents shown from I-9 form
- Copy of Social Security Card *State Requirement*
- Employee Information Form: Emergency Contact/Loyalty Oath
- Demographics
- Employment Acknowledgment/Conviction Information/W-2 Electronic Form Consent
- W-4 Employee's Withholding Allowance Certificate
- Retirement System Membership
- Mandated Reporting Child/Elder Abuse/Neglect
- Notice Rights of Victims of Domestic Violence, Sexual Assault, Stalking
- Fingerprinting Livescan/Tuberculosis Procedures
 - Fingerprinting Appointment Date: _____
 - Tuberculosis Appointment Date: _____
 - Proof of Freedom from Tuberculosis Results

Payroll Direct Deposit Form

- Your hiring manager will complete a PAF for your employment. Visit PAF instructions.
- The welcome packet is available in our Downloads/Human Resources/New Hire Welcome Packets.
- Anyone working with money, minors, health services or more than one semester is required to be fingerprinted prior to the start of employment.
- Anyone working with minors or in health services is required to provide proof of freedom from tuberculosis prior to the start of employment. See Tuberculosis Procedures.
- You will earn 1 hour for every 30 hours worked up to a maximum of 24 hours in a year of sick leave after passing a 90 day period and have worked 30 days. Visit Websmart for balance/usage reporting.
- Employees are not allowed to work more than 184 days per fiscal year with all positions held combined.
- Employees who reach 1,000 hours worked per fiscal year require CALPERS membership. This includes member monthly contribution.
- Affordable Care Act requires the District to offer health benefits to employees working 130 hours per month at employees expense.
- You are required to submit your payroll timesheets through Websmart at the end of the month in order to be paid. Please see tutorials available.
- You may complete DW-4 state tax withholding allowance certificate to report a different allowance to the state.



Cañada College • College of San Mateo • Skyline College

Office of Human Resources
3401 CSM Drive – San Mateo, CA 94402
Automated Service Line: (650) 574-6555
Fax: (650) 574-6574

EMPLOYEE INFORMATION FORM

Employee Name

G#

Employee Home Address

Contact Phone

Employee Address City, State, Zip

E-mail

EMERGENCY CONTACT: In case of an emergency, please notify:

Name

Relationship to Employee

Contact Phone

E-mail

Home Address

Home Address City, State, Zip

You may update/add your emergency contact/home telephone/address through [websmart](#) any time throughout your employment.

I understand that it is my responsibility to update the information included in this form.

Employee Signature

Date

LOYALTY OATH

The Loyalty Oath or Affirmation of Allegiance to the government of the United States of America and to the State of California, is required by the provisions of [Article XX, Section 3 of the Constitution of the State of California](#).

In the State of California, County of San Mateo: 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 to 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.

Witness my hand this ____ Day of ____ in the Year ____.

Employee Signature

AUTHORIZED DISTRICT REPRESENTATIVE SIGNATURE

Subscribed and sworn to before me this ____ Day of ____ in the year ____.

Supervisor Name

Supervisor Signature

EMPLOYMENT ACKNOWLEDGMENT

Employee Name

G#

- ☐ I have reviewed the [New Hire Worker's Compensation Notice](#).
- ☐ I understand that I can pre-designate a personal physician anytime throughout my employment by completing the [pre-designated personal physician](#) prior to an injury/illness.
- ☐ I have reviewed the items above and understand the information.

Employee Signature

Date

CONVICTION INFORMATION

Have you ever been convicted, pled guilty to or pled no contest to any criminal offense by any court? ☐ YES ☐ NO

Having a criminal record does not necessarily disqualify you for employment. Each case is given individual consideration, based on job-related criteria.

If yes, please note the date and place of each offense, the specified charge, the date and place of convictions, or plea, the fine or sentence received of the diversion program entered. You may omit any offense for which the only punishment imposed was a fine of less than \$100. Any offense for which you were convicted for which the punishment was a fine in excess of \$100, which required serving a jail or prison sentence, or which required probation MUST be reported.

All the information provided in this form is true and accurate to the best of my knowledge. I understand that falsification of any part(s) of this application shall be sufficient cause for my disqualification from the selection process or termination from District employment.

Employee Signature

Date

W-2 ELECTRONIC FORM CONSENT

To consent to receive your W-2 form electronically, go to WebSMART (<http://websmart.smccd.edu>). Once you are on WebSMART, select the employee menu tab, then the tax forms link, then the tax consent link and check the box to accept electronic consent. You also have the option to complete this form and submit to the Office of Human Resources or Payroll Office.

