EMERGENCY 30-DAY SUBSTITUTE
(Without Sub permit or Credential)

☐ Substitute Teacher Information Form
☐ Transcripts (Official)
☐ CBEST Verification
☐ Emergency 30-day Substitute permit, application recommendation done by GCOE ($100.00 CTC Online Fee)
☐ Authorization Release form
☐ Retirement Forms
☐ W-4 Form
☐ I-9 Form
☐ TB Test
☐ Social Security Card
☐ California Driver’s License
☐ Mandated Trainings (Will be added to Target Solutions once packet is complete)
☐ Direct Deposit form w/voided check or Paycheck distribution form

Live Scan Fingerprint Fees:
First Time Substitute Teacher (30-day Permit)
☐ $118.00 DOJ/FBI (CTC Fingerprints & GCOE Fingerprints)

CREDENTIAL HOLDER
(Credential OR Substitute Permit holder)

☐ Substitute Teacher Information Form
☐ Authorization Release Form
☐ Retirement Forms
☐ W-4 Form
☐ I-9 Form
☐ TB Test
☐ Credential or Substitute Permit
☐ Social Security Card
☐ California Driver’s License
☐ Mandated Trainings (Will be added to Target Solutions once packet is complete)
☐ Direct Deposit form w/voided check or Paycheck distribution form

Live Scan Fingerprint Fee:
☐ $69.00 DOJ/FBI (GCOE Fingerprints)

Due to the adoption of Assembly Bill 1610 and 1612, you must have fingerprint clearance prior to being eligible for the substitute list. This is an employment issue. The fee may be paid with any major credit card, cash, or check made out to the Glenn County Office of Education.

PLEASE CALL THE FRONT DESK AT 934-6575 EXT: 3000 IN ADVANCE FOR A LIVE SCAN APPOINTMENT

IF YOU HAVE ANY QUESTIONS, PLEASE CALL SYLVIA, AT EXT: 2088 OR GLADYS, AT EXT: 3128

REV AUG. 2019
SUBSTITUTE TEACHING INFORMATION FORM
Please complete this form and return it to the
Glenn County Office of Education,
311 South Villa Avenue, Willows, CA 95988.

NAME:

SCHOOL YEAR: ______________________

PHONE #: ______________________
*Sub calling system will use this number

ADDRESS ______________________

OTHER #: ______________________

EMAIL: ______________________

SSN: ______ - ______ - ______

BIRTHDATE: ___ / ___ / ___

CREDENTIAL:
Please be sure that your credential is current. If you have a new credential, please notify our office.

SCHOOLS IN WHICH YOU WISH TO SUBSTITUTE:

☐ Stony Creek ☐ Capay ☐ Lake ☐ Plaza ☐ Orland ☐ Hamilton
☐ Princeton ☐ Willows ☐ GCOE ☐ Walden Academy ☐ ALL

GRADES OR SUBJECTS PREFERRED:

What grades? ____________________________________________________

What subjects do you prefer to teach? ________________________________

What Credentials do you hold? ______________________________________

Would you like to sub for Special Education? _________________________

REMARKS: ______________________________________________________

Signature __________________________________________ Date _________

Please return this form immediately so we can get this information to our districts.

NOTE: IF AT ANYTIME DURING THE YEAR YOU CHANGE YOUR ADDRESS OR WISH TO BE OFF THE LIST, PLEASE NOTIFY SYLVIA AT (530) 934-6575 EXT. 2088 OR EMAIL: sgonzalez@glenncoe.org
OR GLADYS AT (530) 934-6575 EXT. 3128 OR EMAIL: glopez@glenncoe.org
AUTHORIZATION RELEASE FORM

I hereby authorize the Glenn County Office of Education, to release the following documents to the school districts for employment use only: W-4, California Drivers License, Social Security Card, TB, STRS form, and Credential as necessary.

________________________________________
Print Name

________________________________________  ______________
Signature                                      Date
Please check below..........................

