

Standard 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
- SLOCEA Information and Payroll Authorization for Dues/ Fees (Not applicable to Management and Confidential Employees)

Form I-9

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

Employment Eligibility Verification		USCIS Form I-9	
Department of Homeland Security U.S. Citizenship and Immigration Services		OMB No. 1515-0047 Expires 03-31-2016	

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify when documents they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employer 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	Other Names Used (If any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.
I attest, under penalty of perjury, that I am (check one of the following):

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

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

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____
Country of Issuance: _____

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

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

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

(b)(1) Employer Completes Next Page (b)(1)

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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		

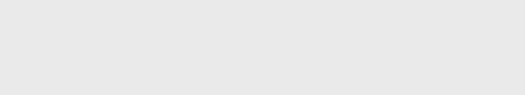
IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY:

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

Employee's Signature Date

Department Authorization Date

Original: Risk Management Copy: Department File



**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 _____

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.

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.

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____,
(Here insert name and title of the officer)

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public (Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- Individual (s)
 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~ is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of _____

On _____ before me, _____,
(Here insert name and title of the officer)

personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public (Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

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 Corporate Officer

(Title)

- Partner(s)
 Attorney-in-Fact
 Trustee(s)
 Other _____

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 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

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)

Purpose. Complete form to allow your employer to withhold the correct amount of federal income tax from your pay. You must complete this form if you are an employee or self-employed individual.

Example here withholding. If you are married, you may want to withhold more tax from your pay than the default amount shown on this form. See the instructions for more information.

Note. If you are a nonresident alien, you must complete Form W-4-NC to allow your employer to withhold the correct amount of federal income tax from your pay. See the instructions for more information.

Step-by-step instructions. If you are a U.S. citizen or resident alien, you must complete Form W-4 to allow your employer to withhold the correct amount of federal income tax from your pay. See the instructions for more information.

Personal Allowance Worksheet (keep for your records)

A Enter "1" for yourself if you are **not** claimed by anyone as a dependent. **A**

B Enter "1" if:
• You are single and filer only on Form 1041 or
• You are married, filer only on Form 1041, and your spouse does not work, or
• Your spouse from a second job or your spouse's spouse (for the total of both) has \$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**

Note. Do not include child support payments. See Form 1481, Child and Dependent Care Expenses, for details.

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$60,000 (\$60,000 if married), enter "0" for each eligible child that has "1" if you have more than one eligible child, or less "1" if you have one or more eligible children.
• 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 step A through G and enter total here. **Note.** This may be different from the number of exemptions you claim on your tax return. **H**

For accuracy, complete all worksheets that apply:
• If you plan to report or claim adjustments for income, see Form 1041, and complete the **Income 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 file combined returns from 2012, see Form 1041, and complete the **Two-Career/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
• If married, file the above worksheets separately, then enter only the number of exemptions from Form W-4 below.

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

W-4 Employee's Withholding Allowance Certificate

Name. LAST, FIRST, MIDDLE INITIAL (Print name as you wish to be addressed.) **OUR No.** 1041-1013
DATE OF BIRTH (MM/YY) **13**

1 Your federal tax filing status: Single Married Married, separate returns (see instructions) Head of household (see instructions) **2** Your exact liability number

3 Single Married Married, separate returns (see instructions) Head of household (see instructions) **4** If your last name differs from that shown in your social security card, check here. You must call 1-800-792-6219 for an employment card.

5 Total number of allowances you are allowing (from Form W-4 above or from the applicable worksheet on page 2) **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.

Employer's signature (This area is not valid unless you sign it.) **8** **Date** **9**
• Employer name and address (Employer's complete name if not only a trading name in the U.S.) • (If known) employer's EIN • Employer identification number (EIN)

For Precise Act and Reporting Instructions Act Notice, see page 2. See No. 1041-1013 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.

