



NPAA STUDENT WORK PROGRAM

HOW TO APPLY FOR ON CAMPUS WORK

Students can work for the various departments on campus such as landscape, maintenance, custodial, library, and cafeteria. In addition, the administrative offices and teachers hire student workers.

Jobs fill up quickly, so get your request in early! Student workers must reapply each year.

Students planning to work on campus during the school year must complete the following forms:

- **Student Work Program Application**
- **Statement of Intent to Employ Minor** (Minor & Parent section only)
- **Permit to Employ to Work** (Minor Info & Signature only)
- **Wage Notice** (Sign page 2)
- **W-4 Form (Federal Tax Form)**
- **DE 4 Form (State Tax Form)**
- **I-9 Form (page 1 only)**
- **Authorization for Direct Deposit**
- **NPAA Confidentiality Agreement**
- **Payroll Deduction Authorization**
- **Acceptable employment eligibility Identification** (See page 3 of I-9 for list)

Student workers must reapply each year and complete the Statement of Intent to Employ and the Permit to Employ to Work.

Students cannot legally work until all required forms are returned and approved

Please contact the Business Office at (805) 498-2191 or treasurer@mynpaa.com with any questions.



NEWBURY PARK ADVENTIST ACADEMY STUDENT WORK PROGRAM APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

E-MAIL: _____ PHONE: _____

DATE AVAILABLE: _____ DAY STUDENT DORM STUDENT

GRADE: FRESHMAN SOPHOMORE JUNIOR SENIOR

REFERENCES

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, understand student work is being offered based on my request for financial assistance. I authorize NPAA to apply the majority of my earnings towards my tuition.

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any misrepresentation, falsification, or material omission of information 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 time elapsed before discovery.

_____ I hereby authorize Newbury Park Adventist Academy, to thoroughly investigate any references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Newbury Park Adventist Academy, any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Newbury Park Adventist Academy, my former employers and all other persons, corporations, partnerships and associations, and their respective agents, employees and representatives, from any and all claims, demands or liabilities, arisen out of or is in any way related to such investigation or disclosure.

Check here if you wish to receive a copy of any background investigation report done on you.

_____ I understand that nothing contained in my employment application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Newbury Park Adventist Academy. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that my employment and compensation may be terminated at-will, with or without cause, with or without notice, at any time, either at my option or at the option of Newbury Park Adventist Academy. I further agree that no promises or representations contrary to the foregoing are binding on Newbury Park Adventist Academy, unless such an agreement is made in writing that clearly and expressly specifies the intent to alter that at-will nature of employment, and is signed by me and the president of Newbury Park Adventist Academy. Thus, I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship, and that there are no oral or collateral agreements regarding this issue.

_____ I also understand that all offers of employment are conditioned on: (1) successful completion of a background check (including criminal history); and (2) the provision of satisfactory proof of my identity and legal authority to work in the U.S. Offers of employment are also conditioned on Newbury Park Adventist Academy's receipt of satisfactory responses to reference requests, and if requested, satisfactory completion of a post-offer medical examination, including a drug/alcohol test.

SIGNATURE _____ DATE _____

PRINT NAME _____

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE

CDE Form B1-1 (Rev. 02-14)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT—CERTIFICATE OF AGE" form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

*(Print Information)***Minor's Information**

Minor's Name (<i>First and Last</i>)		Home Phone	Grade
Home Address		City	Zip Code
Birth Date	Social Security Number	Age	Student's Signature

School Information

School Name	School Phone	
School Address	City	Zip Code

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true.

Parent's Name (<i>Print First and Last</i>)	Parent's Signature	Date
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To be filled in and signed by employer

Business Name or Agency of Placement	Business Phone	Supervisor's Name
Business Address	City	Zip Code
Employer's Maximum Expected Work Hours: _____ hours per day _____ hours per week		
Describe nature of work to be performed: _____		

In compliance with California labor laws, this employee is covered by workers' compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name (<i>Print First and Last</i>)	Employer's Signature	Date
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For authorized work permit issuer use ONLY

Maximum number of work hours when school is in session:								Maximum number of work hours when school is not in session:							
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Proof of Minor's Age (<i>Evidence Type</i>)								Check Permit Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability							
Verifying Authority's Name and Title (<i>Print</i>)															
Verifying Authority's Signature															

For more information about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION
PERMIT TO EMPLOY AND WORK CDE Form B1-4 (REV. 02-14)

A work permit shall not be issued to a minor until the "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE" (CDE Form B1-1) form has been signed by the parent or guardian, foster parent, caregiver, or residential shelter service provider and filed with the issuing authority. California *Education Code (EC) 49110(c)*

(Print Information)