____ (1) I am currently State Teacher Retirement System (STRS) member

____ (2) I am currently not a member in (STRS)
   □ I am currently a PERS member
      *Please note Certificated Sub. work is not creditable to PERS – ES350 form required

____ (3) I am a STRS retiree – Date retired: ____________
      (*180 day rule)

____ (4) I am a PERS retiree
      *Not reportable to PERS, may elect STRS-ES350 form required

Print Name ____________________________ Social Security Number ____________________________

Signature ____________________________ Date ____________________________

OFFICE USE

(1) Complete Social Security Statement & Beneficiary Notification
(2) Complete ES350. If elects STRS, Complete Social Security Statement & Beneficiary Notification
(3) No forms required
(4) Complete ES350. If elects STRS, Complete Social Security Statement & Beneficiary Notification

* Payroll to Verify__________________________
   Initial/Date ____________________________
# Employee’s Withholding Certificate

**Form W-4**

**Department of the Treasury**

**Internal Revenue Service**

- Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
- Give Form W-4 to your employer.
- Your withholding is subject to review by the IRS.

## Step 1: Enter Personal Information

<table>
<thead>
<tr>
<th>First name and middle initial</th>
<th>Last name</th>
</tr>
</thead>
</table>

**Address**

**City or town, state, and Zip code**

**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.

**Option (c):**

- Single or Married filing separately
- Married filing jointly (or Qualifying widow(er))
- Head of household (Check only if you’re unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

## Step 2: Multiple Jobs or Spouse Works

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

**Do only one of the following:**

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

## Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

- Multiply the number of qualifying children under age 17 by $2,000
- Multiply the number of other dependents by $500

Add the amounts above and enter the total here.

**Step 4: Other Adjustments**

**Option (a):** Other income (not from jobs). If you want tax withheld for other income you expect this year that won’t have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.

**Option (b):** Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

**Option (c):** Extra withholding. Enter any additional tax you want withheld each pay period.

## Step 5: Sign Here

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

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

**Date**

**Employers Only**

Employer’s name and address

First date of employment

Employer identification number (EIN)

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For Privacy Act and Paperwork Reduction Act Notice, see page 3.
General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(e). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, most tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn’t include income from any jobs or self-employment. If you complete Step 4(a), you likely won’t have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.
### Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than $120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1. **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

   1 $ $

2. **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

   a. Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   2a $ 

   b. Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

   2b $ 

   c. Add the amounts from lines 2a and 2b and enter the result on line 2c.

   2c $ 

3. Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.

   3 $ 

4. Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

   4 $ 

### Step 4(b)—Deductions Worksheet (Keep for your records.)

1. Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

   1 $ 

2. Enter:

   - $24,800 if you're married filing jointly or qualifying widow(er)
   - $18,650 if you're head of household
   - $12,400 if you're single or married filing separately

   2 $ 

3. If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"

   3 $ 

4. Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

   4 $ 

5. Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

   5 $ 

---

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(t)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
## Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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<tbody>
<tr>
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### Single or Married Filing Separately

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<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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### Head of Household

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<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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</tbody>
</table>
EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name

Your Social Security Number

Home Address (Number and Street or Rural Route)

Filing Status Withholding Allowances

☐ SINGLE or MARRIED (with two or more incomes)
☐ MARRIED (one income)
☐ HEAD OF HOUSEHOLD

City, State, and ZIP Code

1. Number of allowances for Regular Withholding Allowances, Worksheet A
   Number of allowances from the Estimated Deductions, Worksheet B
   Total Number of Allowances (A + B) when using the California
   Withholding Schedules for 2019
   OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C
   OR

3. I certify under penalty of perjury that I am not subject to California withholding, I meet the conditions set forth under
   the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here) ☐

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

Signature __________________________ Date ____________

Employer’s Name and Address

California Employer Payroll Tax Account Number

cut here

Give the top portion of this page to your employer and keep the remainder for your records.

YOUR CALIFORNIA PERSONAL INCOME TAX MAY BE UNDERWITHHELD IF YOU DO NOT FILE THIS DE 4 FORM.

IF YOU RELY ON THE FEDERAL FORM W-4 FOR YOUR CALIFORNIA WITHHOLDING ALLOWANCES, YOUR CALIFORNIA STATE
PERSONAL INCOME TAX MAY BE UNDERWITHHELD AND YOU MAY OWE MONEY AT THE END OF THE YEAR.

PURPOSE: This certificate, DE 4, is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute
the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

You should complete this form if either:

(1) You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California PIT withholding than you claim for federal income tax withholding or,

(2) You claim additional allowances for estimated deductions.

THIS FORM WILL NOT CHANGE YOUR FEDERAL WITHHOLDING ALLOWANCES.

