

San José State University Research Foundation
NON-ACADEMIC NEW HIRE FORMS COMPLETION INSTRUCTIONS

Please note: The SJSU Research Foundation is an E-Verify employer.

All of these forms must be completed and returned to SJSU Research Foundation Human Resources before beginning any work on the project.

1. **E-Verify**– Employment Eligibility Verification. Go to <http://www.newi9.com/> to access the **electronic I-9 Form** and complete the employee section (use Employer Code-14365). **Once you complete employee section online, you will see the list of acceptable documents. You must present “acceptable” documents within 3 days of your hire date to Human Resources or the assigned Location Specialist or HR at 210 N. 4th St, 3rd floor, San Jose, CA 95112.**
2. **Appointment Form**- Must be completed by employee and the project director/account signer. The start date on the appointment form will be adjusted according to the e-verify and HR approval date. Employee is not authorized to work until HR approves the form.
3. **CA Notice to Employee**- Only needs to be completed for non-exempt (hourly) employee, signed copy must be provided to employee. This document provides employer contact information, employee’s start date, pay rate, pay dates, worker’s compensation carrier information and sick leave information.
4. **Confidential Employee Data Form**- Employee provides emergency contact information.
5. **W-4 Form**–Employee’s tax withholding allowance document.
6. **Direct Deposit Form**-Employee provides banking information to deposit the paycheck directly in employee’s account. **Direct deposit is highly encouraged, employees with no direct deposit will be given pay cards. Please see [U.S. Bank Focus Card™ Pre-Acquisition Disclosure](#) for more information on the pay cards.**
7. **Application for Employment**- Employee completes all the information and signs the document.
8. **Summary Data Sheet**- Employee completes this information.
9. **Voluntary Self-Identification of Disability**- Employee completes this information.
10. **Conflict of Interest Summary**- Employee reviews and signs.
11. **Statement of Confidentiality & Disclosure of Records**- Employee reviews and signs.
12. **Discrimination, Harassment and Retaliation Prevention Policy Acknowledgement**- Employee reviews and signs.
13. **Handbook Acknowledgement**- Employee reviews and signs.

New hires and rehires can review the [Non-benefited Employee Handbook](#) and [New Hire Information](#) page to familiarize themselves with the Research Foundation’s policies and procedures. If you wish to receive hard copy of these documents, please contact Human Resources at foundation-hr@sjsu.edu.

San José State University Research Foundation

INSTRUCTIONS FOR COMPLETING E-VERIFY

U.S. law requires that employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee hired after November 6, 1986, to work in the United States.

Effective June 1, 2011, the San Jose State University Research Foundation is a designated E-Verify employer. In undertaking and administering this federal compliance initiative, the Research Foundation has partnered with Equifax. Equifax's I-9 management service is fully compliant with government regulations and integrates seamlessly with the government's E-Verify portal and program.

Instructions:

As a new hire/rehire at the Research Foundation, you must complete and sign (electronically) Section 1 no later than the **first day of employment**.

- Go to www.newi9.com to complete the employee section.
- The first page will ask for employer code, type 14365.
- The next screen will ask for the location. Choose location as follows:
 - a. for on campus employees, choose Central office,
 - b. NASA employees, choose NASA
 - c. MLML employees has two locations, MLML and Norte.
 - d. If you do not know your location you can choose 'default'.
- The next page will let you know what information you will be completing and click on 'Continue' button.
- Follow the instructions on following pages to complete your personal and I-9 information.

Once you complete Section 1 in the I-9 portal, a complete list of acceptable documents will be accessible for your review. **You must provide those original documents to your designated site specialist or to Human Resources for verification within three days of your employment.**

If you need additional information regarding e-verify, you can go to this [link](#). If you have any questions or concerns, please feel free to call Research Foundation Human Resources at (408) 924-1460.

San José State University Research Foundation

Non Faculty Appointment Form

For H. R. Use Only

Pay Code _____
Job Code _____
Obj. Code _____
F/B Code _____

SJSU Research Foundation is an E-Verify employer. New hires/Rehires must provide eligibility documents to HR within 3 days of hire date to complete the e-verify process.

