

Management-Confidential Packet Contents:

- Form I-9
- Authorized County Driver Form/ Emergency Info Form
- Oath or Affirmation for Public Employees Form
- Orientation Checklist
- Pension Trust Membership Data and Designation of Beneficiary Form (2-sided)
- 2013 W-4 Form
- Authorization for Automatic Payroll Deposits (ACH) Form
- Paid Family Leave Information
- County Employee Parking Agreement
- Rideshare Information
- Rideshare Pretax and Interest Form

Form I-9

Click here (<http://www.uscis.gov/files/form/i-9.pdf>) for current I-9
(will open in a PDF fillable form)

		Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1515-0047 Expires 03/31/2014	
<p>▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>					
<p>Section 1. Employee Information and Attestation (Employee 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.)</p>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address		Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States (See instructions)</p> <p><input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____</p> <p><input type="checkbox"/> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)</p> <p>For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:</p> <p>1. Alien Registration Number/USCIS Number: _____</p> <p>OR</p> <p>2. Form I-94 Admission Number: _____</p> <p>If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:</p> <p>Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p> <p>Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)</p>					
Signature of Employee		Date (mm/dd/yyyy)			
<p>Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)</p> <p>I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.</p>					
Signature of Preparer or Translator		Date (mm/dd/yyyy)			
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town	State	Zip Code	
 Employer Completes Next Page 					
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**COUNTY OF SAN LUIS OBISPO
RISK MANAGEMENT**

**AUTHORIZED COUNTY DRIVER/EMERGENCY
INFORMATION**

PLEASE COMPLETE FOR ALL EMPLOYEES/VOLUNTEERS

NAME:		
LOCAL MAILING ADDRESS:		
TELEPHONE NO.:	DATE OF BIRTH:	
DRIVER'S LICENSE NO.:	EXPIRATION DATE:	CLASS:
AUTO INSURANCE CO.:	AUTO POLICY NO.:	

DRIVING RESTRICTIONS: _____

DEPARTMENT:	JOB CLASSIFICATION:
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PLEASE CIRCLE ONE:

Volunteer	Student Intern	Temp/Extra Help	Full Time Employee
Part Time Employee	Contract Employee		

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

Name: _____	Telephone: _____
Address: _____	
Relationship to Employee: _____	

Employee's Signature Date

Department Authorization Date

Original: Risk Management Copy: Department File

[Redacted]

**OATH OR AFFIRMATION OF ALLEGIANCE FOR CIVIL DEFENSE
WORKERS AND PUBLIC EMPLOYEES**

STATE OF CALIFORNIA }
County of San Luis Obispo, } ss.

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 Constitutions 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.

Signature of Employee

Name of the Department

Subscribe and sworn to before me this _____ day of _____, 20____.

Signature

(Title of Person Administering Oath)

INSTRUCTIONS: Chapter 8, Division 4, Title 1, of the Government Code, requires all public employees to take and subscribe to the above oath (or affirmation) and that said oath (or affirmation) be filed in the office of the county clerk within the first 30 days of employment. Any employee on authorized leave must take and subscribe to said oath (or affirmation) within 30 days of his return to work. NO COMPENSATION SHALL BE PAID ANY EMPLOYEE WHO FAILS TO COMPLY WITH THE ABOVE. Oaths may be administered by a Notary Public. No fee shall be charged by any person before whom the oath (or affirmation) is taken or subscribed.

ORIENTATION CHECKLIST

Employee's Name: _____ Employee #: _____
(Please Print)

Department: _____

To be used by the Supervisor when the new employee first reports for duty. The form must be completed and submitted to Human Resources with the new-hire PAF.

