

# CERTIFICATED SUBSTITUTE CHECK SHEET

## Substitute Provides Required Doc's:

Personnel Office use only:

- Application \_\_\_\_\_
- Credential/Emergency & TCC \_\_\_\_\_
- # \_\_\_\_\_

Permit Dates \_\_\_\_\_

- DOJ/County Clearance \_\_\_\_\_
- 1<sup>st</sup> Time Teacher Physical \_\_\_\_\_
- Retired Teacher Physical \_\_\_\_\_
- Transcripts – Major \_\_\_\_\_

Date Awarded \_\_\_\_\_

- CBEST \_\_\_\_\_
- Freedom from TB \_\_\_\_\_
- Copy of Driver's License \_\_\_\_\_
- Copy of Social Security \_\_\_\_\_

## Substitute Receives:

- New Hire Packet – Certificated Check Sheet Information Packet (sub keeps)
  - Policies & Procedures Brochure
  - SISC Defined Benefit Brochure
  - Workers' Compensation Handbook
  - School List with Site Map
  - Student Calendar
  - CASE Quick Reference Brochure/Card
  - Substitute Parking Pass
  - Substitute Handbook

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Substitute's Last Name, First

\_\_\_\_\_  
Social Security Number

( ) \_\_\_\_\_  
Call Back Number/Access ID Number

\_\_\_\_\_  
Alternate Phone Number

## Substitute completes: Payroll Documents

- I-9 Eligibility
- Tax Forms (US & CA)
- Employee Identification Form
- Beneficiary Form
- Loyalty Oath of Office Form
- Adult/Child Protection Provisions
- FICA Form
- WCOMP Verification Receipt
- TCC (for 30 day permit)
- Certificated Rate Request
- STRS Permissive Elect/Acknowledge Form
- Employment Doc. Verification
- Subject Preference Sheet

## Personnel Office use only:

( ) CASE Orientation Date \_\_\_\_\_

( ) CASE Database Date \_\_\_\_\_

( ) STRS Membership (REAPE) \_\_\_\_\_

( ) District Screens 1, 6, 8, & 9

( ) Assignment – Board, County and File Copy

( ) STRS Election & Rate Request  
Originals to KCSOS Retirement

( ) FICA Form Original - KCSOS SISC Defined

( ) SCAN to Pre-employment: Assignment, New Hire Packet, Application, Required Documents

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

**Form I-9, Employment Eligibility Verification**

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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 or national of the United States

A lawful permanent resident (Alien #) A \_\_\_\_\_

An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
		Personnel Technician
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Kern High School District 5801 Sundale Ave Bakersfield, CA 93309		

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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.**

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------

# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances 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 (or the total of both) are \$1,500 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 \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_  
 (Note. Do not include child support payments. See Pub. 503, 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.  
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **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 **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.  
 • If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.  
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; border: 1px solid black; padding: 5px; display: inline-block;">2010</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet <b>both</b> conditions, write "Exempt" here . . . . . ► 7		

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

Employee's signature (Form is not valid unless you sign it.) ►		Date ►	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)
<b>Kern High School District 5801 Sundale Ave. Bakersfield, CA 93309</b>		95	6001764

**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
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

- 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 2010 \_\_\_\_\_  
 OR
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C \_\_\_\_\_  
 OR
- 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 Kern High School District 5801 Sundale Ave. Bakersfield, CA 93309	California Employer Account Number 95-6001764
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----- 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 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 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:

- You claim a different marital status, number of regular allowances, or different additional dollar amount to be withheld for California personal income tax withholding than you claim for federal income tax withholding or,
- 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 personal income tax 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 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, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

**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 automatically expires on February 15 of the next year. If you continue to qualify for the exempt filing status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

## EMPLOYEE IDENTIFICATION INFORMATION

<b>Name:</b>		<b>S.S.#:</b>	
<b>Address:</b>		<b>Phone #:</b>	
<b>City:</b>		<b>Dr. Lic. #:</b>	
<b>Date of Birth</b>		<b>Place of Birth:</b>	

**Gender: Male/Female      Eye Color:      Ht.:      Wt.:      Hair Color:**

Section 1233 of the California government code permits school districts to solicit from employees a voluntary declaration of their racial/ethnic group membership. Information provided will assist the office in accurately compiling required statistical reports for Federal and State agencies. A separate confidential file will be established for these forms, and none of the information will be used to discriminate against or give preference to any individual in any personnel transaction.