<p>Permit Expiration Date <i>Work permits shall expire five days after the opening of the next succeeding school year. Full-time exempt work permits issued to 14 & 15 year olds shall expire no later than the end of the current school year. EC 49118 and 49130</i></p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>Check Permit Type:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Full-time</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Work Experience Education, Vocational Cooperative Education, or Personal Attendant</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Workability</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Restricted</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> General</td> <td style="border: none;"></td> </tr> </table>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Work Experience Education, Vocational Cooperative Education, or Personal Attendant	<input type="checkbox"/> Workability		<input type="checkbox"/> Restricted		<input type="checkbox"/> General	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Work Experience Education, Vocational Cooperative Education, or Personal Attendant								
<input type="checkbox"/> Workability									
<input type="checkbox"/> Restricted									
<input type="checkbox"/> General									

Minor's Information

Minor's Name <i>(Print First and Last)</i>	Social Security Number	
Home Phone	Age at Time of Issuance	Birth Date
Home Address	City	Zip Code

School Information

School Name	School Phone
School Address	City
	Zip Code

Maximum Work Hours Permitted

1. Maximum number of work hours on a school day _____
2. Maximum number of work hours on a non-school day _____
3. Maximum weekly work hours while school is in session _____
4. Maximum weekly work hours while school is not in session _____

Remarks or Work Limitations: _____

This permit is **valid only** at the business listed below:

Business Name	Business Address
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To be signed by minor

Minor's Signature	Date
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Certification

I hereby certify that, to the best of my knowledge, the information herein is correct and true. I hereby certify that I have a working knowledge of child labor laws and all laws pertaining to the issuance of work permits in California. EC 49110

Issuing Authority's Name and Title <i>(Print)</i>	Issuing Authority's Signature	Date
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NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: Southern California Conference of Seventh-day Adventists

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:
1535 E. Chevy Chase Drive, Glendale, CA 91206

Hiring Employer's Mailing Address (if different than above):
P.O. Box 969, Glendale, CA 91209-0969

Hiring Employer's Telephone Number: (818) 546-8400

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: Bi-weekly, on Fridays

WORKERS' COMPENSATION

Insurance Carrier's Name: Sedgwick Claims Management Services

Address: 1600 Riviera Avenue, Walnut Creek, CA 94596

Telephone Number: 855-572-5966 Fax: 866-261-5795 Email: SCMSNIC@sedgwickCMS.com

Policy No.: Acct. 8818

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: 2042-ZB

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 satisfies 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): _____

ACKNOWLEDGEMENT OF RECEIPT

(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 acknowledgement 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.

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

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
 - 1a. Number of Regular Withholding Allowances (Worksheet A) _____
 - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) _____
 - 1c. Total Number of Allowances you are claiming _____
2. Additional amount, if any, you want withheld each pay period (if employer agrees), (**Worksheet C**) _____
OR

Exemption from Withholding

3. I claim exemption from withholding for 2022, and I certify I meet both of the conditions for exemption. (Check box here)
OR
4. 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.

Employee's Signature _____ Date _____

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

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 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:

1. You did not owe any federal/state income tax last year, and
2. 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 withholding 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 4**. You may be required to provide proof of exemption upon request.

The [California Employer's Guide \(DE 44\)](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 [Payroll Taxes - 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 [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 \(CCR\)](http://govt.westlaw.com/calregs/Search/Index) (govt.westlaw.com/calregs/Search/Index), 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](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml) and section 19176 of the [Revenue and Taxation Code](http://leginfo.legislature.ca.gov/faces/codes.xhtml) (leginfo.legislature.ca.gov/faces/codes.xhtml).

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 1a 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 \$9,606 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$4,803 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
enter this number on line 1b 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. Then, complete Worksheet C. | 11. |

*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 2022. 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 2022 tax rate schedules below. 8.
9. Enter personal exemptions (line F of Worksheet A x \$141.90). 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 2022. 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 2022. 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 2022. 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 2022 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	\$9,325	1.100%	\$0	\$0.00
\$9,325	\$22,107	2.200%	\$9,325	\$102.58
\$22,107	\$34,892	4.400%	\$22,107	\$383.78
\$34,892	\$48,435	6.600%	\$34,892	\$946.32
\$48,435	\$61,214	8.800%	\$48,435	\$1,840.16
\$61,214	\$312,686	10.230%	\$61,214	\$2,964.71
\$312,686	\$375,221	11.330%	\$312,686	\$28,690.30
\$375,221	\$625,369	12.430%	\$375,221	\$35,775.52
\$625,369	\$1,000,000	13.530%	\$625,369	\$66,868.92
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49