Check One	New Hire	Rehire	Add New Acct.	Change Acct.	Change of Position/Status	Reappt.	Salary Action	One time Pay	Separation	Other

Last Name _____ First Name _____

Employee ID _____

Address _____

City _____ State _____

Phone _____ Zip Code _____

SJSU Email _____

Personal Email _____

U. S. Citizen/Permanent Resident Yes No

If no, other visa type _____

Work Phone _____ Work Location _____

Supervisor Name _____

Supervisor Email _____

Have you worked previously for the Research Foundation?

Yes No If yes, when? _____

Do you have any relatives working for the Research Foundation?

Yes No If yes, whom? _____

APPOINTMENT PERIOD

Start Date _____ End Date _____

(Maximum one year or termination of funding, if earlier)

Hourly Rate in \$ _____ Time in % _____

Semi-Monthly at 100% _____ Annual at 100% _____

Job Title: _____

Exempt Non-exempt Benefited Non-benefited

Account No.: _____

*Sensitive Position: Yes No

If yes: Background check/Livescan required

***Sensitive positions include working with minors/disabled elderly, access to level one and financial data. Employee is not authorized to work until HR receives the results of background check/livescan. See HR Background Check Policy for details.**

SJSU Employee Yes* No

**If yes, complete Additional Employment Request Form.*

FOUNDATION EMPLOYEES ARE NOT STATE EMPLOYEES

Research Foundation employees who work on projects or programs funded by grants, contracts, gifts or fees are considered temporary employees under the meaning of Section 89900(c) of the California State Education Code.

STUDENT ASSISTANT APPOINTMENTS ONLY
(must be completed)

Registered: SJSU Other (Specify): _____

High School Undergraduate Graduate

Expected Graduation Date: _____

REASON FOR SEPARATION

Voluntary (Attach Resignation Letter)

Discharge (must have HR pre-approval)

End of Appointment

Retirement

Death

Date Separation is effective _____

Last Day Worked _____

For information concerning working conditions & benefits refer to the handbook, HR/PY Packet, HR or visit www.sjsu.edu/researchfoundation. Call 408-924-1460 for HR assistance.

AUTHORIZATION	SIGNATURE	DATE
Employee		
Authorized Account Signer Name		
Authorized Account Signer Signature		
Foundation HR		
Executive Director		

Send completed form to Research Foundation Human Resources dept. at EXT ZIP 0139.

COMMENTS

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: **SAN JOSE STATE UNIVERSITY RESEARCH FOUNDATION**

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Central Office location: 210 N, Fourth St., 4th Floor, San Jose, CA 95112

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: **(408) 924-1400**

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay?(check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: **10th and 26th of the month, see Payroll Calendar**

WORKERS' COMPENSATION

Insurance Carrier's Name: **CSURMA/AORMA Program, administered by Sedgwick CMS**

Address: **P. O. Box 14479, Lexington, Kentucky 40512 - 4479**

Telephone Number: **(916) 851-8058**

Policy No.: **CSURMA/AORMA**

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
2. Accrues paid sick leave pursuant to the employer's policy which stratifies or exceeds the accrual. Carryover, and use requirements of Labor Code §246.
3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12 month-period.
4. The employee is exempt from paid sick leave protection by Labor Code §245.5 (State exemption and specific subsection for exemption):

ACKNOWLEDGMENT OF RECEIPT (Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

San José State University Research Foundation

Confidential Employee Data Form

In order to comply with Affirmative Action and Equal Employment Opportunity laws and regulations, the San Jose State University Research Foundation required to solicit gender and ethnic identification and other information of all our employees. All information provided will be maintained in a confidential Human Resources file and will not be disclosed to other persons, agencies or organizations except with your written consent or as otherwise authorized by law.

Personal Data

Name _____ Home/Cell Phone _____

Work Phone _____ Email _____ Gender _____

Date of Birth _____ Married _____ Ethnicity _____

Disabled _____ Will special accommodation required? _____

If yes, please explain _____

Military Status _____

Emergency Information

Contact Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Check Designee (In case of death or total incapacitation)

Contact Name _____ Relationship _____

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Employee's Withholding Certificate**2020**

- ▶ **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**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ 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 .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> 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.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**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.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**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 **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(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 **4(a)** \$ _____

(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 **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**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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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 1(a), 1(b), 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(c). 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, more 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 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **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 Part II of 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(f)(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)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

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 2019 _____
 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	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 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 | (F) _____ |

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

ESTIMATED DEDUCTIONS

- | | |
|---|------------|
| 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 \$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 | — 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);
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 | 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.