By consenting to receive your W-2 form electronically, you agree to go to WebSMART between January 31 and October 15 of the appropriate year to print your W-2 form online. You may be required to print and attach your W-2 form to your Federal, State, or local income tax return.

Your consent will be valid for all subsequent tax years unless revoked by you, upon your termination of District service, or the termination of this service in a future given tax year.

You may revoke your consent at any time and receive a paper form W-2 by accessing WebSMART and un-checking the box. You can also complete this form and submit to the Office of Human Resources or Payroll Office.

A paper copy of your W-2 form may be obtained by contacting the Office of Human Resources or Payroll Office. Updating of employee contact information is the responsibility of the employee by providing correct up-to-date information to the Office of Human Resources or Payroll Office.

Selection Criteria: ☐ **Consent** to receive W-2 form electronically ☐ **Cancel** consent to receive W-2 form electronically

I understand the instructions provided to me for accessing and printing my electronic W-2 form.

Employee Signature

Date

NEW EMPLOYEE DEMOGRAPHICS

Pursuant to United States Executive Order 11246 and California Legislative Code Title V, the San Mateo County Community College District is required to collect and maintain demographic information for all of its employees. This information is periodically reported to State and Federal compliance agencies and to the State Chancellor's Office of the California Community Colleges. You are not identified by name in any reports submitted by the District.

Per U.S. Department of Education guidelines, colleges are required to collect the following racial and ethnic data.

Are you Hispanic or Latino? **YES** **NO**

PART I: RACIAL/ETHNIC GROUP (Check one or more)

- | | |
|---|---|
| <input type="checkbox"/> Mexican, Mexican-American, Chicano | <input type="checkbox"/> Asian - Vietnamese |
| <input type="checkbox"/> Central American | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> South American | <input type="checkbox"/> Asian: Other |
| <input type="checkbox"/> Hispanic: Other | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian: Indian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Asian: Chinese | <input type="checkbox"/> Pacific Islander: Guamanian |
| <input type="checkbox"/> Asian: Japanese | <input type="checkbox"/> Pacific Islander: Hawaiian |
| <input type="checkbox"/> Asian: Korean | <input type="checkbox"/> Pacific Islander: Samoan |
| <input type="checkbox"/> Asian: Laotian | <input type="checkbox"/> Pacific Islander: Other |
| <input type="checkbox"/> Asian: Cambodian | <input type="checkbox"/> White |
| <input type="checkbox"/> Decline to state | <input type="checkbox"/> Unknown |

PART II: GENDER ☐ Female ☐ Male

PART III: MARITAL STATUS ☐ Single ☐ Married

PART IV: VETERAN STATUS

Are you a Veteran? ☐ YES ☐ NO Active Duty Separation Date: _____

Veteran Category: Vietnam Disabled Armed Forces Services Medal Other: _____

PART V: EMPLOYEE DISABILITY

Pursuant to the Americans with Disabilities Act, the District seeks to provide reasonable accommodations to employees who have disabilities, in order to enable them to perform the essential functions of their positions.

Do you have a disability? ☐ YES ☐ NO

IF YES, what accommodations do you require in order to perform the essential functions of your job?

Please specify: _____

Employee Name

Employee Signature

Date



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:			
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)		Check here if you used an alternative procedure authorized by DHS to examine documents.	

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****Step 1:**
Enter
Personal
Information

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

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address San Mateo County Community College District 3401 CSM Drive San Mateo, CA 94402	First date of employment	Employer identification number (EIN) 94 3084147
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Employee's Withholding Allowance Certificate

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

Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City State ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

1a. Number of Regular Withholding Allowances (**Worksheet A**)

1b. Number of allowances from the Estimated Deductions (**Worksheet B**)

1c. Total Number of Allowances you are claiming

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**)

OR

Exemption from Withholding

3. I claim exemption from withholding for 2025, and I certify I meet both conditions for exemption.

(Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018.

(Check box here)

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

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
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The *Employee's Withholding Allowance 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.

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

If you do not provide your employer a completed DE 4, your employer must use Single with Zero withholding allowance.

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

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

1. You did not owe any federal and state income tax last year, and
2. You do not expect to owe any federal and state income tax this year.

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

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding 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 4**. You may be required to provide proof of exemption upon request.



RETIREMENT SYSTEM MEMBERSHIP

Employee Name

G#

Are you currently employed by another public agency (by a city, county or another public school system)?

☐ **NO:** If you have previously been employed by another public agency, please provide the information below?

Name of the _____ Date _____
public agency/school district: _____ Employment Ended _____

☐ **YES:** Name of current public agency/school district: _____ ☐ **Full time** ☐ **Part time**

If YES, Will you continue your employment at this public agency while you are working for the District?