Married Persons

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$18,650	1.100%	\$0	\$0.00
\$18,650	\$44,214	2.200%	\$18,650	\$205.15
\$44,214	\$69,784	4.400%	\$44,214	\$767.56
\$69,784	\$96,870	6.600%	\$69,784	\$1,892.64
\$96,870	\$122,428	8.800%	\$96,870	\$3,680.32
\$122,428	\$625,372	10.230%	\$122,428	\$5,929.42
\$625,372	\$750,442	11.330%	\$625,372	\$57,380.59
\$750,442	\$1,000,000	12.430%	\$750,442	\$71,551.02
\$1,000,000	\$1,250,738	13.530%	\$1,000,000	\$102,571.08
\$1,250,738	and over	14.630%	\$1,250,738	\$136,495.93

Unmarried Head of Household

IF THE TAXABLE INCOME IS		COMPUTED TAX IS		
OVER	BUT NOT OVER	OF AMOUNT OVER...	PLUS	
\$0	\$18,663	1.100%	\$0	\$0.00
\$18,663	\$44,217	2.200%	\$18,663	\$205.29
\$44,217	\$56,999	4.400%	\$44,217	\$767.48
\$56,999	\$70,542	6.600%	\$56,999	\$1,329.89
\$70,542	\$83,324	8.800%	\$70,542	\$2,223.73
\$83,324	\$425,251	10.230%	\$83,324	\$3,348.55
\$425,251	\$510,303	11.330%	\$425,251	\$38,327.68
\$510,303	\$850,503	12.430%	\$510,303	\$47,964.07
\$850,503	\$1,000,000	13.530%	\$850,503	\$90,250.93
\$1,000,000	and over	14.630%	\$1,000,000	\$110,477.87

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit ftb.ca.gov.

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.

**SOUTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS
AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL**

Employee Information

Name _____ Social Security Number (Last 4 only) or PR ID _____

Email Address _____ Effective Date _____

This address will be used for distribution of pay stub.

Primary Account — *This is the account where your entire paycheck or the balance is deposited after the % or \$ amount is deducted from the second and third accounts as listed below.*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	NET PAY
	<input type="checkbox"/> Savings		

Second Account — *Optional — % or \$ Amount*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	Select One: _____% \$ _____
	<input type="checkbox"/> Savings		

Third Account — *Optional — % or \$ Amount*

Select One: <input type="checkbox"/> New <input type="checkbox"/> Change	Account Type <input type="checkbox"/> Checking	ABA Transit Routing Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Account Number _____ Name of Banking Institution _____ Bank Office/Branch _____	Select One: _____% \$ _____
	<input type="checkbox"/> Savings		

I authorize Southern California Conference to direct deposit funds to my account(s) in the financial institution(s) listed above. This includes my authorization to correct entries made in error through reversals of deposits. If any of the information above changes, I will complete a new authorization agreement. If I wish to revoke this authorization, I will do so in writing.

Employee Signature _____

Date _____

FAX 818-546-8447 • EMAIL payroll@sccsda.org



Newbury Park Adventist Academy

Confidentiality Agreement

I, the undersigned employee, understand that in the course of my employment with Newbury Park Adventist Academy ("NPAA"), I may have access to and become acquainted with information of a confidential, proprietary, or secret nature which is or may be either applicable or related to the teachers, faculty staff, volunteers, students, parents, board members, church members, and/or related to the past, present, or future operations of NPAA.

For purposes of this agreement, such confidential information includes, but is not limited to records, data, documents, databases, mail, proposals, and plans of any kind, nature, or description concerning past, current, and prospective teachers/faculty, staff, and/or NPAA students. This list is not exhaustive and may include other information identified by NPAA as confidential during the course of my employment. Such confidential information is generally not available to the public or known by anyone outside of those who have privileged access due to their work with NPAA.

I agree that I will treat all such information as confidential both during and after my employment and shall exercise every reasonable degree of care to prevent disclosure to others. I will not reproduce confidential information nor use this information commercially or for any purpose other than the performance of my duties for NPAA. I agree that I will not remove, transmit, or otherwise disclose or divulge, directly or indirectly, all confidential information, to any party at any time without express prior written consent of an authorized NPAA representative.

I will, upon the request of or termination of my relationship with, the NPAA, deliver and return all confidential information and NPAA property including any documents, notes, equipment, and materials received from the NPAA or originating from the activities for NPAA which are in my possession or under my control, and I shall not retain any confidential information or NPAA property in whole or in part.

NPAA reserves the right to take disciplinary action, up to and including termination, for violations of this agreement.

I further understand that I am an at-will employee of NPAA, and that this agreement is not to be construed as constituting a promise of continued employment.

Signature of Employee

Print Name of Employee

Date

Newbury Park Adventist Academy

Name of Work Site



NEWBURY PARK ADVENTIST ACADEMY

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name: _____

Position: Student Worker

I hereby authorize Newbury Park Adventist Academy to deduct the following from my payroll check:

Amount of deduction:	_____
Start of deduction:	<u>08/21/2023</u>
Frequency of deduction:	<u>Bi-weekly</u>
Termination of deduction:	<u>06/15/2024</u>

Reason(s) for deduction:

- Rent
- Tuition
- Outstanding Payments

Hourly employees are responsible for submitting their time sheet to their supervisor each pay period for approval.