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

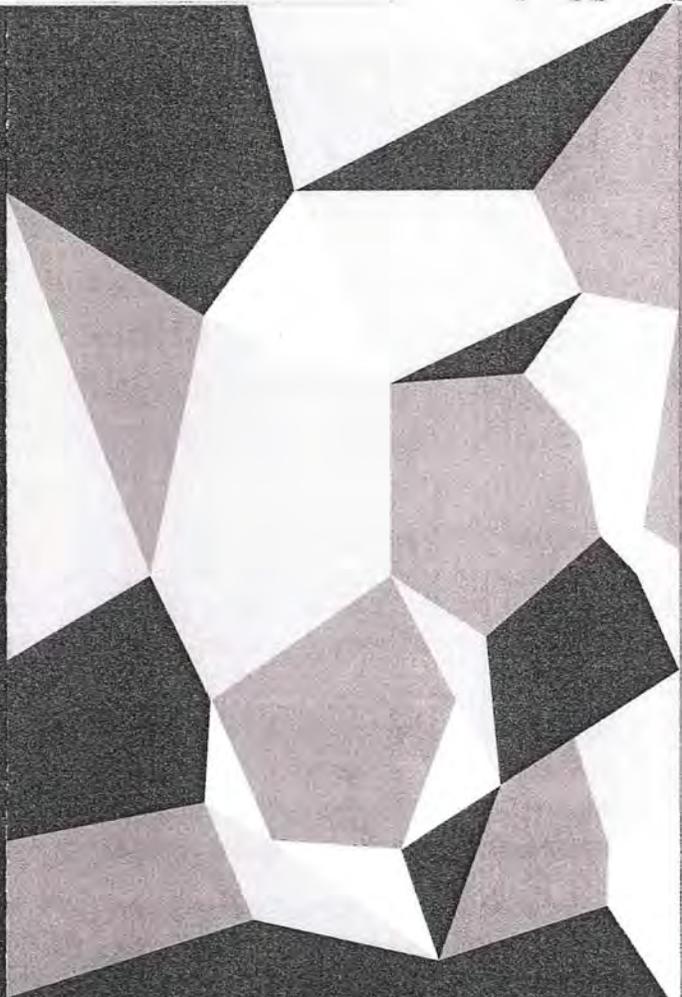
Processed in Parking by

FAX to Auditor DATE

Initial

ABOUT RIDESHARE
RIDESHARE SERVICES
SPECIAL PROGRAMS

CARPPOOL & 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: _____



San Luis Obispo County Employees' Association

1035 Walnut Street, San Luis Obispo, CA 93401
(805) 543-2021 - Fax (805) 543-4039 - Email: info@slocea.org

Dear County Employee:

On behalf of all of our members, congratulations on your new position with the County of San Luis Obispo!

SLOCEA represents your job classification on collective bargaining matters. Under our contract, SLOCEA and the County of San Luis Obispo have a "Fair Share"/Agency Shop Agreement in place for classifications in your bargaining unit. As a condition of employment with the County of San Luis Obispo, this Agreement requires bargaining unit employees to either join SLOCEA and enjoy the many benefits of membership or pay a Fair Share service fee for the representation we provide on your behalf pertaining to wages, hours and working conditions.

SLOCEA's current dues each pay period are comprised of a flat fee of \$4.25 plus 45% of one hour's pay. The agency fees each pay period are a flat fee of \$3.98 plus 42.09% of one hour's pay. Here is a comparison of SLOCEA membership dues verses agency fees:

Employee's Hourly Salary:	\$9.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00
Full Membership Dues:	\$8.30	\$8.75	\$11.00	\$13.25	\$15.50	\$17.75	\$20.00	\$22.25
Fee Payer:	\$7.77	\$8.19	\$10.29	\$12.40	\$14.50	\$16.61	\$18.71	\$20.82
<i>Difference Per Pay Period:</i>	<i>\$0.53</i>	<i>\$0.56</i>	<i>\$0.71</i>	<i>\$0.85</i>	<i>\$1.00</i>	<i>\$1.14</i>	<i>\$1.29</i>	<i>\$1.43</i>

We have enclosed a copy of the "Membership Dues/Service Fee Notice," also referred to as the "Hudson Notice," which explains the existing Agreement. An "Authorization of Payroll Deduction" form is also enclosed. You can become a full member and receive the many benefits we offer by checking the Association Membership box.

We welcome any questions or comments you may have and encourage you to contact us at (805) 543-2021 or visit our website at www.slocea.org. We do hope you choose to become a member of SLOCEA and look forward to the opportunity to serve you.

Best Regards,

Dan Qualey
President

DQ/sf
Enclosures

What Can SLOCEA Do For Me?

*Your Voice, Your Vote
Your Association!
Member-Governed
Since 1947*

Join Our Team Today!