**NEW FEDERAL RACE AND ETHNICITY DATA COLLECTION AND REPORTING REQUIREMENTS, THIS TWO-PART QUESTION SEPARATES ETHNICITY AND RACE:**

Are you Hispanic or Latino?    Yes       No

The above part of the question is about ethnicity, not race. Regardless of what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

American Indian or Alaska Native 100       Black or African American 600  
 White 700

**Asian:**

<input type="checkbox"/> Chinese 201	<input type="checkbox"/> Japanese 202	<input type="checkbox"/> Korean 203
<input type="checkbox"/> Vietnamese 204	<input type="checkbox"/> Asian Indian 205	<input type="checkbox"/> Asian Indian 206
<input type="checkbox"/> Laotian 206	<input type="checkbox"/> Cambodian 207	<input type="checkbox"/> Filipino 400
<input type="checkbox"/> Hmong 208	<input type="checkbox"/> Other Asian 299	

**Native Hawaiian or Pacific Highlander:**

<input type="checkbox"/> Hawaiian 301	<input type="checkbox"/> Guamanian 302	<input type="checkbox"/> Samoan 303
<input type="checkbox"/> Tahitian 302	<input type="checkbox"/> Other Pacific Islander 399	

**Name of Spouse:**

**In case of emergency, notify:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

### HOURLY PAYROLL INFORMATION

Salary payments for all substitute employees on the hourly payroll are made on the 15<sup>th</sup> day of the month for all work performed the previous month. Pay warrants are mailed to your home address. Written authorization to the Personnel Department is required for address changes and should include name, new address, social security number, signature and effective date.

Kern High School District  
Personnel Division  
5801 Sundale Avenue  
Bakersfield, Ca 93309

**DESIGNATION OF BENEFICIARY  
UNDER GOVERNMENT CODE SECTION 53245**

Under the provisions of Government Code article 2.7, Section 53245,

I hereby designate the following person to receive warrants issued by the Kern High School District upon my death:

\_\_\_\_\_  
Beneficiary's Name

\_\_\_\_\_  
Beneficiary's Social Security Number

\_\_\_\_\_  
Beneficiary's relationship to you

The person so designated above shall claim such warrants from the Kern High School District. On sufficient proof of identity, the Kern High School District shall deliver the warrant to said designee. A person receiving a warrant pursuant to this section is entitled to negotiate it as if he/she were the payee.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Kern High School District  
Personnel Division  
5801 Sundale Avenue  
Bakersfield, Ca 93309

## CHILD PROTECTION PROVISIONS

1. SECTION III66.5 of the Penal Code reads as follows:

“Any person who enters into employment on and after January 1, 1985, as a child care custodian, medical practitioner, or non-medical practitioner, or with a child protective agency, prior to commencing his or her employment and as a prerequisite to that employment, shall sign a statement or form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 (of the Penal Code) and will comply with its provisions.”

2. SECTION 11166 of the Penal code requires any child care custodian (including teachers, administrative officers, supervisors of child welfare and attendance, or certificated pupil personnel employees of any public or private school) who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been a victim of child abuse to report the known &/or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

I certify that I have read and understand the provision of Penal Code Section 11166 as expressed in Paragraph 2 above.

---

**Signature**

---

**Date**

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

**Employee Name** \_\_\_\_\_

**Employee ID#** \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Employer ID#** \_\_\_\_\_

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.**

**Signature of Employee** \_\_\_\_\_

**Date** \_\_\_\_\_



# KERN HIGH SCHOOL DISTRICT

Receipt of

SELF-INSURED SCHOOLS OF CALIFORNIA (SISC)  
MEDICAL PROVIDER NETWORK (MPN)  
EMPLOYEE HANDBOOK

and

PREDESIGNATION OF PERSONAL PHYSICIAN FORM

Employee Name PLEASE PRINT

Date Handbook was Received

KHSD

CLASSIFIED SUBSTITUTE

School Site / Location

Job Title

Employee Signature

Social Security Number

Please return to Personnel, Workers Compensation after completed.  
Revised 6/1/08



- 11  Member
- 02  Non-member
- 61  Retired
- 81  Elect into STRS (form attached)

Date Received at District \_\_\_\_\_

OFFICE OF CHRISTINE LIZARDI FRAZIER  
KERN COUNTY SUPERINTENDENT OF SCHOOLS

**CERTIFICATED RATE REQUEST**

FULL NAME

\_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 Last First M.I./Maiden BIRTHDATE \_\_\_\_\_  
 SEX:  M  F

**RETIREMENT STATUS**

This questionnaire is required to determine your current STRS status. Please answer all questions accurately and completely. An incorrect status can result in mandatory collection of contributions due STRS.