Employee's Signature

Date

Employee's Parent/Guardian Signature (if minor)

Date

NPAA STUDENT WORK PROGRAM POLICIES/PROCEDURES

WORK SCHEDULES

During a semester, on average, student employees work between two (2) and four (4) hours per week, with a maximum of four (4). Dorm students are strictly limited to no more than six (6) hours per week during a semester.

The number of hours a student works is typically based on the following considerations:

- The student's class schedule
- The department's staffing needs and fiscal restraints
- The student's award amount (for a student working under Federal Work-Study)

LIMITED WORK HOURS

Part-time work for students is an important part of NPAA activity. Such work provides much needed financial assistance and valuable work experience. In setting a work schedule, supervisors and students are encouraged to keep in mind that the student's primary focus should be on academic endeavors and that there must be a balance between educational responsibilities and work.

DEPENDABILITY

Dependability is crucial. When you are absent others must absorb a greater workload. Good attendance is an expectation and includes showing up for all scheduled work hours unless previous arrangements have been made with your supervisor. Excessive absenteeism may result in removal from the work study program.

PUNCTUALITY

It is important that students arrive on time for their shifts. Repeated tardiness may result in removal from the work study program.

PROMPT COMMUNICATION

If you are going to be late or are unable to cover your shift, please contact your supervisor immediately with notification and an anticipated return to work date. Do not email or leave a message on a voicemail. Speak with your supervisor or the principal. A belated explanation accounting for why you missed your shift is not acceptable and will be considered a no call/no show. Student employees should refer to their direct supervisor for call out procedures. Please contact your supervisors as soon as possible if you are going to be late or absent.

EXAM WEEK

During exam week, you are expected to work your scheduled shifts. Notify your supervisor as soon as possible if you have a scheduling conflict and the schedule will be modified.

TIMECARDS AND PAYCHECKS

All timecards must be complete, signed and turned into the office by 12:00pm on Friday every other week unless directed otherwise by your supervisor.

GROUND FOR DISCIPLINARY ACTION

Irregular attendance, poor performance or inappropriate workplace conduct are a few of the issues that are

subject to removal from the program. The following disciplinary action will be taken:

	<u>Action Taken</u>
1st Violation	Verbal Warning
2nd Violation	Written Warning
3rd Violation	Dismissal from Employment

If a student is dismissed from employment, he/she may not be eligible for future employment at NPAA .

TRANSFERRING TO ANOTHER ITS DEPARTMENT

Transferring from one assignment to another mid-semester is not allowed unless both supervisors agree. An agreed upon transfer date should be determined by the supervisors.

HOMEWORK

Homework should not be done during work time.

TEXT MESSAGING

Instant and text messaging is a non-work related activity and is prohibited in the workplace.

CELL PHONE USAGE POLICY

While at work students are expected to exercise discretion regarding the use of personal cellular phones. Personal calls during work hours, regardless of the phone used, can interfere with productivity and be distracting to others. Cell phones are not to be visible while at work and must be kept on a vibration mode at all times. If a student has an emergency which requires them to use their cell phone they are to notify their immediate supervisor.

VISITORS

Personal visitors can become a distraction from work. The occasional visitor passing through the office to say hello or drop off an item is acceptable; however, visits should be kept to a minimum and short in duration. Visitors should only be in allowed areas.

CUSTOMER SERVICE

Your actions, demeanor, and word choice are a reflection of Newbury Park Adventist Academy. Clear and concise communication patterns are exemplified by the following:

- Speak in a friendly and inviting tone
- Listen to the customer and summarize their concerns to clarify the issue/inquiry
- Ask questions politely to gather further information
- Respond to inquiries promptly

Be aware of your surroundings when engaging in all conversations and be sensitive to the diverse environment in which we work. Also demonstrate sensitivity to customers who speak English as a second language, as they may experience difficulty in expressing their concerns. Demonstrate patience and ask questions to help them communicate their concerns.

My signature below verifies that I have read and understand the Newbury Park Adventist Academy Work Study Program Policies/Procedures. I understand that failure to comply with the policies, rules and procedures referenced herein is grounds for removal from the program.

Printed Name of Employee

Date

Signature of Employee

Acknowledgement of Receipt – NPAA Timecard Policy

I hereby acknowledge that I have read and understand the policy on submitting student timecards. I understand that if timecards are not submitted by the deadline or improperly completed, removal from the student work program may occur.

My signature below verifies that I have read and understand the NPAA Timecard Policy.

Printed Name of Employee

Date

Signature of Employee