- 1. Welcome the new employee. Find out if they prefer a "nickname," and how he/she wishes to have it pronounced.
- 2. Ensure that the new employee is scheduled to attend the new employee orientation session.
- 3. Have employee sign the certification form, W-4 slip, retirement form, and loyalty oath. If an orientation kit has not been provided to you with the certification, obtain one from Human Resources and present it to the employee.
- 4. Have employee complete the Immigration and Naturalization Service Form I-9, *Employment Eligibility Verification*. Supervisor should verify and sign form. Attach copies of required documentation with Form I-9.
- 5. Discuss his/her job and point out its importance. If substitute or limited term, explain.
- 6. Tell employee about your department's organizational structure, chain of command, and how the department fits into the overall County operation. Explain consequences if departmental/County standards are not followed properly (refer to Civil Service Rule 14.02).
- 7. Briefly discuss your departmental rules and regulations (including telephone and e-mail usage). Use a positive approach: "We do this" instead of "Don't do that."
- 8. Tell employee about their duty hours, lunch hour and coffee breaks. Show employee the rest room, staff area, lunch room, and where to hang his/her hat and coat.
- 9. Inform employee of any special clothing or equipment requirements.
- 10. Discuss parking facilities and car pools. When applicable, inform employee about the option of purchasing a "passcard" for the Palm Street Parking Structure.
- 11. Review timekeeping procedures, pay days, step increases, and fringe benefits. If applicable, explain the confidential and management employee benefit package.
- 12. Review the probationary period provisions and performance rating systems, including performance standards. Show them the actual evaluation form to be used.
- 13. Review the Civil Service Rules. Any questions concerning Equal Employment Opportunity should be directed to the Affirmative Action Coordinator in the Administrative Office at 781-5011.

- 14. Give the employee a copy of the San Luis Obispo County Policy Against Discriminatory Harassment. Explain that the County is committed to providing employees a work environment free of unlawful discrimination. Schedule the employee for mandatory training on Preventing Discriminatory Harassment. Explain applicable health and safety procedures including the County's Workplace Violence Policy, and use of safety equipment as listed in Safety Orientation Checklist and County Injury Prevention Program (IPP).
- 15. Review vacation, sick leave, leave of absence and family leave policies; explain your department's procedures for requesting and approving such leaves.
- 16. Explain to employee that he/she must sign up for medical, dental and vision insurance (new employees are **not** automatically enrolled).
- 17. If applicable, explain to contract, temporary help, student interns, vocational rehabilitation trainees, and W.I.N. employees that they are not in the classified service, do not accrue seniority, and are not eligible for promotional examinations.
- 18. Tell employee your plans for his/her training, and introduce employee to his/her training "sponsor."
- 19. Show employee his/her place of work and introduce employee to his/her fellow workers.
- 20. Ask if he/she has any questions and answer them fully.
- 21. If applicable, have employee complete an "Assuming Office Statement of Economic Interest" (Form 700) available from the Clerk-Recorder's Office.
- 22. For employees who will be driving County vehicles, have him/her complete an "Authorized County Driver" form.

Follow up!!! See that his/her training is coming along well!!!

As soon as all of the items have been covered, the employee and supervisor should sign the form. It is mandatory that this form be returned to Human Resources for inclusion in the employee's personnel file.

Employee's signature: _____

Date: _____

Supervisor's signature: _____

Date: _____

SAN LUIS OBISPO COUNTY PENSION TRUST
1000 Mill Street ~ San Luis Obispo, California 93408

MEMBERSHIP DATA

New Employee Existing Employee - Change in Job Title or Classification

Name _____ Social Security Number _____

Address _____

Date of Birth _____ Male Female

Marital Status Single Married Divorced Widowed Domestic Partnership

Department / Job Title _____

Effective Date of Hire or Reinstatement _____

▪ **PRIOR MEMBERSHIP / PRIOR PENSION TRUST SERVICE CREDIT**

Under certain circumstances, you may be entitled to reinstate prior Pension Trust service credit. Reinstating your prior Pension Trust service credit is advantageous because the additional service credit:

- may allow you to establish a reduced employee contribution rate;
- will be counted toward meeting the minimum five-year service credit requirement for vesting;
- will increase the amount of the pre-retirement death benefit payable to your beneficiary(ies).

Please check the appropriate box:

- I have a previous membership in the San Luis Obispo County Pension Trust.
- I do not have a previous membership in the San Luis Obispo County Pension Trust.

▪ **RECIPROCITY**

If you are or were a member of another public retirement system in California, you may be entitled to future reciprocal benefits and a reduced employer contribution rate.

Please check the appropriate box:

- I have a previous membership in another public retirement system in California.
- I do not have a previous membership in another public retirement system in California.

