

STUDENT EMPLOYMENT PACKET



Instructions: This is a fillable pdf file. Be sure to read and follow all instructions carefully.

Please do not fill out this packet until you have been offered (and have accepted) a student employment position.

If you have been hired for a student position at an FHDA campus where you have *not* worked recently, please complete the following steps before you start working. If you have worked as a student employee at that campus within the past 3 years, you do not need to fill out a new Student Employment Packet. However, you do need to receive a new job card from the Financial Aid Office. The new job card must be completed and returned to the Financial Aid Office **before** you can start working. All jobs end on or before June 30th of the academic year in which they are begun.

Note: For payroll purposes, all student employees must have a valid Social Security Number (SSN). To help us verify that the SSN we have for you is valid, we request that you bring your original Social Security card with you when you turn in your Student Employment Packet. If your SSN is not yet in our database, please take your Social Security Card to your college's Admissions & Records Office to have your SSN recorded **before** submitting your Student Employment Packet.

STEP 1. COMPLETE, PRINT, AND SIGN THE STUDENT EMPLOYMENT PACKET

Please type in as much information as possible on the following pages, print them (no need to print this page of instructions), fill out any remaining items, and sign where indicated.

The packet includes the following pages:

- Student Employee Information Sheet
- Diversity Survey (optional)
- New Student Employee Certification (open the link provided and read the required sections of the Student Employment Policies & Procedures manual before signing)
- Federal W-4 Form and California DE-4 Form (required for tax purposes)

You can download a complete set of instructions for both forms at:

http://www.ftb.ca.gov/individuals/wsc/adjst_wgs.shtml

Special instructions for International Students:

When filling out the **W-4** (Federal Tax) form:

- * Line 3: check "Single"
- * Line 5: enter "1"
- * Line 6: enter "NRA"

When filling out the **DE-4** (California Tax) form:

- * Line 1: enter "1"

- Employee Acknowledgment of Responsibility for Confidentiality of College Records and Computer Passwords (read carefully, then sign)
- Employment Eligibility Verification (Form I-9): Completion required by the U.S. DHS to work in the United States (fill out only the first page of the two-page I-9; the second page is to be filled out by the Financial Aid Office).

STEP 2. SUBMIT THE PACKET WITH DOCUMENTATION TO THE FINANCIAL AID OFFICE

You must bring your choice of required **original** documents with you when you meet with the Student Employment representative at the Financial Aid Office so that the I-9 form can be completed. For a list of acceptable documents:

- 1) Go to <http://www.uscis.gov/files/form/i-9.pdf>
- 2) See page 9 of the linked form for a list of acceptable documents. You will need one from List A **or** one each from Lists B and C. (Many students find it easiest to bring in their Social Security Card and Driver License.) You can also use this link to learn more about the I-9.

Note: If your Social Security Card says any of the following, it **cannot** be used as a List C document:

- * Not valid for employment
- * Valid for work only with INS authorization
- * Valid for work only with DHS authorization

International Students are required to present their original I-20 Form, I-94, and Passport to complete their I-9.

Students who are under the age of 18 will also need to submit a copy of their high school diploma or work permit.

STEP 3. RETURN YOUR COMPLETED JOB ASSIGNMENT CARD TO THE FINANCIAL AID OFFICE

You can **not** begin working until the Financial Aid Office has **received** your job assignment card—signed by you and completed by your employer. If your employer is in a rush to have you start, you might be asked to hand deliver your card.

We recommend that all students use **Direct Deposit** to avoid paycheck loss or delay.

You can set up direct deposit via the "Employee" tab in your MyPortal after you have logged in to your timesheet.

To learn about available **Health Insurance Marketplace Coverage** (the "Exchange") options, please see:

<http://fhdafiles.fhda.edu/downloads/benefits/HealthCareExchangefinalver.pdf>

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STUDENT EMPLOYEE INFORMATION SHEET

1. Employee Information

Social Security # _____ Date of Birth _____
(mm/dd/yyyy)
First Name _____ Middle _____ Last _____
(Name as it appears on Social Security Card)
Email _____ Telephone _____
Address _____ City/State/Zip _____

2. Person to contact in case of emergency

Name _____ Relationship to Student _____
Address _____ City/State/Zip _____
Telephone _____

3. Loyalty Oath (Required under Government Code Section 3102)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign or domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

Signature _____ Date _____

4. Relative Hiring

Do you have any relatives employed by the Foothill-De Anza Community College District? If yes, list below.