The federal Form W-4 is applicable for California withholding purposes if you wish to claim the same marital status, number of
regular allowances, and/or the same additional dollar amount to be withheld for state and federal purposes. However, federal
tax brackets and withholding methods do not reflect state PIT withholding tables. If you rely on the number of withholding
allowances you claim on your Form W-4 withholding allowance certificate for your state income tax withholding, you may
be significantly underwithheld. This is particularly true if your household income is derived from more than one source.

CHECK YOUR WITHHOLDING: After your Form W-4 and/or DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption is good for one year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new Form W-4 by December 1.
EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

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

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free) 1-916-845-6500

The California Employer’s Guide, DE 44, provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm. To assist you in calculating your tax liability, please visit the FTB website at www.ftb.ca.gov/individuals/index.shtml.

NOTIFICATION: If the IRS instructs your employer to withhold federal income tax based on a certain withholding status, your employer is required to use the same withholding status for state income tax withholding.

The burden of proof rests with the employee to show the correct California Income Tax Withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

PENALTY: You may be fined $500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code and section 19176 of the Revenue and Taxation Code.
INSTRUCTIONS — 1 — ALLOWANCES

When determining your withholding allowances, you must consider your personal situation:
— Do you claim allowances for dependents or blindness?
— Will you itemize your deductions?
— Do you have more than one income coming into the household?

TWO-EARNERS/MULTIPLE INCOMES: When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with one employer. Do not claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

MARRIED BUT NOT LIVING WITH YOUR SPOUSE: You may check the "Head of Household" marital status box if you meet all of the following tests:
1. Your spouse will not live with you at any time during the year;
2. You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
3. You will file a separate return for the year.

HEAD OF HOUSEHOLD: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the entire year for yourself and your dependents or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

WORKSHEET A

<table>
<thead>
<tr>
<th>REGULAR WITHHOLDING ALLOWANCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Allowance for yourself — enter 1</td>
</tr>
<tr>
<td>(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1</td>
</tr>
<tr>
<td>(C) Allowance for blindness — yourself — enter 1</td>
</tr>
<tr>
<td>(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1</td>
</tr>
<tr>
<td>(E) Allowance(s) for dependents — do not include yourself or your spouse</td>
</tr>
<tr>
<td>(F) Total — add lines (A) through (E) above</td>
</tr>
</tbody>
</table>

INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

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

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

WORKSHEET B

<table>
<thead>
<tr>
<th>ESTIMATED DEDUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540</td>
</tr>
<tr>
<td>2. Enter $8,802 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or $4,401 if single or married filing separately, dual income married, or married with multiple employers</td>
</tr>
<tr>
<td>Subtract line 2 from line 1, enter difference</td>
</tr>
<tr>
<td>4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits)</td>
</tr>
<tr>
<td>5. Add line 4 to line 3, enter sum</td>
</tr>
<tr>
<td>6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts)</td>
</tr>
<tr>
<td>7. If line 5 is greater than line 6 (if less, see below); Subtract line 6 from line 5, enter difference</td>
</tr>
<tr>
<td>8. Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed.</td>
</tr>
<tr>
<td>9. If line 6 is greater than line 5; Enter amount from line 6 (nonwage income)</td>
</tr>
<tr>
<td>10. Enter amount from line 5 (deductions)</td>
</tr>
<tr>
<td>11. Subtract line 10 from line 9, enter difference</td>
</tr>
</tbody>
</table>

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 257 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.
1. Enter estimate of total wages for tax year 2019

2. Enter estimate of nonwage income (line 6 of Worksheet B)

3. Add line 1 and line 2. Enter sum

4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest)

5. Enter adjustments to income (line 4 of Worksheet B)

6. Add line 4 and line 5. Enter sum

7. Subtract line 6 from line 3. Enter difference

8. Figure your tax liability for the amount on line 7 by using the 2019 tax rate schedules below

9. Enter personal exemptions (line F of Worksheet A x $129.80)

10. Subtract line 9 from line 8. Enter difference

11. Enter any tax credits. (See FTB Form 540)

12. Subtract line 11 from line 10. Enter difference. This is your total tax liability

13. Calculate the tax withheld and estimated to be withheld during 2019. Contact your employer to request the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2019. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2019

14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld

15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 10 of the DE 4

**NOTE:** Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the “single” status with “zero” allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