For Pension Trust Use Only

Classification of Membership: Miscellaneous Safety Probation

If Safety: Sworn Non-Sworn

Tier _____ Contribution Rate _____ Date Data Entered _____

INSTRUCTIONS FOR DESIGNATING A BENEFICIARY

1. Please type or print in black or blue ink.
2. **Primary Beneficiaries** – If more than one primary beneficiary is named, the share of any beneficiary who predeceases you shall be divided equally among the surviving primary beneficiaries.
Contingent Beneficiaries – If your primary beneficiary(ies) predecease you, the death benefit payable at your death shall be paid, in equal shares, unless otherwise indicated, to the surviving contingent beneficiary(ies).
3. You may designate any number of primary and contingent beneficiaries, but you must designate at least one primary beneficiary.
4. Stipulations or attachments to your designation are not acceptable.
5. A designation containing alterations will not be accepted.
6. **If you wish to designate more beneficiaries than can fit on one form, you must use an additional designation form**, each clearly marked as “page 1 of 2” and “page 2 of 2,” etc. Each form must be signed, notarized and submitted at the same time.
7. **New beneficiary forms filed will supersede any previous designation.** Therefore, if you want to add a beneficiary (for example, a new child) you must include on the new form all the beneficiaries you wish to designate.
8. **If you designate your estate:**
 - Use the words “My Estate” on the name line. Before naming your estate as beneficiary, you may wish to contact the IRS or consult with your tax advisor to determine the impact of such a designation.
 - If you name your estate as primary beneficiary, do not name a contingent beneficiary. A contingent beneficiary would only be entitled to the benefit if the primary beneficiary ceases to exist before the member’s death.
9. **If you designate the trustee of an Intervivos (Living) Trust:**
 - The trustee must be a person or corporation. A true copy of the trust instrument, Certificate of Trust or other documentation that contains the name and address of the trustee and successor trustee must be submitted with your designation.
 - The following sentence must be written in the beneficiary’s name and address space on the front of this form: “**(name of trustee), (address of trustee), as trustee of a trust created by instrument, dated (date of instrument).**”
10. **If you designate the trustee of a Testamentary Trust:**
 - The Will under which the trust is established must be your Will.
 - The following sentence must be written in the beneficiary’s name and address space on the front of this form: “**The Trustee of the testamentary trust established by paragraph (number) of my Will dated (date of your Will).**”
11. **If you designate a custodian for a minor:**
 - The following sentence must be written in the beneficiary’s name and address space on the front of this form: “**(name and address of custodian) as custodian for (name of minor) under the California Uniform Transfers to Minors Act.**” Please provide the requested information (date of birth and relationship) as it relates to the minor, not the custodian.

In order for your new beneficiary designation to be effective, it must be completed properly, signed, and received and approved by the Pension Trust. If you have any questions regarding this form, please contact the Pension Trust at (805) 781-5465.

SAN LUIS OBISPO COUNTY PENSION TRUST
1000 Mill Street ~ San Luis Obispo, California 93408

Page ____ of ____

DESIGNATION OF BENEFICIARY

Last Name	First Name	M.I.	Social Security Number
Street Address		City, State, Zip	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partnership			

I, the undersigned, revoking all former designations made by me, hereby direct the San Luis Obispo County Pension Trust, in the event of my death, to pay the death benefit payable pursuant to the terms of Article 7 of the San Luis Obispo County Employees Retirement Plan. Should I survive all named beneficiaries, any death benefit payable shall be paid to my estate.

BENEFICIARY INFORMATION			
Name	Percentage	Check one Primary <input type="checkbox"/>	Date of Birth:
Street	City, State, Zip	Contingent <input type="checkbox"/>	Relationship:
Name	Percentage	Check one Primary <input type="checkbox"/>	Date of Birth:
Street	City, State, Zip	Contingent <input type="checkbox"/>	Relationship:
Name	Percentage	Check one Primary <input type="checkbox"/>	Date of Birth:
Street	City, State, Zip	Contingent <input type="checkbox"/>	Relationship:
Name	Percentage	Check one Primary <input type="checkbox"/>	Date of Birth:
Street	City, State, Zip	Contingent <input type="checkbox"/>	Relationship:
Name	Percentage	Check one Primary <input type="checkbox"/>	Date of Birth:
Street	City, State, Zip	Contingent <input type="checkbox"/>	Relationship:
Name	Percentage	Check one Primary <input type="checkbox"/>	Date of Birth:
Street	City, State, Zip	Contingent <input type="checkbox"/>	Relationship:

Member/Participant Signature	Date
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Spousal/Registered Domestic Partner Concurrence:

*****If you did not designate your spouse or registered domestic partner as the sole primary beneficiary their signature is REQUIRED AND MUST BE NOTARIZED in order to be valid.*****

Spousal/Registered Domestic Partner (RDP) Concurrence: By signing this beneficiary designation form, I, _____ (print name), acknowledge that I have reviewed the beneficiary designation(s) made by my spouse/registered domestic partner and I concur with the designation(s).	
Spouse / RDP Signature	Date

Please review the instructions on the reverse side before submitting this form.