☐ **Yes:** (Note: your dual public employment will directly affect the amount of service credit that you will receive from your retirement system)

☐ **No:** I will end my employment with this agency on (date): _____

Have you ever been employed at any San Mateo County School?

☐ **YES** ☐ **NO**

If yes, Please indicate school district? _____

☐ **Certificated** ☐ **Classified**

Have you ever been a member of a California retirement system?

☐ **YES** ☐ **NO***

***CALPERS membership becomes mandatory upon reaching 1,000 hours of employment in a fiscal year.**

If YES, what is the name of it?

☐ Public Employees' Retirement System (PERS)

☐ State Teachers' Retirement System (STRS)

☐ Other: Name _____

If you have been a member of either PERS or STRS, have you ever received a refund of your contributions?

☐ **NO**

☐ **YES, refund received on (date)** _____

Have you ever retired from either PERS or STRS?

☐ **NO**

☐ **YES, on (date)** _____

All the information provided in this form is true and accurate to the best of my knowledge.

Employee Signature

Date



NOTICE AND ACKNOWLEDGMENT OF MANDATED REPORTING PURSUANT TO THE CALIFORNIA CHILD ABUSE/NEGLECT AND ELDER/DEPENDENT ADULT ABUSE/NEGLECT

California Law requires certain persons to report known or suspected child abuse/neglect or known or suspected dependent adult abuse/neglect. These individuals are known under the law as “mandated reporters”. As an employee of the San Mateo County Community College District, you are a mandated reporter. You are required to comply with the provision of [Welfare and Institutions Code section 15630](#) in connection with reporting the suspected abuse/neglect of elders/dependent (individual 65 or older) adults. You are required to comply with [California penal code, Chapter 2.5 section 11164-11174.3](#) in connection with reporting the suspected abuse/neglect of a child (anyone under the age of 18).

What to Report:

Any incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, abduction, isolation, financial abuse, or neglect (including self-neglect) of an *elder or dependent adult*.

For Child Abuse/Neglect: 1.) Physical abuse, 2.) Sexual abuse, 3.) Child exploitation, Child pornography, and Child prostitution, 4.) Severe or general neglect, 5.) Extreme corporal punishment resulting in injury, 6.) Willful cruelty or unjustifiable punishment, 7.) Abuse or neglect in out-of-home care.

When to Report:

If you have observed, suspect, or have knowledge of elder/dependent adult abuse/neglect, you must make a report by telephone immediately, or as soon as practically possible, and by written report sent within two working days to the agency.

A telephone report must be made immediately when you, in your professional capacity or within the scope of your employment, observe a child and have knowledge of, or have reasonable suspicion that the child has been abused. A written report, on a standard form, must be sent within 36 hours after the telephone report has been made for child abuse/neglect.

To Whom Do You Report:

For Elder/Dependent Adult Abuse/Neglect: San Mateo County Adult Protective Services at (800) 675-8437.

For Child Abuse/Neglect: Local Police or County Sheriff or Child Protective Services (650) 802-7922 / (800) 632-4615.

Individual Responsibility:

Any individual who is mandated reporter must report abuse. If you confer with another person and a decision is made that other person will file the report, one report is sufficient. However, if the other person does not make the report, you are liable and must make the report.

Confidentiality:

Mandated reporters are required to give their names. Child Protective Agencies are required to keep the mandated reporter’s name confidential, unless court orders the information disclosed.

Criminal and Civil Liability:

You can be criminally liable for failing to report suspected abuse or neglect. The penalty for this misdemeanor is up to six months in county jail, a fine of not more than \$1,000 or both. You can also be civilly liable for failure to report.

Immunity:

Any legally mandated reporter has immunity when making a report. In the event a civil suit is filed against the reporter, the state will reimburse attorney’s fees incurred in the suit up to \$50,000 for child abuse/neglect. No individual can be dismissed, disciplined, or harassed for making a report of a suspected child abuse or neglect.

ACKNOWLEDGMENT OF MANDATED REPORTING OF CHILD ABUSE/NEGLECT AND ELDER/DEPENDENT ADULT ABUSE/NEGLECT

I understand that while I am employed by the San Mateo County Community College District, I am a mandated reporter under the Child Abuse and Neglect Reporting Act under [California penal code, Chapter 2.5 section 11164-11174.3](#) and the Elder and Dependent Adult Abuse Neglect under [Welfare and Institutions Code Section 15630](#). A copy of these regulations may be obtain by request. As a mandated reporter, I understand that I have a legal obligation to report child abuse/neglect or elder/dependent adult abuse/neglect and will comply with the laws.