**THESE TABLES ARE FOR CALCULATING WORKSHEET C AND FOR 2019 ONLY**

<table>
<thead>
<tr>
<th>SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS</th>
<th>MARRIED FILING JOINT OR QUALIFYING WIDOWED WIDOWER TAXPAYERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF THE TAXABLE INCOME IS</strong></td>
<td><strong>OVER</strong></td>
</tr>
<tr>
<td><strong>COMPUTED TAX IS</strong></td>
<td><strong>OVER</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$8,544</td>
</tr>
<tr>
<td>$8,544</td>
<td>$20,255</td>
</tr>
<tr>
<td>$20,255</td>
<td>$31,969</td>
</tr>
<tr>
<td>$31,969</td>
<td>$44,377</td>
</tr>
<tr>
<td>$44,377</td>
<td>$56,085</td>
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<tr>
<td>$56,085</td>
<td>$68,492</td>
</tr>
<tr>
<td>$68,492</td>
<td>$81,899</td>
</tr>
<tr>
<td>$81,899</td>
<td>$95,306</td>
</tr>
<tr>
<td>$1,000,000 and over</td>
<td>14.63%</td>
</tr>
</tbody>
</table>

**UNMARRIED HEAD OF HOUSEHOLD**

| **IF THE TAXABLE INCOME IS** | **OVER** | **BUT NOT OVER** | **OF AMOUNT** | **PLUS** |
| **COMPUTED TAX IS** | **OVER** | **OVER** | **. . . . . .** | **. . . . . .** |
| $0 | $17,099 | 1.100% | $0 | $0.00 |
| $17,099 | $40,512 | 2.200% | $17,099 | $188.09 |
| $40,512 | $52,224 | 4.400% | $40,512 | $703.18 |
| $52,224 | $64,632 | 6.600% | $52,224 | $1,218.51 |
| $64,632 | $76,343 | 8.800% | $64,632 | $2,037.44 |
| $76,343 | $88,955 | 10.20% | $76,343 | $3,068.01 |
| $88,955 | $101,567 | 11.33% | $88,955 | $3,516.96 |
| $101,567 | $114,179 | 12.43% | $101,567 | $4,065.90 |
| $114,179 | $126,791 | 13.53% | $114,179 | $4,614.94 |
| $1,000,000 and over | 14.63% | $1,000,000 | $112,557.36 |

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

**IF YOU ARE CALLING FROM WITHIN THE UNITED STATES**

1-800-852-5711 (voice)
1-800-822-6268 (TTY)

**IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES**

1-916-845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.
**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Attestation

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee’s E-mail Address</th>
<th>Employee’s Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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 boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):*

- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
  An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

  1. Alien Registration Number/USCIS Number: ______________________________

  OR

  2. Form I-94 Admission Number: ______________________________

  OR

  3. Foreign Passport Number: ______________________________

  Country of Issuance: ______________________________

<table>
<thead>
<tr>
<th>Signature of Employee</th>
<th>Today’s Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Preparer and/or Translator Certification (check one):**

- [ ] I did not use a preparer or translator.  
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Today’s Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

STOP Employer Completes Next Page

Form I-9  07/17/17 N  Page 1 of 3
Section 2. Employer or Authorized Representative Review and Verification

(Contractors or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
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<td>Issuing Authority</td>
<td>Issuing Authority</td>
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<tr>
<td>Document Number</td>
<td>Document Number</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
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</tr>
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<td>Document Title</td>
<td>Document Title</td>
<td></td>
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</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
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<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): ____________________________ (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td></td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>311 S.Villa Ave</td>
<td>Willows</td>
<td>CA</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)  B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today’s Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
Beginning July 1st the Public Health Department will offer TB skin tests on Tuesday’s by appointment only at the following locations:

Willows Public Health (240 N. Villa Ave.) 9-10:00
Orland WIC Office (127 E. Walker St.) 3:15-4:15

Call 934-6588 for an appointment.

A partir del 1º de Julio el Departamento de Salud Pública ofrecerá pruebas de Tuberculosis solamente los Martes por cita en los siguientes lugares:

Willows Public Health (240 N. Villa Ave.) 9-10:00
Orland WIC Office (127 E. Walker St.) 3:15-4:15

Llame al 934-6588 para una cita.
MANDATED TRAININGS
FOR SUBSTITUTE TEACHERS

NEW THIS YEAR, THE REQUIREMENT HAS CHANGED. TWO TRAININGS ARE NOW REQUIRED. ALSO THE WEBSITE TO COMPLETE THE TRAININGS HAS CHANGED. PLEASE SEE BELOW FOR THE LINK, USERNAME AND PASSWORD.