Form W-4

Click here (<http://www.irs.gov/pub/irs-pdf/fw4.pdf>) for 2013 W-4 (will open in a PDF fillable form)

Form W-4 (2013)

Complete all worksheets that apply. However, you may claim fewer or more allowances. For complete instructions, including how to claim an allowance, you should refer to the instructions for Form W-4. You can find the instructions for Form W-4 on www.irs.gov.

Example: If you are married and your spouse is also working, you may claim two allowances. If you are married and your spouse is not working, you may claim one allowance. If you are single and you are not claiming an allowance, you may claim zero allowances.

Head of household. Generally, you can claim the head of household allowance only if you are unmarried and you are the only person who is dependent on you for more than half of the year. For more information, see the instructions for Form W-4.

Married. You must also indicate the number of allowances you want to claim. For more information, see the instructions for Form W-4.

Check your withholding. After you file Form W-4, your employer will use the information you provided to determine how much federal income tax to withhold from your pay. If you are not sure how much federal income tax to withhold, you may want to check with your employer or a tax professional.

State developments. Some states have their own withholding laws. You may need to file a separate Form W-4 with your state employer. For more information, see the instructions for Form W-4.

For more information, see the instructions for Form W-4.

Personal Allowance Worksheet (Keep for your records)

A Enter "1" for yourself if no one else can claim you as a dependent. **A**

B Enter "1" if:
• You are single and have only one job; or
• You are married, have only one job, and your spouse does not work; or
• Your wages from a second job or your spouse's wages (for the total of both) are \$1,000 or less. **B**

C Enter "1" for your spouse. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) **C**

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D**

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). **E**

F Enter "1" if you have at least \$1,000 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 \$60,000 (\$60,000 if married), enter "1" for each eligible child. **G**
• If your total income will be between \$60,000 and \$80,000 (\$80,000 and \$110,000 if married), enter "1" for each eligible child. **G**

H See line A through G and enter total here. **H**

For accuracy, complete all worksheets that apply:
• If you plan to claim or claim a dependent for income and want to reduce your withholding, see the **Dependents 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 \$1,000 (\$1,000 if married), see the **Two-Earnings/Two-Jobs Worksheet** on page 3 to avoid having too little tax withheld.
• If neither of the above situations applies, skip these and enter the number from line H on line 4 of Form W-4 below.

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

W-4 Employee's Withholding Allowance Certificate

Form W-4 (2013) OMB No. 1545-0047 **13**

1 Your federal tax filing status **1** Single Married Married, but withheld as higher Single rate. **2** Your social security number

2 Your federal tax filing status **2** Single Married Married, but withheld as higher Single rate. **3** Your social security number

3 Your federal tax filing status **3** Single Married Married, but withheld as higher Single rate. **4** Your federal tax filing status **4** Single Married Married, but withheld as higher Single rate. **5** Your social security number

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-755-0135 for an replacement card.

5 Total number of allowances you are claiming from line B above or from the applicable worksheet on page 2. **5**

6 Additional amount, if any, you want withheld from each paycheck. **6**

7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption:
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
If you meet both conditions, enter "Exempt" here. **7**

Employer's signature **8** Date **9**

8 Employer's name and address (Employer's complete name is used to verify if sending to the IRS.) **9** Employer's identification number (EIN)

For Privacy Act and Paperwork Reduction Act notices, see page 2. Tax No. 1545-0047 Form W-4 (2013)

COUNTY OF SAN LUIS OBISPO

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS (ACH)

Name: _____ Employee ID # _____ Last 4 digits of SSN# _____

I authorize the County of San Luis Obispo to credit my account at:

Action: A = Add C = Change D = Delete * *Please attach a voided check for Add and Change Actions.*

MAIN Bank: *

Action: _____ Checking Account Number: _____ Amount: \$ _____
100% or Balance of Pay

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

OTHER Bank: *

Action: _____ Checking Account Number: _____ Amount: \$ _____

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

OTHER Bank:

Action: _____ Savings Account Number: _____ Amount: \$ _____

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

OTHER Bank:

Action: _____ Savings Account Number: _____ Amount: \$ _____

Routing Number: _____ (please contact your bank for their ABA routing number)