1. Enter estimate of total wages for tax year 2019 1. _____
2. Enter estimate of nonwage income (line 6 of Worksheet B) 2. _____
3. Add line 1 and line 2. Enter sum 3. _____
4. Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest) 4. _____
5. Enter adjustments to income (line 4 of Worksheet B) 5. _____
6. Add line 4 and line 5. Enter sum 6. _____
7. Subtract line 6 from line 3. Enter difference 7. _____
8. Figure your tax liability for the amount on line 7 by using the 2019 tax rate schedules below 8. _____
9. Enter personal exemptions (line F of Worksheet A x \$129.80) 9. _____
10. Subtract line 9 from line 8. Enter difference 10. _____
11. Enter any tax credits. (See FTB Form 540) 11. _____
12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12. _____
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 13. _____
14. Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld 14. _____
15. Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4 15. _____

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

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
\$0	\$8,544 ...	1.100%	\$0	\$0.00
\$8,544	\$20,255 ...	2.200%	\$8,544	\$93.98
\$20,255	\$31,969 ...	4.400%	\$20,255	\$351.62
\$31,969	\$44,377 ...	6.600%	\$31,969	\$867.04
\$44,377	\$56,085 ...	8.800%	\$44,377	\$1,685.97
\$56,085	\$286,492 ...	10.230%	\$56,085	\$2,716.27
\$286,492	\$343,788 ...	11.330%	\$286,492	\$26,286.91
\$343,788	\$572,980 ...	12.430%	\$343,788	\$32,778.55
\$572,980	\$1,000,000 ...	13.530%	\$572,980	\$61,267.12
\$1,000,000	and over...	14.630%	\$1,000,000	\$119,042.93

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
\$0	\$17,088 ...	1.100%	\$0	\$0.00
\$17,088	\$40,510 ...	2.200%	\$17,088	\$187.97
\$40,510	\$63,938 ...	4.400%	\$40,510	\$703.25
\$63,938	\$88,754 ...	6.600%	\$63,938	\$1,734.08
\$88,754	\$112,170 ...	8.800%	\$88,754	\$3,371.94
\$112,170	\$572,984 ...	10.230%	\$112,170	\$5,432.55
\$572,984	\$687,576 ...	11.330%	\$572,984	\$52,573.82
\$687,576	\$1,000,000 ...	12.430%	\$687,576	\$65,557.09
\$1,000,000	\$1,145,961 ...	13.530%	\$1,000,000	\$104,391.39
\$1,145,961	and over	14.630%	\$1,145,961	\$124,139.90

UNMARRIED HEAD OF HOUSEHOLD				
IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER . . .		PLUS
\$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	\$389,627 ...	10.230%	\$76,343	\$3,068.01
\$389,627	\$467,553 ...	11.330%	\$389,627	\$35,116.96
\$467,553	\$779,253 ...	12.430%	\$467,553	\$43,945.98
\$779,253	\$1,000,000 ...	13.530%	\$779,253	\$82,690.29
\$1,000,000	and over	14.630%	\$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
(Not Toll Free) 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.

San José State University Research Foundation

Payment Authorization Form

Fill out the form and return it to Human Resources.

First Name

Last Name

EE ID

Phone no.

Email

Two Convenient Options

Direct Deposit: By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each payday. **If choosing direct deposit, please attach a voided check or copy of check to this form.** You can change this information by going to [Employee Online](#) once you are hired. Do not attach a deposit slip.

Fill in the account information and the deduction amount. For each account, you may select a whole dollar amount, 100% or the remaining balance to be deposited:

Bank Name	Routing no.	Account no.	Type of Account	Deduction Amount
			Checking Savings	\$ 100% Remaining balance
			Checking Savings	\$ 100% Remaining balance

Focus Card: With the Focus Card, your pay will be deposited onto a prepaid Visa or Mastercard. Your card can be used anywhere Visa or Mastercard debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll. Fees and transaction limits apply. See Cardholder Agreement and Fee Schedule for details.



I acknowledge receipt of the [Pre-Acquisition Disclosure, the Fee Schedule, and the Pre-Enrollment Disclosures](#), as evidenced by my signature below.

By selecting the payment method above and signing this document, I authorize my employer to initiate credit entries (deposits or loads) and debit entries and adjustments for any credit entries made in error to the bank account or Focus Card indicated above. This authorization will remain in effect until cancelled by me with written notification to Human Resources.