Child Abuse AB 1432

Assembly Bill 1432 requires mandated reporters under the Child Abuse Neglect and Reporting Act (CANRA) to complete an annual training. All Glenn County Office of Education staff are mandated reporters. For detailed information regarding Assembly Bill 1432, go to http://bit.ly/AB1432 This training is approximately 30 minutes long. Mandated reporter training must be completed within six weeks of the commencement of school or initiation employment.

Sexual Harassment (Anti-Harassment) SB 1343

New this year, California has enacted a mandatory training (SB 1343), requiring employers to provide a one-hour training to all non-supervisory workers and two-hour training to all supervisory employees. This course was designed to meet the requirements of AB 1825 as well as the mandates outlined in California AB 2053 on abusive conduct and California SB 396 on gender identity, gender expression, and sexual orientation. For detailed information regarding Senate Bill 1343 go to https://bit.ly/2COgp5L

FOR FIRST TIME USERS:

Step 1 - Login to complete both trainings @ www.targetsolutions.com/glenncoe

Username: use your email
Password: glenn.county.sub.teacher
Select: 1. Child Abuse Training
2. Anti- Harassment Training

Step 2 - Please do not print out certificates. HR will access from Target Solutions. There is no need to submit the certificate, we will access on Target Solutions.

If you have any questions, please contact Sylvia at (530) 934-6575 ext. 2088

w/forms/mandated reporting 2019
Glenn County Office of Education
Direct Deposit Enrollment/Authorization Form

WHAT IS DIRECT DEPOSIT?
Glenn County Office of Education and Glenn County School districts allow employees to authorize automatic payroll deposits of net pay into their checking or savings accounts on payday.

I am on the certificated sub list may I participate?
Yes! Direct Deposit information will be maintained for all certificated subs on the County-wide sub list, eliminating the hassle for subs of depositing multiple paper warrants from multiple school districts. You only have to enroll once with the county office and direct deposit will be started as you sub for each district.

How do I Sign up?
Complete the Direct Deposit Authorization form and return it to the Glenn County Office of Education Payroll department (GCOE employees and Certificated Subs) or to your district payroll department.

Include a voided check or bank documentation showing routing and account numbers (for checking). For savings, submit form with bank documentation of routing and account numbers.

What will I receive instead of a paycheck?
You will receive a non-negotiable notice of deposit (NOD) that contains the same information shown on a paystub.

Are there any restrictions on which bank I can use?
The financial institution must be a member of the National Automated Clearing House Association (NACHA). Most banks and credit unions are members.

May I just have a portion of my Net Pay direct deposited? Can pay be deposited into several accounts?
These options are not available at this time.

What will happen after I submit the authorization form?
On the next payroll after your form has been submitted, a $0.00 test deposit is sent through the bank clearing system to verify transaction data. If there is a problem with the test transaction, you will be notified. If there is no problem, direct deposit will begin with the following payroll.

What do I do if I change or close my bank account?
Any changes or closures to your bank routing and/or account numbers must be reported to the Payroll department immediately. A new authorization form must be completed for any changes in account status. This will deactivate your previous direct deposit status, generate a paper warrant and a new test deposit. Any changes, including account closures not reported timely could cause up to a ten (10) day delay in receiving your funds.
Direct Deposit Sign-up/ Authorization Form

- Complete this form with your name, last four digits of social security number, address and phone number, and the name and location of your financial institution.
- Indicate whether net pay is deposited to a checking or savings account. Attach a voided check or documentation from bank showing routing and account numbers.

I hereby authorize the Glenn County Office of Education -Trust Funds to initiate deposits (or correcting entries to previous deposits) to my account. This authorization is to remain in force until Glenn County Office of Education or my employing school district receives written notice from me to cancel or change this authorization.

Please select one:  □ Checking Account  □ Savings Account

I understand that:
- any misinformation or changes to my account (i.e. account closure) can cause up to a 10 day delay to recover and reissue my net pay.
- I must submit a new authorization form for all account changes
- this authorization may not apply to final wages due to termination of my employment

_________________________________________________  __________________________
Full Name of Employee                     Last four digits Social Security Number

_________________________________________________
Address                                   Phone Number

_________________________________________________
Name of Your Bank or Credit Union                City and State Location

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Account Number                                  [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Transit Routing Number