Bank Name: _____ Address: _____

City: _____ State: _____ Zip: _____

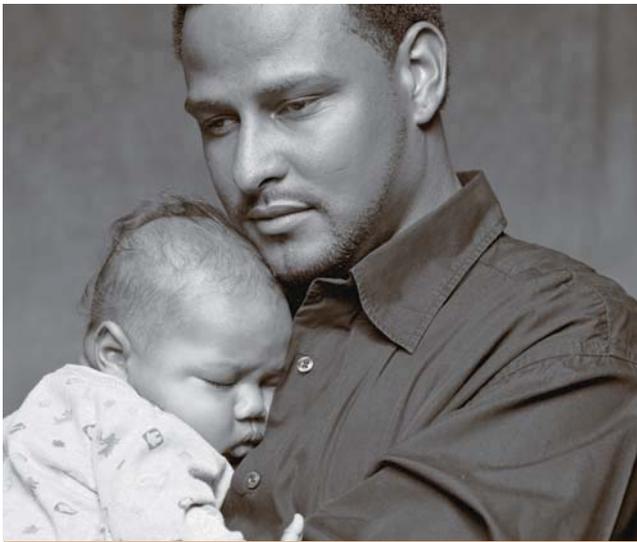
This authorization will remain in effect until the County receives a new authorization indicating a change in status. The County may terminate this automatic deposit arrangement after ten (10) days written notice.

Please note that the County does not print hard copies of remuneration statements. Statements can be viewed and printed for any pay period through the County's Employee Self Service.

I will hold the County harmless for any delays in depositing my pay, which are caused by circumstances beyond its direct control.

Signature: _____

Date: _____



Fast facts about Paid Family Leave

- Provides benefits but does not provide job protection or return rights.
- Provides eligible workers partial wage replacement when taking time off work to care for a parent, child, spouse, registered domestic partner or to bond with a new child.
- Covers employees who are covered by SDI (or a voluntary plan in lieu of SDI).
- Offers up to 6 weeks of benefits in a 12-month period.
- Provides benefits of approximately 55 percent of lost wages.
- Paid Family Leave benefits are considered taxable income.

Paid Family Leave does NOT apply to Management and Deputy County Counsel classifications.

In California, it's the law.

Paid Family Leave Benefits

The time to care. 1-877-238-4373

To apply online or for more information, visit:

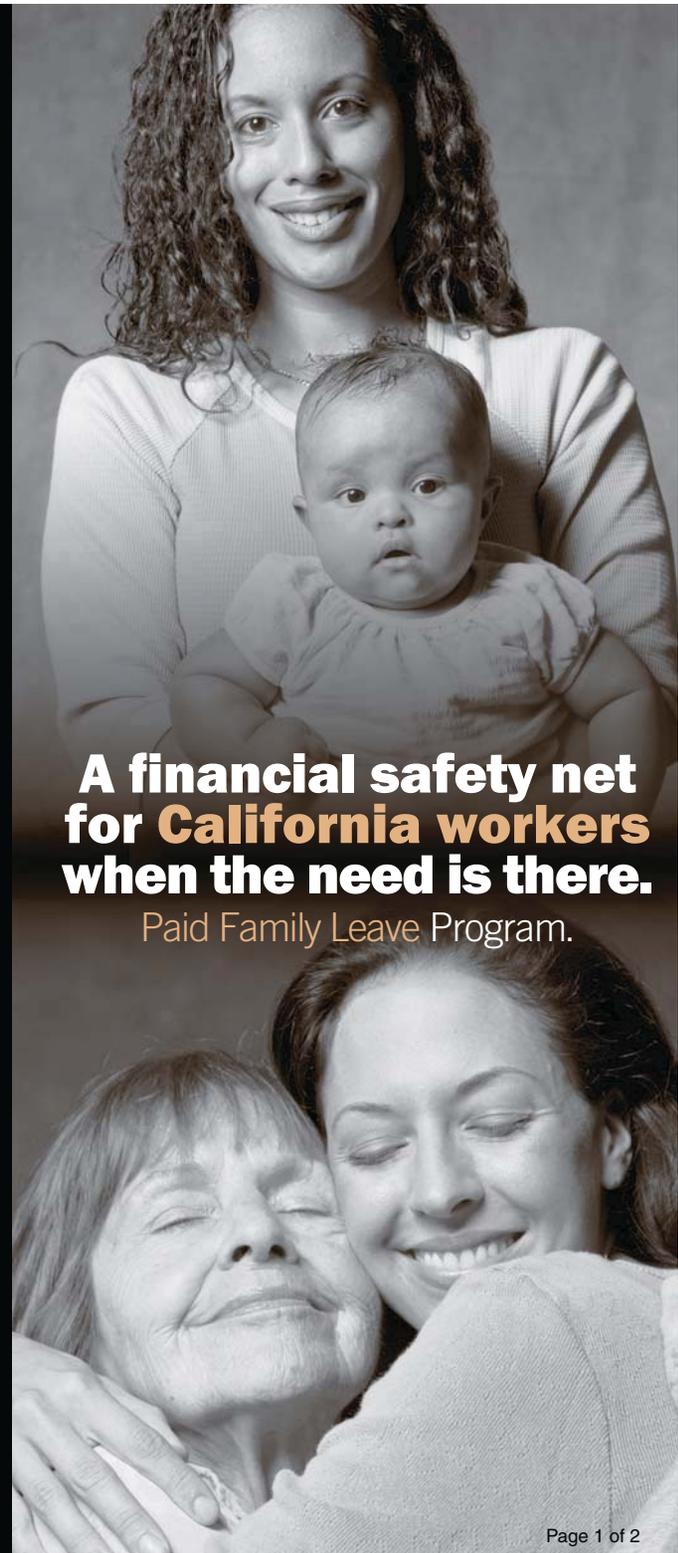
www.edd.ca.gov/disability

1-877-238-4373 (English)
1-877-379-3819 (Español)
1-866-692-5595 (Cantonese)
1-866-692-5596 (Vietnamese)
1-866-627-1567 (Armenian)
1-866-627-1568 (Punjabi)
1-866-627-1569 (Tagalog)
1-800-445-1312 (TTY)

EDD is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Requests for services, aids, and/or alternate formats need to be made by calling 1-877-238-4373 (voice), or TTY 1-800-445-1312.

This pamphlet is for general information only and does not have the force and effect of law, rule or regulation.

State of California



**A financial safety net
for California workers
when the need is there.**

Paid Family Leave Program.

Paid Family Leave benefits for California workers

There may be times in the life of a working person when they need to care for a loved one. Whether it's a working parent bonding with a newborn, or an employee caring for a seriously ill parent, child, spouse, or registered domestic partner, California's Paid Family Leave program was created for these times (**Note:** Registered domestic partners must meet requirements and register with the California Secretary of State to be eligible for benefits).



A program benefiting you and your family

California leads the nation as the first state to make it easier for employees to balance the demands of the workplace and family care needs at home. Paid Family Leave (PFL) benefits are based on the claimant's (care provider's) past quarterly earnings. For more information regarding maximum benefit amounts paid, view the link to the *Disability Insurance (DI) & Paid Family Leave (PFL) Weekly Benefit Amounts in Dollar Increments* form, DE 2589 at www.edd.ca.gov/disability.

Paid Family Leave for California employees

Paid Family Leave benefits do not provide job protection or return rights. Job protection **may** be provided if your employer is subject to the federal Family Medical Leave Act and the California Family Rights Act. Notify your employer of the reason for taking leave in a manner consistent with your company's leave policy.

To qualify for Paid Family Leave benefits, you must meet the following requirements:

- Be covered by State Disability Insurance (SDI) (or a voluntary plan in lieu of SDI) and have earned at least \$300 in your base period from which deductions were withheld.
- Supply medical information supporting your claim that the care recipient has a serious health condition and requires your care.
- Submit your claim no earlier than 9 days, but no later than 49 days after the first day your family care leave began.
- Provide documentation to support a claim for bonding with a new biological, adopted, or foster child.
- Use up to two weeks of any earned but unused vacation leave or paid time off (PTO) if required by your employer prior to the initial receipt of benefits.
- Serve a 7-day unpaid waiting period before benefits begin for each different care recipient within the 12-month period.

You may not be eligible for benefits if:

- You are receiving Disability Insurance, Unemployment Insurance, or Workers' Compensation benefits.
- You are not working or looking for work at the time you begin your family care leave.
- You are not suffering a loss of wages.
- The need for care is not supported by the certificate of a treating physician or practitioner.
- You are in custody due to conviction of a crime.

You are entitled to:

- Know the reason and basis for decision affecting your benefits.
- Appeal decisions about your eligibility for benefits (Appeals must be sent to Paid Family Leave in writing.)



