

Norco College
Student Employment
New Hire Checklist

Required Forms

New Hire Forms included in packet:

- ☐ Employee Information Form
- ☐ DE-4 Form
- ☐ Sick Leave Acknowledgement Form
- ☐ Direct Deposit Form (NOt Required but highly recomended)

New Hire Forms that need to be completed via links below:

- ☐ W-4 Form
- ☐ I-9 Form **NOTE:** If this file does not open in your browser, you may need to download the file and open it in Adobe.

Required Documents

Employee needs to provide a copy of the following:

- ☐ Unexpired Government Issued Picture Identification or Norco College Identification Card.
- ☐ Signed Social Security Card .

Federal Work-Study (FWS)

FAFSA File for FWS Employees only:

- ☐ Completed 20/21 FAFSA Application
- ☐ Completed Financial Aid File with Norco College's Financial Aid Office.

Financial Aid Contact Information:

- Email: studentfinancialservices@norcollege.edu
- Leave a Message: 951-372-7009
- Request a ZOOM meeting to speak staff member:
<https://esars.rccd.edu/Norco/SFS/eSARS.asp>

! Due to Covid-19, we are temporarily accepting scanned copies of these forms Until Further notice. Employees will need to complete print, sign and scan/email the forms along with the required documents to your hiring department/site manager for processing. Typed Forms are preferred but may be completed in ink and must be submitted without mistakes or whiteout.

For assistance with any forms please email: Carmen.parra@norcollege.edu

**** EMPLOYEES MAY NOT WORK UNTIL AN APPROVAL EMAIL FROM THE STUDENT EMPLOYMENT OFFICE IS RECEIVED WITH AN EFFECTIVE DATE OF HIRE. ****



Student Employment
EMPLOYEE INFORMATION FORM

(PLEASE TYPE FORM)

Academic Year 2020/21

I. Personal Information

1. Student's Name (Exactly as Written on Social Security Card)

Last: _____ First: _____ Middle I: _____

2. Other name(s) used at this school: _____

3. Street Address: _____ City: _____ State: _____ Zip Code: _____
Street Address or P.O. Box

4. Social Security #: _____ 5. Student ID #: _____

6. Date of Birth (MM/DD/YYYY): _____ 7. ☐ Male ☐ Female ☐ Other

8. Telephone Number: _____

9. E-Mail Address: _____

10. **Emergency Contact:** Last Name: _____ First Name: _____
(Mandatory)

Relationship to you: _____ Daytime Phone Number: _____

11. Name of department/hiring site: _____

12. Name of hiring supervisor: _____

II. Eligibility Requirements:

_____ I understand I must maintain a minimum half-time enrollment (6.0 units for Fall/Spring, and 3.0 units for Summer and Winter).

_____ I understand I must maintain a minimum 2.0 cumulative GPA.

_____ I understand I must have Norco College listed as my designated home college with Admissions and Records.

_____ I understand that if I fall below half-time enrollment and/or my cumulative GPA falls below a 2.0, **I may be dismissed from my position.**

_____ I understand that the hiring department/site or its funding is subject to change.

_____ I understand that I am limited to working no more than 8.0 hour per day, and no more than 20 hours per week.

_____ I understand that I cannot work until ALL paperwork is completed and processed by the Student Employment Office and written notification has been sent to my supervisor. My supervisor will contact me when my employment can begin. If I work prior to my employment authorization I may not be paid on time.

III. Sign and Date

I certify that all of the above information is true and accurate to the best of my knowledge.

Employee's Signature: _____ **Date:** _____

NORCO COLLEGE

Terms & Conditions for Student Employment

I understand that as an employee of the Student Employment Office, I represent Norco College. As such, I also understand that I am expected to act in a professional manner and to serve students and employees to the best of my ability. Please read all of the following:

Student Employee Etiquette:

I will refrain from eating during work hours.

I will refrain from making and receiving personal telephone call or text messages during work hours.

I will refrain from studying, completing homework assignments and editing/printing schoolwork during work hours.

I understand that all computer use must be work related. I will not check personal e-mail accounts during work hours, nor will I surf the Internet (this includes all social media).

I will complete all assignments thoroughly and in a timely manner. I will take pride in all work that I do.

I will respect the privacy of all students and to maintain the confidentiality of all records.

Customer Service:

I will serve as a model of what a student employee should be, I will be respect all students and employees.

I will answer telephone calls promptly and courteously.