If you do not make a selection, you will automatically receive the Focus Card.

Signature

Date

San José State University Research Foundation

Employment Application

Position Applying For:_____

Date Available to Start: _____

Benefited position

Student (temporary) position

Non-Student temporary position

Other: _____

It is the policy of the San Jose State University Research Foundation ("Research Foundation" or "Foundation") to provide equal employment opportunities to all employees and applicants for employment. All employment practices such as recruitment, selection, promotions, and other terms and conditions of employment are administered in a manner designed to ensure that employees and applicants for employment or services are not subjected to discrimination on the basis of age (over 40), race, color, sex, sexual orientation, national origin, ancestry, medical condition (cancer or genetic characteristics), physical or mental disability, marital status, religion, veteran status, or any other consideration made unlawful by applicable federal, state or local laws. The Research Foundation also prohibits harassment of applicants and employees based on any of these protected classifications.

The Research Foundation is committed to providing a work environment free from discrimination and harassment, and where employees are treated with respect and dignity. This policy is in accordance with federal, state and local laws and reaffirms the Research Foundation's continuing commitment to both the spirit and intent of equal employment opportunity laws and policies.

If you have any questions or need assistance or an accommodation in completing this application, please contact Research Foundation HR at (408) 924-1400.

Last Name	First Name			Middle Initial
Local Street Address	City	State	Zip	Phone
Permanent Street Address	City	State	Zip	Phone
Email Address				
Have you ever worked for the Research Foundation before? Yes No				
If Yes, when? _____ Dept. or Project Worked: _____				
Do you have relatives working for the Research Foundation? If Yes, please state name(s). Yes No				
Name: _____				
Name: _____				
If hired, would you have a reliable means of transportation to and from work? Yes No				
Are you at least 18 years old? (If under 18, hire is subject to verification that you are eligible to work) Yes No				
If hired, will you be able to present proof of your legal right to work in the United States? Yes No				

EDUCATION and TRAINING

	Name of School	Graduated (Yes/No)	Number of Years Completed	Degree Earned
High School				
College or University				
Vocational				
Other				

EMPLOYMENT/VOLUNTEER WORK EXPERIENCE

List below all present and past employment and/or volunteer work experience, starting with your most recent work experience, for the last FIVE years. Please account for all periods of unemployment. You must complete this section even if attaching a resume. Please attach additional pages, as appropriate.

Company Name (Present or Most Recent Employer)	Address	Telephone Number
Period of Employment: From _____ To _____ (State Month & Year)		
Position(s) Held:	Supervisor's Name and Position:	
Describe your significant duties:		
May we contact this Employer? Yes No Reason for leaving:		

Company Name	Address	Telephone Number
Period of Employment: From _____ To _____ (State Month & Year)		
Position(s) Held:	Supervisor's Name and Position	
Describe your significant duties:		
May we contact this Employer? Yes No Reason for leaving:		

How did you hear about this vacancy?	
Research Foundation posting (If so, where?) _____	Research Foundation staff member Name of staff member: _____
SJSU Career Center site	Internet (e.g. Indeed, Dice) Please specify: _____
Job Fair	Social Media (e.g. LinkedIn) Please specify: _____
Other (Please specify location): _____	

REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

First	MI	Last	Telephone and e-mail	Occupation	No. of years acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below:

Initial	Smoking is prohibited in all indoor areas of the Research Foundation. Smoking is permitted only in designated outdoor smoking areas that have been established in accordance with applicable state and local laws.
Initial	I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial	I hereby authorize the Research Foundation, through its own employees, to investigate my references, work record, education, and other matters related to my suitability for employment. This includes, but is not limited to, social network postings on Twitter and Facebook, among others. I further authorize the references I have listed to disclose to the Research Foundation information about me without giving me prior notice of such disclosure. In addition, I hereby release the Research Foundation, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initial	I recognize that this employment application is not an offer of employment. I understand and agree that if I become employed, my employment is "at will, which means both the Research Foundation and I are free to terminate the employment relationship at any time, with or without cause, and with or without advance notice. I understand that this "at will" employment relationship can <u>only</u> be changed by an express written contract, signed by the Executive Director of the Research Foundation. I understand that, unless my employment is subject to such a written contract, the "at will" employment policy will be the sole and entire agreement that exists between me and the Research Foundation as to the duration of employment and the circumstances under which employment may be terminated.
Initial	I understand and acknowledge that a background investigation may be conducted on the Research Foundation's behalf after a conditional offer of employment been made. I agree to complete the requisite authorization forms for any background investigation that may be conducted by the Research Foundation.
Initial	I understand that the Research Foundation may decline to hire relatives or friends of present employees if doing so could result in actual or potential problems in supervision, security, safety, or moral, or if doing so could create conflicts of interest.
Initial	I understand that in compliance with federal law, if hired, I will be required to establish my identity and eligibility to work in the United States and to submit to E-Verify.