- A hearing of your appeal before an Administrative Law Judge (ALJ). Decisions may be further appealed to the California Unemployment Insurance Appeals Board and the courts.
- Privacy — Information about your claim will be kept confidential except for the purposes allowed by law.

Apply for benefits

Apply for Paid Family Leave benefits online at www.edd.ca.gov/disability. Employers and physicians/practitioners can submit claim information through SDI Online. You may also file a paper form. To request a claim form visit www.edd.ca.gov/disability.

If you are currently receiving SDI pregnancy-related benefits, it is not necessary to request a PFL claim form. PFL claim filing information will be sent through your SDI Online account or via mail when your pregnancy-related disability claim ends.

Contact Paid Family Leave

For questions about Paid Family Leave benefits, please visit www.edd.ca.gov/Disability/Paid_Family_Leave.htm.

1-877-238-4373 (English) **1-877-379-3819 (Español)**
1-866-692-5595 (Cantonese) **1-866-692-5596 (Vietnamese)**
1-866-627-1567 (Armenian) **1-866-627-1568 (Punjabi)**
1-866-627-1569 (Tagalog) **1-800-445-1312 (TTY)**

For more information, visit: www.edd.ca.gov/disability
Claim forms should be mailed to Paid Family Leave at:
P.O. Box 997017, Sacramento, CA 95799-7017

COUNTY EMPLOYEE PARKING AGREEMENT

As an employee of the County of San Luis Obispo, I authorize the County Auditor’s Office to deduct \$27.70 from each paycheck to be paid to the City of San Luis Obispo for parking privileges. In return, the City of San Luis Obispo will provide me with a ProxCARD which will allow me to enter and exit the Palm Street Parking Structure at all times (overnight parking and “dead storage” of vehicles is not allowed.).

I am aware that parking fees may increase in the future. I will be notified prior to this increase occurring. By signing this authorization, I agree to allow the deduction amount to be adjusted relative to future changes in parking rates.

I understand that my ProxCARD will be activated on the date of the first payroll deduction, usually within two weeks of my request, and will remain active until this agreement is terminated. If I decide to terminate the agreement, I must notify the *City Parking Operations Office*, located at 1260 Chorro Street, Suite B, SLO (781-7230). My ProxCARD will remain active until the deduction no longer appears on my paycheck (usually within two weeks of requesting termination). I must return my ProxCARD to the Parking Structure Attendant (in the exit booth) on my last day of usage.

If I want to purchase ProxCARD usage during the period between my request date and the effective date of the ProxCARD, I may do so at a rate of \$15 per week at the City Parking Operations Office.

If I lose my ProxCARD, or if it is stolen, I can obtain a new one for a fee of \$10.

I may use my ProxCARD when driving any of the vehicles with license plate numbers listed below.

Name (First, M.I., Last)

Vehicle License Plate #

Home Address

Vehicle License Plate #

City, State and Zip Code

Home Telephone Number

County Department where employed

e-mail address

Work Telephone Number

Please advise the City of SLO Parking Operations Office of any changes in above information (name, home address, phone, vehicle license plate number[s], etc.) *within five (5) working days of change*. Your signature below indicates that you have read and will follow the above terms of use.

Signature

Date

***** **OFFICE USE ONLY** *****

PROXCARD #

1st County Deduction Date

Processed in Parking by

Card Replacement: # _____, _____ date; # _____, _____ date; # _____, _____ date.
(if any)