Dress Code:

I will dress in a professional and respectable manner in accordance with the Departmental/Site Dress Code. The supervisor must communicate to the student the regulations and policies regarding dress, work habits, job duties, hours, etc. according to the position in which the student is hired.

Student Responsibilities:

I will check in with my assigned area supervisor when I arrive each day and again before I leave each day.

Once I have completed all assigned tasks, I will ask for additional assignments. If an additional assignment is not available, I understand that I will be expected to assist in other areas.

I will call in at least 30 minutes before the beginning of my shift should I not be able to report for work due to illness.

I will ask for time off at least two working days in advance. I will not assume that my request will be granted.

Terms and Conditions (Continued)

Work Schedule:

I will work according to my pre-arranged schedule, I will not work outside of the schedule, unless prior arrangements have been made, I will not ask to leave before the end of my scheduled time unless it is an emergency and arrangements are made prior to leaving.

I will work in blocks of time no less than 2 hours, unless prior arrangements have been made.

The student and the supervisor understand that the student cannot exceed 20 hours per week 8 hours in a given day. If a student works in more than one position on-campus, the combined hours cannot exceed 20 hours in a week or 8 hours in a given day. Doing so may jeopardize their position with Student Employment.

Timesheets and Payroll:

I am responsible for submitting my timesheet. If I do not submit it on the due date, I understand that I may not be paid for hours earned until the next pay period.

The student and the supervisor must keep track of the student's hours and submit a completed timesheet to the Student Employment Office.

The student is responsible for notifying the Admissions & Records and Student Employment of any changes in name, address, phone number.

Warning/Dismissal Process and Requirements:

If the student is dismissed by the supervisor or if the student voluntarily resigns, a Warning/Dismissal Form must be signed by and forwarded by the supervisor to the Student Employment Office immediately.

Prior to dismissal, the student should be granted 2 warnings UNLESS extenuating circumstances apply or funding is exhausted.

If a student is involuntary dismissed from an off-campus position, they may not return to another off-campus position.

All students must maintain half-time enrollment (MINIMUM 6.0 UNITS FALL & SPRING, MINIMUM 3.0 UNITS FOR SUMMER & WINTER). **Student Employment is limited to a total of 16 semesters/4 years.**

All students employed must maintain a cumulative 2.0 G.P.A. or higher to continue working each semester and FWS recipients must also meet financial aid Satisfactory Academic Progress (SAP) requirements. Students not meeting these requirements may be placed on a "Warning Period" or may be dismissed from their position.

Terms and Conditions (Continued)

If the requirements for the "Warning Period" are not met, the student will be determined ineligible and dismissed from their position. During the ineligible semester, students must enroll in at least 6 units and earn a cumulative 2.0 G.P.A. for future employment through the Student Employment Department for the Riverside Community College District.

Important:

The student and the supervisor understand that the student MUST submit all completed necessary Student Employment hire documents BEFORE a hire date will be issued. All documents need to be completed correctly. FAILURE TO SUBMIT CORRECT AND COMPLETE DOCUMENTS, WILL RESULT IN PROCESSING DELAYS OF THE STUDENT'S FILE.

STUDENTS MAY NOT BEGIN WORKING UNTIL A HIRE DATE HAS BEEN ISSUED IN WRITING TO THE SUPERVISOR.

By signing below, I have read and understand the Terms & Conditions for Student Employment. I also understand that non-compliance may result in Dismissal of my employment.

Employee Name

Student ID Number

Date

Hiring Department/Site

Riverside Community College District

Student Employment

FERPA Agreement

STATEMENT OF UNDERSTANDING OF THE FAMILY EDUCATIONS RIGHTS AND PRIVACY ACT:

I understand that by virtue of my employment through the Riverside Community College District, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates the Riverside Community College District's disclosure of information policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

For more information on FERPA regulations please refer to the RCCD website at <http://www.rccd.edu/Pages/ferpa.aspx>.

Hiring Department / Site

College: ☐ Riverside ☐ Moreno Valley ☐ Norco ☐ Off-Campus

Student ID Number

Employee Name

Employee Signature

Date

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address City, State, and ZIP Code	Filing Status SINGLE or MARRIED (with two or more incomes) MARRIED (one income) HEAD OF HOUSEHOLD

- Total Number of Allowances you're claiming (Use Worksheet A for regular withholding allowances. Use other worksheets on the following pages as applicable, Worksheet A+B).
- Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet B and C**)
OR

Exemption from Withholding

- I claim exemption from withholding for 2020, and I certify I meet both of the conditions for exemption.
OR Write "Exempt" here
- 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 and the Veterans Benefits and Transition Act of 2018. (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.