Signature of Applicant: _____

Date: _____

San José State University Research Foundation

Summary Data Sheet

To the Applicant:

As an Equal Opportunity Employer and federal contractor, the San Jose State University Research Foundation is required by applicable laws to compile summary data on the sex, ethnicity, and veteran status of applicants for Research Foundation positions. For the purpose of statistical analysis only, we are requesting that you complete and return this form.

Completion of this form is completely voluntary. Refusal to complete this information will not adversely affect your application. Likewise, this information, if provided, will neither enhance nor will it detract from your opportunity for employment with the San Jose State University Research Foundation. The information provided on this form will not become a part of any personnel file, nor will it be made available to those making employment decisions.

Position Applied For _____

Today's Date

Sex: Male Female

Race/Ethnicity: _____

Veteran Status: Check one of the following boxes

I identify as one or more of the classifications of Protected Veteran listed below

I identify as a veteran, just not a Protected Veteran.

I am not a veteran.

I do not wish to self-identify.

Protected Veterans are described as:

Disabled Veteran	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay).
Active Duty Wartime or Campaign Badge Veteran	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at http://www.opm.gov/staffingportal/vgmedal2.asp).
Armed Forces Service Medal Veteran	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran	(Veteran who served on active duty and was discharged or released from active duty within the last three years).

San José State University Research Foundation

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number
1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.* To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Employee Signature _____

Date _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

* Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

San José State University Research Foundation

Conflict Of Interest Summary

Conflicts of interest, which can be either actual or perceived, are not permitted, regardless of the amount of compensation or time base. A conflict of interest is defined as any situation in which an employee has an outside personal economic interest that actually does or could potentially adversely influence their judgement or actions regarding the best interests of the San Jose State Research Foundation. Where there is a question as to potential conflict, it is expected that each employee will consider and take the most conservative view or approach before deciding to engage or not engage in any endeavor that may be viewed as a conflict.

The following guidelines are used to determine whether a real or apparent conflict of interest exists. Questions concerning potential conflicts of interest should be referred to the Research Foundation's Director of Human Resources or designee.

- a. **Avoidance of Unfair Competitive Advantage:** An employee's outside employment, consulting, or other business activity outside the Research Foundation may not influence decisions made at the Research Foundation in such a way as to give unfair competitive advantage to the outside business organization.
- b. **Separation of Research Foundation and Private Interests:** An employee's outside employment, consulting, or other outside business activity financially must not affect the Research Foundation's dealing with an outside business organization in which the employee or a near relative of the employee has a financial interest as defined by SJSU Academic Senate Policy S99-8 Academic Freedom and Professional Responsibility.
- c. **Use of Privileged or Official Information:** The use of privileged or official information for personal financial gain is a type of conflict of interest and is prohibited. Privileged or official information is information that is known to an individual because of his or her connection with the Research Foundation but is not available to the public. In this connection, the term "privileged information" includes but is not limited to: Medical, Personnel, Salary or Patent Records of Individuals. Individual employees have a right to access their own records except as limited by law. Access to records of other employees is normally limited to legitimate need-to-know situations.
- d. **Protection of Information Not Yet in Public Domain:** A Research Foundation employee, acting as an independent consultant or as an employee of another organization, may not use information, technical skills, or knowledge obtained as a result of Research Foundation employment, that is material or necessary to current or proposed Research Foundation research or development work and that is proprietary to the Research Foundation and not yet in the public domain.
- e. **Non-competitive with Research Foundation Projects:** An employee's consulting or outside employment activity must not compete with current or proposed Research Foundation projects.

The Research Foundation expects each employee to use good judgment and to maintain high ethical standards and honesty in all business dealings. It is the practice of the Research Foundation to respect the rights of its employees to engage in activities outside their employment that are private in nature and which in no way conflict with or reflect upon the Research Foundation or its corporate image.