______________________________________________
Employee Signature                           Date
<table>
<thead>
<tr>
<th>School</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capay Joint Union</td>
<td>$100.00</td>
</tr>
<tr>
<td>Glenn County Office of Education</td>
<td>$115.00</td>
</tr>
<tr>
<td>Hamilton Unified School District</td>
<td>$100.00</td>
</tr>
<tr>
<td>Lake School</td>
<td>$120.00</td>
</tr>
<tr>
<td>Orland Joint Unified</td>
<td></td>
</tr>
<tr>
<td>Grades K-5</td>
<td>$115</td>
</tr>
<tr>
<td>Grades 6-12</td>
<td>$125</td>
</tr>
<tr>
<td>Plaza School</td>
<td>$100.00</td>
</tr>
<tr>
<td>Princeton Joint Unified</td>
<td>$100.00</td>
</tr>
<tr>
<td>Stony Creek Joint Unified</td>
<td>$110.00</td>
</tr>
<tr>
<td>Walden Academy</td>
<td>$120.00</td>
</tr>
<tr>
<td>Willows Unified</td>
<td>$100.00</td>
</tr>
</tbody>
</table>

Rev. 1/2020
CAPAY JOINT UNION SCHOOL DISTRICT (K-8)
7504 Cutting Avenue
Orland, CA  95963 (530) 865-1222

HAMILTON UNIFIED SCHOOL DISTRICT
620 Canal Street/P.O. Box 277
Hamilton City, CA  95951 (530) 826-3474

HAMILTON ELEMENTARY SCHOOL (K-8)
277 Capay Avenue/P.O. Box 277
Hamilton City, CA  95951 (530) 826-3474

HAMILTON HIGH SCHOOL (9-12)
620 Canal Street/P.O. Box 488
Hamilton City, CA  95951 (530) 826-3261

LAKE SCHOOL DISTRICT (K-8)
4672 Co. Rd. N
Orland, CA  95963 (530) 865-1255

ORLAND UNIFIED SCHOOL DISTRICT
903 South Street
Orland, CA  95963 (530) 865-1200

MILL STREET SCHOOL (K-2)
102 Mill Street
Orland, CA  95963 (530) 865-1240

FAIRVIEW SCHOOL (3-5)
1308 Fairview Street
Orland, CA  95963 (530) 865-1235

C.K. PRICE SCHOOL (6-8)
1212 Marin Street
Orland, CA  95963 (530) 865-1225

ORLAND HIGH SCHOOL (9-12)
101 Shasta Street
Orland, CA  95963 (530) 865-1210

PLAZA SCHOOL DISTRICT (K-8)
7322 Co. Rd. 24
Orland, CA  95963 (530) 865-1250

PRINCETON JOINT UNIFIED SCHOOL DIST.
473 State Street/P.O. Box 8
Princeton, CA  95970 (530) 439-2261

PRINCETON ELEMENTARY SCHOOL (K-6)
428 Norman Road/P.O. Box 8
Princeton, CA  95970 (530) 439-2501

PRINCETON JR/SR HIGH SCHOOL (7-12)
473 State Street/P.O. Box 8
Princeton, CA  95970 (530) 439-2261

STONY CREEK JOINT UNIFIED SCHOOL DISTRICT
3430 Co. Rd. 309/P.O. Box 68
Elk Creek, CA  95939 (530) 968-5361

ELK CREEK ELEM. SCHOOL (K-6)
3430 Co. Rd. 309/P.O. Box 68
Elk Creek, CA  95939 (530) 968-5288

ELK CREEK JR/SR HIGH SCHOOL (7-12)
3430 Co. Rd. 309/P.O. Box 68
Elk Creek, CA  95939 (530) 968-5361

INDIAN VALLEY ELEM. SCH. (K-6)
5180 Lodoga-Stonyford Rd./P.O. Box 279
Stonyford, CA  95979 (530) 963-3210

WILLOWS UNIFIED SCHOOL DISTRICT
832 W. Laurel St.
Willows, CA  95988 (530) 934-6600

MURDOCK SCHOOL (K-5)
655 W. French Street
Willows, CA  95988 (530) 934-6640

WILLOWS INTERMEDIATE SCHOOL (6-8)
1145 W. Cedar Street
Willows, CA  95988 (530) 934-6633

WILLOWS HIGH SCHOOL (9-12)
203 N. Murdock Ave.
Willows, CA  95988 (530) 934-6611

WALDEN ACADEMY (K-8)
1149 W. Wood Street
Willows, CA  95988  (530) 361-6480