Employee Name

Employee Signature

Date

RIGHTS OF VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND STALKING

Your Right to Take Time Off:

- You have the right to take time off from work to get help to protect you and your children's health, safety or welfare. You can take time off to get a restraining order or other court order.
- If your company has 25 or more workers, you can take time off from work to get medical attention or services from a domestic violence shelter, program or rape crisis center, psychological counseling, or receive safety planning related to domestic violence, sexual assault, or stalking.
- You may use available vacation, personal leave, accrued paid sick leave or compensatory time off for your leave unless you are covered by a union agreement that says something different. Even if you don't have paid leave, you still have the right to time off.
- In general, you don't have to give your employer proof to use leave for these reasons.
- If you can, you should tell your employer before you take time off. Even if you cannot tell your employer before, your employer cannot discipline you if you give proof explaining the reason for your absence within a reasonable time. Proof can be a police report, court order or doctor's or counselor's note or similar document.

Your Right to Reasonable Accommodation:

- You have the right to ask your employer for help or changes in your workplace to make sure you are safe at work. Your employer must work with you to see what changes can be made. Changes in the workplace may include putting in locks, changing your shift or phone number, transferring or reassigning you, or help with keeping a record of what happened to you. Your employer can ask you for a signed statement certifying that your request is for a proper purpose, and may also request proof showing your need for an accommodation. Your employer cannot tell your coworkers or anyone else about your request.

Your Right to Be Free from Retaliation and Discrimination:

Your employer cannot treat you differently or fire you because:

- You are a victim of domestic violence, sexual assault, or stalking.
- You asked for leave time to get help.
- You asked your employer for help or changes in the workplace to make sure you are safe at work.

You can file a complaint with the Labor Commissioner's Office against your employer if he/she retaliates or discriminates against you.

For more information, contact the California Labor Commissioner's Office. We can help you by phone at 213-897-6595, or you can find a local office on our website: www.dir.ca.gov/dlse/DistrictOffices.htm. This Notice explains rights contained in California Labor Code sections 230 and 230.1.

Please contact Human Resources for further information.

FINGERPRINTING INFORMATION AND PROCEDURES

Pursuant to the California Education Code, District Rules and Regulations, and applicable laws, employees of the San Mateo County Community College District are required to be fingerprinted. Please complete your fingerprinting prior to your first day of employment.

- All permanent employees (whether full time or part time), adjunct faculty, assistant coaches and volunteers.
- All employees who will be working with money, minors, or health services regardless of the duration of the employment, or whether it is full time or part time)
- All employees, including short term employees and students assistants who will be working for a semester or longer.

Fingerprinting for new District employees can be completed at any of our Bookstore locations:

- **College of San Mateo, Campus Copy & Post, Building 10 Room 190, 1700 W Hillsdale Blvd, San Mateo, CA 94402**
Q: CSM (650-574-6367) csmbookstore@smccd.edu
- **Skyline College, Graphics Art & Production, Building 19, 3300 College Drive, San Bruno, CA 94066**
Q: Skyline (650-738-7014) skylinebookstore@smccd.edu
- **Cañada College, Bookstore Building 2, 4200 Farm Hill Blvd, Redwood City, CA 94061**
Q: Cañada (650-306-3313) canadabookstore@smccd.edu

Appointments are made at: <http://smccd.edu/livescan/>

You are required to bring the following items with you to your fingerprint appointment:

- 1.) **A non-expired U.S. Driver's License or DMV issued ID Card:** [Please see alternate identifications](#)
- 2.) **A Completed Livescan Request form**

NOTE: International students can wait until they receive their first pay check to be fingerprinted so that they can use their foreign passport and pay stub for identification.

Your fingerprints will be processed in approximately one (1) to three (3) business days, and the results will be reported to the Vice Chancellor, Human Resources and General Counsel.

Previous convictions are reviewed carefully as to type of violation, regency, severity and relevance to the type of work for which you are being hired. Criminal record information is processed in strictest confidence and pursuant to regulations of the State of California Department of Justice, Bureau of Criminal Identification and Information, California Education Code and SMCCCD Rules and Regulations.

No person, who has been convicted of any sex offense as defined by the California Education Code or convicted of a controlled substance offense, shall be employed or retained in employment by a California community college district.

TUBERCULOSIS PROCEDURES

The California Education Code and District policy require that all employees including anyone working with minors or in health services must provide proof of freedom from tuberculosis. Newly hired District employees are required to provide proof prior to the start of your District employment. Continuing employees must be tested every four (4) years.