This page must be printed and signed.

Employee's Signature _____ Date _____

Employer's Section: Employer's Name and Address	California Employer Payroll Tax Account Number
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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.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your 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 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

- You did not owe any federal/state income tax last year, and
- You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax on your wages if

- your spouse is a member of the armed forces present in California in compliance with military orders;
- you are present in California solely to be with your spouse; and
- you maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\) \(PDF, 2.4 MB\)](http://edd.ca.gov/pdf_pub_ctr/de44.pdf) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting [Forms and Publications](http://edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm) (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

If you need information on your last California Resident Income Tax Return (FTB Form 540), visit the [Franchise Tax Board \(FTB\)](http://ftb.ca.gov) (ftb.ca.gov).

NOTIFICATION: 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](#).

WORKSHEETS

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, under-withholding 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 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 dependent(s) 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

REGULAR WITHHOLDING ALLOWANCES

- | | |
|--|-----|
| (A) Allowance for yourself — enter 1 | (A) |
| (B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 | (B) |
| (C) Allowance for blindness — yourself — enter 1 | (C) |
| (D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 | (D) |
| (E) Allowance(s) for dependent(s) — do not include yourself or your spouse | (E) |
| (F) Total — add lines (A) through (E) above and enter on line 1 of the DE 4 | (F) |

INSTRUCTIONS — 2 — (OPTIONAL) 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

ESTIMATED DEDUCTIONS

Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- | | |
|---|------|
| 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 | 1. |
| 2. Enter \$9,074 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,537 if single or married filing separately, dual income married, or married with multiple employers | 2. |
| 3. Subtract line 2 from line 1, enter difference | = 3. |
| 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) | + 4. |
| 5. Add line 4 to line 3, enter sum | = 5. |
| 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) | - 6. |
| 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);
Subtract line 6 from line 5, enter difference | = 7. |
| 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number
Add this number to Line F of Worksheet A and enter it on line 1 of the DE 4. Complete Worksheet C, if needed, otherwise stop here . | 8. |
| 9. If line 6 is greater than line 5;
Enter amount from line 6 (nonwage income) | 9. |
| 10. Enter amount from line 5 (deductions) | 10. |
| 11. Subtract line 10 from line 9, enter difference | 11. |

Complete Worksheet C

*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 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

PAYROLL DIRECT DEPOSIT Authorization Form

☐ **New** Employee No. _____
☐ **Change**
☐ **Cancellation** Name: _____

PAYROLL USE ONLY	
Changes entered:	
Completed by:	

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW:

You may elect to transfer funds to one, two, or three different accounts. Please indicate the amount(s) and account(s) as applicable:

1. Total Net Pay or \$ _____
 Financial Institution: _____
 Checking Account # _____
 Savings Account # _____
 (attach a voided check or a portion of bank statement displaying the account & routing number)

2. Remaining Balance or \$ _____
 Financial Institution: _____
 Checking Account # _____
 Savings Account # _____
 (attach a voided check or a portion of bank statement displaying the account & routing number)

3. Remaining Balance
 Financial Institution: _____
 Checking Account # _____
 Savings Account # _____
 (attach a voided check or a portion of bank statement displaying the account & routing number)

SEND MY PAYSTUB TO:

_____, _____
 LOCATION DEPARTMENT

I, _____, shall hold harmless and indemnify the Riverside Community College District, hereinafter referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account.

The request completed above is for the distribution of my payroll warrant(s) until rescinded in writing.

DATE: _____ SIGNATURE: _____

EMPLOYEE (AB 1522) SICK LEAVE ACKNOWLEDGEMENT FORM

In addition to illness, employees may use accrued sick leave under the following circumstances: diagnosis, care, treatment of existing health condition or preventative care for the student or a family member*; or when the employee is a victim of domestic violence, sexual assault or stalking. All requests will be in writing. However, in an emergency situation, the employee is expected to contact the supervisor by phone, text or email to make the request.

Whenever possible, the employee shall provide advance notification to the supervisor at least three (3) working days prior to the intended absence. Notification may be in person, by phone, text or email. If the need for the use of sick leave is unforeseeable, the employee shall provide notice to the supervisor as soon as practicable.

I have read and understand the above.

Employee Signature

Name

Date: _____

*Family member is defined as a child (biological, adopted, foster, step, legal ward; biological, adoptive or foster parent, stepparent, or legal guardian of the individual or individual's spouse or registered domestic partner; spouse; registered domestic partner; grandparent; grandchild; sibling.