BENEFITS SUMMARY OF SLOCEA MEMBERSHIP

Powerful Advocate

- Effective voice for San Luis Obispo public employees since 1947
- Full-time, professional staff with a successful track record for public employees

Local Control

- Completely independent employees' association—all dues money stays here in San Luis Obispo County and is not forwarded to outside union headquarters
- The members elect their Board of Directors and Negotiating Teams
- Only members vote to accept or reject Memoranda of Understanding (contracts)
- Local business office in San Luis Obispo, open to members on all business days

Grievance/Appeal Representation

- Professional, experienced staff to assist in resolving workplace concerns
- Successful track record in getting positions reclassified, suspensions rescinded, evaluations adjusted and disciplinary actions overturned
- Free consultation and confidential advice
- Free representation in the grievance/appeal process, through Civil Service Commission

Financial Planning and Insurance

- Free financial planning services for members: 544-5311
- Free life insurance policy at no cost for all members
- Group rates for supplemental insurance and most premiums are payroll deductible

Scholarships and Funds

- Academic Scholarship Program annually awards up to \$4,000 for members and families
- Members Benefit Fund provides financial assistance in a time of an unforeseen emergency situation

Discounts and Services

- State-wide discounts for amusement parks, hotels, car rentals, vacation packages
- SLOCEA Discount Program booklet with valuable discounts to local businesses
- Free notary services
- Discounted Legal Services Program: local attorneys, free consultation and document review with a 30% discount on most services thereafter

Current, Topical Information

- SLOCEA Web site, updated frequently, with current information: www.slocea.org
- Access to Members-Only Web Portal (portal.slocea.org) for information on when salary and/or benefit changes are negotiated and notices for bargaining unit meetings
- Monthly newspaper, *The County Blade*, mailed to all members' homes
- Access to up-to-date information on all employment issues available to members by simply calling the SLOCEA office at 543-2021 during business hours

SLOCEA's current dues each pay period are comprised of a flat fee of \$4.25 plus 45% of one hour's pay. The agency fees each pay period are a flat fee of \$3.98 plus 42.09% of one hour's pay. Here is a comparison of SLOCEA membership dues verses agency fees:

Employee's Hourly Salary:	\$9.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00
Full Membership Dues:	\$8.30	\$8.75	\$11.00	\$13.25	\$15.50	\$17.75	\$20.00	\$22.25
Fee Payer:	\$7.77	\$8.19	\$10.29	\$12.40	\$14.50	\$16.61	\$18.71	\$20.82
Difference Per Pay Period:	\$0.53	\$0.56	\$0.71	\$0.85	\$1.00	\$1.14	\$1.29	\$1.43

YOU HAVE A RIGHT TO REPRESENTATION

Below are some of the statutes and court decisions under which the San Luis Obispo County Employees' Association (SLOCEA) provides representation and services:

Meyers-Milias-Brown Act (MMBA): State legislation enacted giving public employees the right to organize and to have an exclusive representative address issues of wages, hours and working conditions with their employing agency, i.e. county, city, community service district, water authority, etc.

Weingarten Decision: United States Supreme Court decision stating that employees are entitled to labor representation at any meeting between an employee and an employer when the employee reasonably believes that the meeting may ultimately result in disciplinary action.

Skelly Decision: State Supreme Court decision ensuring that employees are entitled to "due process" and an opportunity to respond to charges of misconduct before disciplined or dismissed.

Fair Labor Standards Act (FLSA): Federal law setting minimum requirements and standards for hours of work, including overtime compensation.

Family and Medical Leave Act (FMLA): Federal and state laws allowing employees up to 12 weeks annually of paid or unpaid leave for major personal and/or family illness or care.

Additional rights can sometimes be negotiated with an employee's supervisor. There are also many county rules and policies that provide county employees with rights in the workplace, such as:

Performance Evaluations: Employees have the right to appeal less than "satisfactory" performance evaluations. Employees also have the right to attach to the evaluation a written rebuttal refuting an overall rating, as well as any rating or comment contained within the evaluation.

Disciplinary Actions: Employees have the right to representation regarding any written or formal adverse action against them, including written counseling memos, work performance memos, less than "satisfactory" evaluations, and letters of reprimand. Members needing representation on such matters should contact SLOCEA immediately.