The examination for proof of freedom from tuberculosis consists of an approved intradermal tuberculin test or an X-ray of the lungs at no cost to the employee.

For your convenience, the intradermal tuberculin test is administered by each of the College Health Centers by appointment only.

- **Skyline College (650) 738-4270**
- **College of San Mateo (650) 574-6396**
- **Cañada College (650) 306-3309**

TEST NEGATIVE

Employees who skin-test negative are required to undergo this examination once every four (4) years during their employment in the District (or more often as directed by a local health officer) and for as long as the test results continue to be negative.

TEST POSITIVE

Employees who test positive are referred, by the Health Center, for an X-ray of the lungs within thirty (30) days of completion of the skin test. The Health Centers may refer employees to the Peninsula Ultrasound Medical Group or to another care provider to determine the need for follow-up care.

Employees who are referred for chest X-rays will be reimbursed by the District for out of pocket costs incurred for the examination if the medical provider does not bill the District directly.

Employees who have a documented medical history of positive skin test are required to provide certification by a licensed medical provider, every four years of their District employment, that they are free of tuberculosis. The medical provider may elect to complete a medical examination other than an X-ray of the lungs. The certification must be sent in to the Office of Human Resources for inclusion in the employee's personnel file.

CERTIFICATION WITHIN THE LAST SIXTY (60) DAYS

New employees who have received certification of freedom from tuberculosis within sixty (60) days immediately preceding District employment may submit the certificate in lieu of having a District examination. The certificate must be from a licensed medical provider.

TRANSFERS FROM ANOTHER SCHOOL OR COLLEGE DISTRICT

New employees who are coming to the District from another community college district or from another school district may provide proof of freedom from tuberculosis from that previous employer if the examination was completed within the last four (4) years immediately prior to District employment.

The certified proof from the prior community college or school district must be from a licensed medical provider and will be accepted in lieu of a District examination.

SPECIAL EXEMPTION

Following termination of a pregnancy, employees may be exempted from the requirement to provide proof of freedom from tuberculosis by chest X-ray for a period not to exceed sixty (60) days.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ) _____

Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions) _____

City _____ State _____ ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name: (AKA or Alias) _____

Last Name _____ First Name _____ Suffix _____

Sex ☐ Male ☐ Female

Date of Birth _____ Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____

(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____

(Other Identification Number)

Home Address _____ Street Address or P.O. Box _____ City _____ State _____ ZIP Code _____

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature _____

Date _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: ☐ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____

Street Address or P.O. Box _____ Telephone Number (optional) _____

City _____ State _____ ZIP Code _____ Mail Code (five digit code assigned by DOJ) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

☐ Initial Request
 ☐ Change
 ☐ Cancel

• Please read and return this completed form to the Payroll Office.

• **Checking account:** For verification purposes, please attach a voided check to this form. If paper checks are not available, a printout from the financial institution is required in order to process.

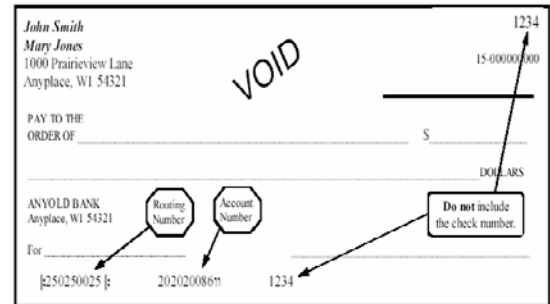
• **Savings account:** Contact your financial institution to obtain its transit routing number. A printout from the financial institution is required in order to process.

• Direct deposit goes into effect the following month after the initial request is processed.

• Issue dates (pay dates) for direct deposit are the last working day of the month (the last day that the San Mateo County Community College District Offices are open for business in the month). For student assistants and short term employees, direct deposit issuing dates are the middle of the month (usually the 15th).

• Employee recognizes that there could be a delay in the deposit to his/her account and that Employer is responsible only for transmitting net pay to paying bank designated by County Treasurer. Employer assumes no responsibility beyond that point.

• Employer may remove an employee from direct deposit when payment must be stopped to ensure compliance with legal requirements. Examples are: lack of valid credentials; salary attachments, etc.



NAME ON ACCOUNT	TRANSIT/ABA NUMBER	ACCOUNT NUMBER	ACCOUNT TYPE: Checking/Savings	AMOUNT
				Remaining Net Pay Balance will be deposit to this account.

I hereby authorize San Mateo County Community College District, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my indicated account and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authorization is to remain in effect until the EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on it.

I have read and agree to the foregoing.

Employee Name

G#

Employee Signature

Date