TERMINATION DATE

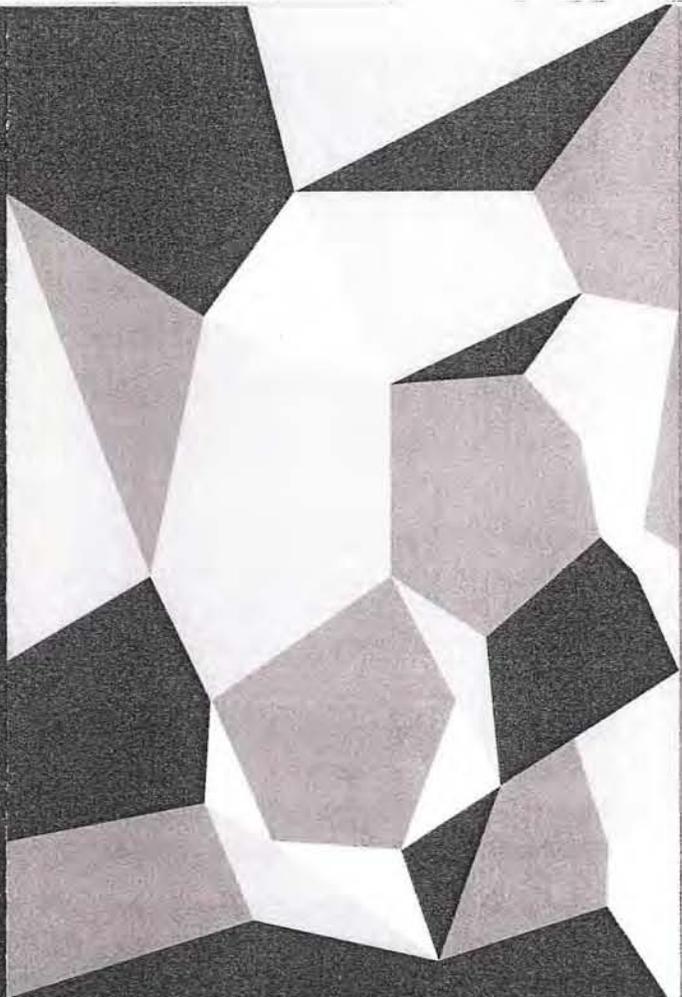
Processed in Parking by

FAX to Auditor DATE

Initial

ABOUT RIDESHARE
RIDESHARE SERVICES
SPECIAL PROGRAMS

CARPOOL & VANPOOL
WALK & BIKE



rideshare.org



san luis obispo council of governments

Getting there together.

rideshare.org | For transportation info, call 511

County of San Luis Obispo
Commuter + Program

Transportation Pre-tax Employee Payroll Deduction Form

As an employee of the County of San Luis Obispo, my signature below authorizes the County Auditor-Controller's Office to deduct from the second (2nd) paycheck of each month the identified amounts for the following transportation services. In return, the designated transportation agency will provide me a monthly pass for services for the month following the deduction from my paycheck. This program is applicable to individuals who will utilize the following commuter transportation services on a consistent basis.

Please indicate the type of deduction you wish to add or change:

- | | |
|--|--|
| <input type="checkbox"/> Transit Deduction | <input type="checkbox"/> New or Change in Existing Deduction |
| <input type="checkbox"/> Vanpool Deduction | <input type="checkbox"/> Termination of Existing Deduction |

Name (First, M.I., Last) _____

Home Address _____

City, State, Zip Code _____

County Department Employed _____ Home Telephone # _____

Employee E-mail Address _____ Work Telephone # _____

I understand that my request will be processed as soon as feasible, usually within two weeks of my request, and will remain active until this agreement is terminated. **It is my responsibility to notify SLO Regional Rideshare to activate or terminate this agreement. If I decide to terminate the agreement, I must print out, sign the bottom of this form and return to SLO Regional Rideshare. SLO Regional Rideshare will contact the appropriate transportation agency and will forward any changes to the Auditor-Controller's Office.** My deduction will remain active until the deduction no longer appears on my paycheck (usually within two weeks of signing the termination request).

Please note that transportation fees may change in the future. You will be notified prior to these changes occurring by the appropriate transportation agency. In addition, it is the employee's responsibility to advise the appropriate transportation agency of any changes in the above information (name, home address, phone, department, or e-mail address) *within (5) working days of change*. By signing this authorization, you also agree to allow the deduction amount to be adjusted for any future change in transportation fees and that you have read and will follow the above terms in use.

*Please note: It is the **employee's** responsibility to maintain records to substantiate incurred transportation costs for IRS audit purposes.*

<u>Deduction from my paycheck</u>	<u>Monthly Pass</u>	<u>Punch Pass</u>	<u>Regional Pass</u>
Transit Deduction Monthly Pass:			
RTA	_____	_____	_____
SCAT	_____	_____	_____
SLO Transit	_____		
Vanpool Deduction	_____		

If the deduction is a change, what was your previous deduction? \$_____

Employee signature: _____ Date: _____

The form must be returned to SLO Regional Rideshare at 1150 Osos Street, Suite 202 San Luis Obispo, CA 93401. SLO Regional Rideshare will forward the form to the appropriate transportation provider and the Auditor-Controller's Office.

***** Transit Use Only*****

Date submitted to the County: _____ Effective Date: _____

Authorized Signature: _____