Grievances: A grievance is a claim or charge of misunderstanding, or difference in interpretation, or violation of provisions of Civil Service Rules, Personnel Policies, our memorandum of understanding (MOU), county policies or regulations including but not limited to administrative and/or departmental regulations which affect wages, hours, or other terms and conditions of employment; pursuant to our MOU, grievances must be filed within five (5) working days from the date of incident.

Violence in the Workplace: Employees must report all such instances immediately to their supervisor or higher authority. Members impacted by violence in the workplace should contact SLOCEA immediately.

Sexual Harassment: Employees must report all instances immediately to their supervisor or higher authority. Members impacted by sexual harassment should contact SLOCEA immediately.

Review of Personnel Files: Employees are entitled to review their departmental and/or county personnel file upon request and making the appropriate arrangements.

Rights in the workplace are yours.

For more information, contact your SLOCEA representative.

1035 Walnut Street, San Luis Obispo (805) 543-2021



San Luis Obispo County Employees' Association

1035 Walnut Street, San Luis Obispo, CA 93401
(805) 543-2021 - Fax (805) 543-4039 - Email: info@slocea.org

MEMBERSHIP DUES/SERVICE FEE NOTICE

The San Luis Obispo County Employees' Association (SLOCEA) and the County of San Luis Obispo have implemented an agreement that requires employees in the Trades, Crafts, and Services, Public Services, Clerical, and Supervisory Bargaining Units to either join the San Luis Obispo County Employees' Association (SLOCEA) and become a dues-paying member with all the rights, benefits and privileges of membership, or decline membership in SLOCEA and instead pay to SLOCEA a Fair Share service fee covering the costs of representation for contract negotiation, enforcement and administration as permitted by law. Under limited circumstances, employees may be eligible for "conscientious objector" status permitting you to decline membership in SLOCEA and decline paying a Fair Share service fee to SLOCEA. Instead, a conscientious objector would pay an amount equivalent to a Fair Share service fee to a non-religious, non-labor charitable organization.

As a condition of employment with the County of San Luis Obispo, employees in the Trades, Crafts, and Services, Public Services, Clerical and Supervisory Bargaining Units must either become a **member of SLOCEA**, a **Fair Share fee payer**, or a bona fide **conscientious objector**. If you do not elect one of these options, the county will automatically place you in the category of a Fair Share fee payer and collect those fees. An *Authorization of Payroll Deduction for SLOCEA Membership Dues or Fair Share Fees* form has been enclosed for this purpose. For your convenience, please return the completed form using one of the following: the enclosed self-addressed envelope; an inter-office manila envelope; or hand-deliver to our office located at 1035 Walnut Street in San Luis Obispo. We will process your application promptly and send you information on SLOCEA services and benefits that you will be entitled to should you choose to become a member.

Why Become a SLOCEA Member?

SLOCEA serves as your collective bargaining representative and is required by law to protect the interests of bargaining unit employees in matters related to wages, hours, and working conditions with the county. We strongly urge you to join SLOCEA because, as a dues paying member, you will have benefits and rights not available to you as a Fair Share fee payer. As a member, you have the right to participate fully in the internal activities of SLOCEA, including the right to vote in elections of your SLOCEA Officers, Directors and representatives; as well as the right to run for office and to hold positions of leadership. As a member, you also vote to accept or reject contracts or collective bargaining agreements covering your wages, your benefits and your working conditions. As a member, you have the right to attend SLOCEA meetings and to have a political voice here in the county and in the state capitol. These are important times for public employees and their families. The state legislature has before it several bills that will take away hard-earned public employee pensions and other benefits, as well as unfairly limit our ability to participate in the political process.

SLOCEA members also enjoy valuable discounts for insurance, legal services, entertainment and for local goods and services, in addition to free financial planning. Please see the enclosed document *Benefits of Full Membership* or visit the SLOCEA's website at www.slocea.org for more information.

Remember that SLOCEA's strength comes from active members whose dedication and efforts make it possible for SLOCEA to achieve better wages, benefits and other terms of employment in contract negotiations with the county.

If you want to become a member of SLOCEA, please complete the enclosed authorization form and return it to SLOCEA.

How Is the Fair Share Service Fee Calculated and How Much Is It?