A complete copy of this policy may be obtained from the Human Resources department.

Acknowledge Receipt:

Signature

Date

San José State University Research Foundation

Statement of Confidentiality and Non - Disclosure of Records

Information contained in or pertaining to the business operations of the San Jose State University Research Foundation must be maintained in a confidential manner at all times.

As an employee who has or may be granted access to records in computer information systems, including Human Resources, Payroll, Finance, IT or any other source data, you are required to maintain this information in a confidential manner. Unauthorized access to, modification, deletion or disclosure of information, either internally among employees or departments or externally to outside parties, may compromise the integrity of the Research Foundation's business operations, violate individual rights of privacy, and/or constitute a criminal act.

The Research Foundation's computer information systems, which include third party vendor payroll systems, are to be accessed by authorized users only. Reproduction or distribution of any record, document, or information outside of its intended and approved use either verbally, electronically or by hard copy is strictly prohibited and will result in disciplinary action, up to and including termination of employment.

Further, illegal access and/or misuse of this information may be punishable by fine and/or imprisonment in accordance with applicable local, state and federal laws.

I acknowledge that I have received this information, and agree to adhere accordingly.

Print Employee Name

Employee Signature

Date

Primary Department Assignment

Temporary Department Assignment

San José State University Research Foundation
ACKNOWLEDGEMENT & RECEIPT
OF
Discrimination, Harassment, and Retaliation Prevention Policy

I acknowledge that I have received, read, and that I understand the Research Foundation's *Discrimination, Harassment and Retaliation Prevention Policy*. I agree to abide by and be bound by the rules, provisions and standards set forth in this policy.

I further acknowledge that the Research Foundation reserves the right to revise, delete and add to the provisions of the *Discrimination, Harassment and Retaliation Prevention Policy* at any time and I will be provided notice of the change.

Employee Signature

Print Name

Date

[TO BE PLACED IN EMPLOYEE'S PERSONNEL FILE]

San José State University Research Foundation

Handbook Acknowledgment (Non-Benefited Employees Only)

I acknowledge that I have been given the San José State University Research Foundation (“Research Foundation”) [Employee Handbook](#). I understand that this edition of the Handbook supersedes any and all previous Handbooks and any and all previous summaries, statements, or descriptions of the Research Foundation’s policies, procedures, and employee benefits.

I also understand that this Handbook describes important information about the Research Foundation. This Handbook is presented as a matter of information only, and the Research Foundation reserves the right to change, amend, modify, and/or eliminate any or all of the policies, procedures, or other statements contained in this Handbook at any time, with or without notice, within its sole discretion and judgment.

I understand that I am responsible for reading the Handbook and for knowing and complying with the policies set forth in the Handbook during my employment with the Research Foundation. I have reviewed, or will, in a timely manner, review, the contents of this Handbook, and understand that I have the opportunity to ask or raise any questions or concerns regarding the terms of the Handbook as it relates to my employment status by directing my questions, issues, or concerns to my Manager, functional Director, or the Director of Human Resources. I understand the terms of this Handbook, and I agree to adhere to its provisions, as they may be modified from time to time, as a requirement of my employment.

I understand that nothing contained in this Handbook, as it is currently stated or as may be modified from time to time, should be interpreted as creating any expectation of continued employment or any contract relationship with the Research Foundation. I understand that my employment with the Research Foundation is “At Will,” that is, that both the Research Foundation and I are free to terminate the employment relationship at any time, with or without cause, and with or without advance notice. I also understand that the Research Foundation may demote or discipline me or otherwise alter the terms of my employment at any time at its sole discretion, with or without cause or advance notice. I understand that this “At Will” employment relationship can only be changed by an express written contract signed by the Executive Director of the Research Foundation. The “At Will” employment policy is the sole and entire agreement that exists between the Research Foundation and me as to the duration of employment and the circumstances under which employment may be terminated.

I understand that this signed Employee Acknowledgment will be placed in my personnel file. Additionally, I have been provided link to the [New Hire Information](#) page which contains important information regarding procedures at the Research Foundation and it is my responsibility to follow these guidelines. If you wish to receive a hard copy of handbook and other materials, please contact HR at foundation-hr@sjsu.edu.

Employee Signature

Date

Printed Name

Note: If you are benefited employee, you will receive handbook for benefited employee during your benefits orientation.