

Temporary Employee Packet Contents:

- Form I-9
- Authorized County Driver Form/ Emergency Info Form
- Oath or Affirmation for Public Employees Form
- Orientation Checklist
- 2013 W-4 Form
- ACH Form for Automatic Payroll Deposit

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 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.

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.)			
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	Email 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)
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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

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

**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.

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 W-4 so that your employer can withhold the correct amount of federal income tax from your pay. Do not fill out this form if you are not an employee or if you are a partner in a partnership.

Example: head of household. If you are married, but you are not living with your spouse, you may be able to claim the head of household status on your tax return. If you are a head of household, you may be able to claim a higher standard deduction and a higher exemption on your tax return. See the instructions for more information.

Note. If another person claims you as a dependent on his or her tax return, you cannot claim an exemption for yourself. If your spouse claims you as a dependent, you cannot claim an exemption for yourself. See the instructions for more information.

Basic instructions. If you are not a U.S. citizen or resident alien, see the instructions for more information. If you are a U.S. citizen or resident alien, see the instructions for more information.

Complete all worksheets that apply. However, you may claim a refund for excess withholding. For complete instructions, see the instructions for Form W-4.

Head of household. If you are a head of household, you may be able to claim a higher standard deduction and a higher exemption on your tax return. See the instructions for more information.

Excess withholding. If you have overpaid your federal income tax, you may be able to claim a refund. For complete instructions, see the instructions for Form W-4.

State developments. If you are a resident alien, you may be able to claim a refund for state income tax. See the instructions for more information.

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 \$1,600 or less.

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; then less "1" if you have three or more eligible children; or less "2" if you have seven or more eligible children.
- If your total income will be between \$60,000 and \$80,000 (\$80,000 if married), enter "1" for each eligible child. G

H Add lines A through G and enter total here. **Note.** This may be different from the number of exemptions you claim on your tax return. H

For accuracy, complete all worksheets that apply:

- If you plan to claim or claim a refund for state income tax, see the **State Income Tax Refund Worksheet** on page 3 to avoid having too little tax withheld.
- If you are a U.S. citizen or resident alien, see the **State Developments Worksheet** on page 3 to avoid having too little tax withheld.
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- If you are a U.S. citizen or resident alien, see the **State Developments Worksheet** on page 3 to avoid having too little tax withheld.

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

W-4 Employee's Withholding Allowance Certificate

OMB No. 1545-0047

Form W-4 (2013)

1 Your federal social security number 2 Your social security number

3 Single Married Married, but withheld at higher Single rate. **Note.** If married, but legally separated, or spouse has non-exempt other status, file "Single" form.

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 this W-4 (shown on Form W-4) or from the applicable worksheet on page 3. 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 Date

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

For Privacy Act and Paperwork Reduction Act notices, see page 2. Form W-4 (2013)

- 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: _____

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: _____