The Fair Share fee has been calculated and designated based on SLOCEA's expenditures for collective bargaining, processing grievances, MOU (contract) administration and representation of employees in disputes relating to the MOU, as well as other relevant activities affecting the terms and conditions of your employment.

If you decline SLOCEA membership, you are nonetheless required as a condition of employment with the County of San Luis Obispo to pay a Fair Share fee each pay period. SLOCEA's current dues collected each pay period are comprised of a flat fee of \$4.25 plus 45% of one hour's pay. The Fair Share fee collected each pay period is a flat fee of \$3.98 plus 42.09% of one hour's pay. Here is a comparison of SLOCEA membership dues versus Fair Share fees:

Employee's Hourly Salary:	\$9.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00
Full Membership Dues:	\$8.30	\$8.75	\$11.00	\$13.25	\$15.50	\$17.75	\$20.00	\$22.25
Fee Payer:	\$7.77	\$8.19	\$10.29	\$12.40	\$14.50	\$16.61	\$18.71	\$20.82
Difference Per Pay Period:	\$0.53	\$0.56	\$0.71	\$0.85	\$1.00	\$1.14	\$1.29	\$1.43

The Fair Share fee is a legal and enforceable charge under both state and federal law, as interpreted and applied by the courts, including the United States Supreme Court (*Chicago Teachers Union v. Hudson*). Additionally, the law authorizes the County as your employer to deduct this Fair Share fee from your paycheck.

The criteria for determining the Fair Share fee has been approved by the courts and are considered when allocating the following "**chargeable**" costs and expenses:

1. Governing the Association.
2. Gathering information in preparation for the negotiation of collective bargaining agreements.
3. Gathering information from employees concerning collective bargaining positions and proposals.
4. Negotiating collective bargaining agreements (contracts, Memorandum of Understanding (MOU)).
5. Adjudicating grievances pursuant to the provisions of collective bargaining agreements and otherwise enforcing collective bargaining agreements.
6. Ratification of negotiated agreements.
7. Public advertising of collective bargaining agreements and negotiations related thereto, as well as matters relating to representational interests in the collective bargaining process and in contract administration.

8. Purchasing publications used in negotiating and administering collective bargaining agreements.
9. Paying technicians and professionals in labor law, economics and other subjects for use in negotiating and administering collective bargaining agreements, and in processing grievances.
10. Membership meetings and conventions, including the cost of sending representatives to such meetings and conventions.
11. Expenditures for the publishing of those portions of flyers and newsletters that in part concern matters of bargaining and representation.
12. Impasse procedures, including fact-finding, mediation, arbitration and economic action so long as they are legal under state law. These costs may include preparation for strikes, slowdowns and work stoppages, regardless of their legality under state law, so long as no illegal conduct actually occurs.
13. The prosecution or defense of arbitration, litigation or charges to obtain ratification interpretation, implementation or enforcement of collective bargaining agreements and any other litigation before agencies or in the courts that concern bargaining unit employees and is normally conducted by an exclusive representative.
14. Legislative activities undertaken for negotiations, ratification or implementation of a collective bargaining agreement or to enhance or protect wages, hours and working conditions of bargaining unit members.
15. Operating and administrative expenses, salaries and benefits apportioned to chargeable items.
16. Lobbying and political campaigns related to negotiation, ratification or implementation of collective bargaining agreements.

The Fair Share fee does not include expenses, either direct or indirect, for the following **“non-chargeable”** activities:

- A. Political campaigns, “get out the vote” and voter registration activities.
- B. Supporting and contributing to charitable organizations, political organizations, candidates for public office, initiative measures, ideological causes and international affairs.
- C. Public advertising of the SLOCEA’s positions on issues other than negotiation, ratification, or implementation of collective bargaining agreements.
- D. Lobbying for purposes other than the negotiation, ratification or implementation of a collective bargaining agreement.
- E. Organizing activities to obtain membership.
- F. “Members only” benefits; such as group insurance, free financial planning, etc.
- G. Litigation not related to bargaining unit matters, collective bargaining and representation.

The designated amount that the independent auditor has verified to be “chargeable” may be challenged once a year subsequent to the independent audit results. You must send a written letter expressing your challenge to SLOCEA within thirty (30) days following the distribution of the annual audit results. Upon receipt of your written challenge, SLOCEA will place the amount of the Fair Share fee deducted from your paycheck into an interest-bearing escrow account where it will remain until a decision has been rendered by an impartial arbitrator as described below.