List previous CALIFORNIA teaching, and show County:

(month) \_\_\_\_\_ (year) \_\_\_\_\_ through (month) \_\_\_\_\_ (year) \_\_\_\_\_ in \_\_\_\_\_ County  
 (month) \_\_\_\_\_ (year) \_\_\_\_\_ through (month) \_\_\_\_\_ (year) \_\_\_\_\_ in \_\_\_\_\_ County

1. Do you currently have funds on deposit with STRS? Answer NO if you have recently applied for a refund.  Yes  No  
 If you had a refund, when \_\_\_\_\_
2. Have you retired from STRS and are receiving a monthly pension from them?  Yes  No  
 If retired, have you a physical exam form on file?  Yes  No
3. Are you retired from another system?  Yes  No
4. Do you currently have funds on deposit with PERS (Public Employees Retirement System) from service performed as a classified (non-teaching) school employee?  Yes  No
5. Are you currently working in a full-time position that is supported by public funds? (County, State, Federal, etc.)  Yes  No  
 If so, where \_\_\_\_\_
6. Are you currently working full time in a school district that is in another county?  Yes  No  
 If so, where \_\_\_\_\_
7. Are you currently employed full time in any other school district in Kern County?  Yes  No  
 If yes, District \_\_\_\_\_  
 certificated  
 classified
8. If you are not a current STRS member and do not qualify for STRS membership with your current employment, would you like to elect membership? If so, an election form must be attached.  Yes  No

**PRESENT TEACHING STATUS**

District \_\_\_\_\_ Beginning Date of Work \_\_\_\_\_

Full-time Contract       Part-time Contract       Hourly (adult education)  
 Extended Day       Home Teaching       Substitute



**PERMISSIVE MEMBERSHIP**  
ES 350 (REV6/04)

CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM  
P.O. BOX 15275 SACRAMENTO CA 95851-0275  
TOLL FREE 1-800-228-5453  
OR (916) 229-3870  
TDD HEARING IMPAIRED (916) 229-3541

**PERMISSIVE ELECTION AND ACKNOWLEDGMENT OF RECEIPT OF  
CALSTRS DEFINED BENEFIT PLAN MEMBERSHIP INFORMATION**

*Please Type or Print Legibly in Black Ink*

<b>EMPLOYEE CERTIFICATION</b>			
<b>Name:</b>	(Last)	(First)	(Initial)
			<b>Social Security Number:</b>
<b>Position Title:</b>			
<p>Education Code Section 22515 permits an employee who performs creditable service (as defined in Section 22119.5), and who is excluded from mandatory membership pursuant to Section 22601.5, 22602 or 22604, to elect membership in the California State Teachers' Retirement System Defined Benefit Program at any time while employed to perform creditable service. The election must be in writing and filed at CalSTRS prior to submission of contributions to the program. The employee's membership date can be no earlier than the first day of the pay period during which the election form is signed.</p> <p><i>I certify I have received information from my employer concerning the CalSTRS Defined Benefit Program (DB Program) and understand the criteria for membership in the plan.</i></p> <p><i>I certify that I am eligible to elect membership in the California State Teachers' Retirement System Defined Benefit Program as provided in Section 22515 of the California Education Code, and make the following election. I fully understand this election is irrevocable for all future employment to perform creditable service and may be canceled only by terminating all such employment and receiving a refund of my accumulated retirement contributions from the California State Teachers' Retirement System.</i></p>			
<b>I elect membership</b> <input type="checkbox"/>		<b>I decline membership at this time</b> <input type="checkbox"/>	
<b>Signature:</b>			<b>Date:</b>

<b>TO BE COMPLETED BY EMPLOYER</b>						
<p><i>I certify that the above-named employee has been provided with the membership criteria for the CalSTRS Defined Benefit Program as required pursuant to Education Code Section 22455.5; in a timely manner or within 30 days of their hire, if part-time or a substitute employee and, if applicable, the employee has been informed of his or her right to elect into membership in the CalSTRS DB Program.</i></p>						
<b>Official's Signature:</b>				<b>Title:</b>		
<b>County (or Other Employing Agency):</b>				<b>District:</b>		
Employee#	Sex		Birth date (Mo/Day/Year)	Membership Date (Mo/Day/Year)	Assignment	
	Male	Female			FT	PT
					Sub	

**KERN HIGH SCHOOL DISTRICT  
PERSONNEL DIVISION**

**EMPLOYEE DOCUMENT VERIFICATION**

I HAVE RECEIVED AND UNDERSTAND THAT IT IS MY OBLIGATION  
TO READ AND COMPLY WITH THESE DOCUMENTS.