As required by law, SLOCEA will pay for a qualified, impartial arbitrator, who will conduct a hearing and will rule on any challenge submitted during the 30-day period. SLOCEA will notify the arbitrator of any legitimate challenges submitted during that timeframe and the arbitrator will schedule a single hearing to resolve any such challenges pursuant to rules for impartial determination of union fees. Copies of these rules are available from the American Arbitration Association. The Arbitrator will notify you and SLOCEA of the date on which a hearing will be held. SLOCEA will bear the cost of the arbitrator’s fees. However, each party is responsible for bearing the costs of their own representation/defense, including the costs associated with acquiring transcripts and any and all additional expenditures related to preparing and/or presenting its case. Attendance at the hearing is not considered to be authorized county business and each employee who attends must do so using personal leave time.

Please do not hesitate to contact SLOCEA should you have any questions regarding the audit or the Fair Share fee calculation. We would also welcome the opportunity to speak with you about the many benefits of becoming a SLOCEA member.

On behalf of the entire SLOCEA team, welcome to your new position with the County of San Luis Obispo. We look forward to your SLOCEA membership and the opportunity to serve you!

**SAN LUIS OBISPO COUNTY EMPLOYEES' ASSOCIATION
 AUTHORIZATION OF PAYROLL DEDUCTION
 FOR SLOCEA MEMBERSHIP DUES OR FAIR SHARE FEES**

Complete this form and return to SLOCEA at 1035 Walnut Street, San Luis Obispo, CA 93401.
 Please contact SLOCEA with any questions or concerns at (805) 543-2021 or visit our website at www.slocea.org.

LAST NAME		FIRST NAME		MIDDLE	
HOME ADDRESS (NUMBER, STREET, APT. NO.)			CITY	STATE	ZIP CODE
SOCIAL SECURITY #	CELL PHONE #		HIRE DATE	GENDER	BIRTHDATE
DEPARTMENT	HOME E-MAIL ADDRESS			WORK LOCATION	

AS A CONDITION OF EMPLOYMENT WITH THE COUNTY OF SAN LUIS OBISPO, YOU MUST SELECT ONE OF THE FOLLOWING:

- ASSOCIATION MEMBERSHIP:** I hereby apply for active membership in the San Luis Obispo County Employees' Association and agree to abide by all SLOCEA By-laws and Policies. I authorize appropriate deductions from my County wages for payment of dues and other programs that I may select. I also voluntarily authorize, at the discretion of the SLOCEA Board of Directors, the use of a portion of my dues for political action. (Political contributions are not tax deductible.) I understand that a portion of my annual dues is applied toward a yearly subscription to *The County Blade*.

- I choose not to have any portion of my dues allocated to SLOCEA's Political Action Committee. I understand that my dues will not increase or decrease because of this designation.

- FAIR SHARE FEE:** I hereby apply for Fair Share Fee status. I understand that the Fair Share Fee is that portion of SLOCEA dues that have been determined to be the chargeable cost of representation for contract issues and that I **do not** have access to SLOCEA member-only benefits, the right to attend meetings, hold office, and voting privileges. I authorize appropriate deductions from my County wages for payment of Fair Share Fees.

- CONSCIENTIOUS OBJECTOR:** If you are a member of a bona fide religion, body, or sect that has historically held conscientious objections to joining or financially supporting public employee organizations, you shall not be required to join or financially support SLOCEA as a condition of employment. You will be required, in lieu of dues, to pay sums equal to the Fair Share Fee to a nonreligious, nonlabor charitable fund exempt from taxation under Section 501(c)(3) of the Internal Revenue Code serving the residents of San Luis Obispo County, as designated by you from a list of organizations provided by SLOCEA. To claim Conscientious Objector status, please call SLOCEA to obtain the necessary paperwork. I authorize appropriate deductions from my County wages for payment of Conscientious Objector Fees.

EMPLOYEE'S SIGNATURE

DATE

RECRUITER'S NAME and DEPARTMENT (Must be a SLOCEA member)

<u>FOR SLOCEA USE ONLY</u>
Org: _____
Job Class: _____
B.U.: _____
Hire Date: _____

Dues paid to the San Luis Obispo County Employees' Association are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.