- Drug-Free Workplace
- Tobacco-Free Workplace
- Sexual Harassment Policy
- Harassment & Discriminatory Intimidation Policy
- Gun-Free Workplace Notice to Employees

I have received information on the following:

- Child Protection Provision
- Designation of Beneficiary
- Loyalty Oath
- Retirement Plan
- Worker's Compensation
- Pay Dates
- Workdays & Holidays

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**Employee Name (please print)**

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**Employee Signature**

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**Date**

Empl doc veri mp10

# KHSD SUBSTITUTE TEACHER PREFERENCE SHEET

NAME:

DATE:

SOCIAL SECURITY NUMBER:

PHONE:

ADDRESS:

ZIP CODE:

MAJOR:

MINOR:

**SELECT SUBJECT PREFERENCE BY RANKING IT A 1 OR 2; CHECK THE BOX OF WORKSITE PREFERENCES**

#1 = SUBJECT AREA STRENGTH

#2 = WEAKER SUBJECT AREA

BLANK = NO INTEREST

Rank Subjects Preferred		In Town Schools by Region Cont.:	
<b>Core Subjects:</b>	<b>Disciplinary Subjects:</b>	<b>North</b>	
039 - Drama	105 - Opportunity Frosh/Soph.	11014 - Centennial High	
040 - English	117 - Retention Junior/Senior	16018 - Frontier High	
050 - Arts/Crafts	255 - In School Suspension	11025 - Liberty High	
054 - Music (Instr./Vocal)	230 - Independent Study - 13050	11027 - North High	
100 - Math	12040 Discovery (BAS) 5 <sup>th</sup> yr Srs.	12044 - Vista West Continuation	
114 - PE Boys			
115 - PE Girls	<b>All Locations Preferred</b>	<b>South</b>	
120 - Science	All In Town Schools - 10000	11019 - Golden Valley High	
130 - Social Studies	All Out of Town Schools - 60000	11022 - Independence High	
155 - Health	All Special Ed. Centers - 4000	11029 - Ridgeview High	
		11033 - South High	
<b>Vocational Subjects:</b>	<b>Out of Town Schools:</b>	11034 - Stockdale High	
010 - Agriculture	31011 - Arvin High		
030 - Business/Tech.	22041 - Central Valley Contin. (Shafter)	<b>East:</b>	
035 - Law Enforcement	41023 - Kern Valley (Lake Isabella)	13072 - Bakersfield Adult School (BAS)	
036 - Criminal Justice	32043 - Nueva Contin. (in Lamont)	11015 - East High	
038 - Diesel/Ag	21031 - Shafter High	11017 - Foothill High	
080 - Homemaking	42048 - Summit Contin. (Lake Isabella)	11021 - Highland High	
085 - Industrial Arts		11026 - Mira Monte High	
240 - ROTC	<b>In Town Schools by Region</b>	14099 - Regional Occupational Ctr (ROP)	
	<b>Central Bakersfield:</b>		
<b>Foreign Language:</b>	11012 - Bakersfield High	<b>West:</b>	
61 - Spanish	11072 - Bakersfield Adult School "F" St.	11035 - West High	
62 - French	12045 - Vista Continuation "P" St.		
63 - German			
	<b>Special Education Centers:</b>		
<b>Miscellaneous:</b>	14057 - ABLE (BAS)	Severely disabled young adults 18-22	
007 - Librarian	14058 - ABLE (BARC)	Severely disabled young adults 18-22	
082 - Pace/Pre-School	14055 - ABLE (Stockdale Hwy)	Pre-vocational training for severely disabled 18-22	
150 - State Requirements	14059 - ABLE (Sillect Ave.)	Pre-vocational training for severely disabled 18-22	
160 - G E D (BAS)	14060 - ABLE (Pickwick Dr.)	Pre-vocational training for severely disabled 18-22	
200 - Special Education	12043 - A.I.M. (Vista West)	Behavioral program for students primarily 14-18	
205 - Sign Language	14074 - BARC (So. Union Ave.)	Recycling Center Vocational Training, young adults	
220 - ELD (English Lang. Dev.)	14054 - Constellation (BAS)	Students referred by home schools, students 14-18	
	14052 - Aurora Learning Ctr. (Niles)	Severely emotionally disturbed, young adults	
	14051 - Ruggenberg Career Center	Vocational Training Learning Disabilities	
	14056 - Schuetz Career Center	Vocational Training Learning Disabilities	

**Daily Availability:**     Mon.    Tues.    Wed.    Thurs.    Fri.

**Student Teaching/School/Master Teacher (current):**