Name _____ Dept _____ College _____

5. Conviction Information

Have you ever been convicted of a crime? (You do not need to disclose convictions arising out of minor violations of the Vehicle code, but you do need to disclose all misdemeanor and felony convictions, even those later set aside under Penal code Section 1203.4) Convictions are not an automatic bar to employment. ☐ No ☐ Yes

If yes, please explain _____

Signature _____ Date _____

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STUDENT EMPLOYEE INFORMATION SHEET

DIVERSITY SURVEY (OPTIONAL)

The Foothill-De Anza Community College District is committed to diversity and actively recruit women, persons with disabilities, members of underrepresented ethnic groups, and veterans of the Vietnam era. We are required to provide demographic information to state and federal agencies to demonstrate our commitment. Therefore, please provide the information requested below so that we may have accurate data for reporting our Affirmative Action goals. Completion of this form is voluntary. Failure to complete this form will not impact your employment and the information you provide is confidential.

Gender: ☐ Male ☐ Female

6. Race/Ethnic Identification (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> African American (1) | <input type="checkbox"/> Hispanic (L) |
| <input type="checkbox"/> American Indian/Alaskan Native (A) | <input type="checkbox"/> South American (B) |
| <input type="checkbox"/> Middle Eastern (Arabian, Iranian, Iraq etc) (M) | <input type="checkbox"/> Other Hispanic (O) |
| <input type="checkbox"/> White Non-Hispanic (C) | <input type="checkbox"/> Asian/Pacific Islander (P) |
| <input type="checkbox"/> Mexican, Mexican American, Chicano (D) | <input type="checkbox"/> Chinese (Q) |
| <input type="checkbox"/> Central American (E) | <input type="checkbox"/> Asian Indian (R) |
| <input type="checkbox"/> Filipino (F) | <input type="checkbox"/> Japanese (S) |
| <input type="checkbox"/> Guamanian (H) | <input type="checkbox"/> Korean (T) |
| <input type="checkbox"/> Hawaiian (I) | <input type="checkbox"/> Laotian (U) |
| <input type="checkbox"/> Samoan (J) | <input type="checkbox"/> Vietnamese (V) |
| <input type="checkbox"/> Other Pacific Islander (K) | <input type="checkbox"/> Cambodian (W) |
| <input type="checkbox"/> Other (X) | |

7. Do you have a disability?

(An individual with a disability is a person who has (1) a physical or mental impairment that substantially limits one or more major life activities; or (2) a record of such an impairment; or (3) is regarded as having such an impairment.)

☐ Yes ☐ No If yes, please specify _____

Are you a Vietnam Era Veteran? Service dates must be between Aug. 5, 1964 and May 7, 1975.

☐ Yes ☐ No

Signature _____ **Date** _____

FINANCIAL AID

De Anza College: Baldwin Winery Building
Phone: 408.864.8718

Foothill College: Student Services Building, 8100
Phone: 650.949.7245

STUDENT EMPLOYMENT PACKET

NEW STUDENT EMPLOYEE CERTIFICATION PAGE

I have read and understand the information on district policies and procedures at:
<http://www.deanza.edu/financialaid/13-14%20student%20employment%20PPM%20final.pdf>
... regarding Illness and Injury Prevention, General Safety Guidelines, Sexual Harassment and Discrimination Policy and Procedures, Drug-Free Work Place Policy and the Notice of Asbestos Containing Building Materials. I also understand that I am obliged to follow these policies and guidelines in my work activities.

First Name _____ Middle _____ Last Name _____
(Name as it appears on Social Security Card)
Social Security # _____

Where will you be working?

Dept _____ College _____

Signature _____ Date _____

FOR INTERNATIONAL STUDENTS ONLY

Please provide your FIRST entry date to the U.S. as an F1 visa holder.

Date _____ Signature _____

IMPORTANT: THIS STATEMENT IS REQUIRED TO BE RETAINED IN YOUR PERSONNEL FILE FOR STUDENT EMPLOYMENT

REMEMBER TO FILL OUT AND PRINT OUT ALL SECTIONS OF THIS FORM,
INCLUDING THE W-4, DE-4, AND I-9 BELOW.

Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: <div><ul style="list-style-type: none">• You're single and have only one job; or• You're married, have only one job, and your spouse doesn't work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div>	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

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

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____

Number of allowances from the Estimated Deductions, Worksheet B _____

Total Number of Allowances (A + B) when using the California
Withholding Schedules for 2012 _____

OR

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

OR

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

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

Signature _____ Date _____

Employer's Name and Address De Anza College 21250 Stevens Creek Blvd. Cupertino, CA 95014	California Employer Account Number
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----- cut here -----

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

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

IF YOU RELY ON THE FEDERAL 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, and for federal withholding use the Internal Revenue Service (IRS) Publication 919 or federal withholding calculations.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4. You may claim exempt from withholding California income tax if you did not owe any federal income tax last year and you do not expect to owe any federal income tax this year. The exemption automatically expires on February 15 of the next year. If you continue to qualify for the exempting status, a new Form W-4 designating EXEMPT must be submitted before February 15. If you are not having federal income tax withheld this year but expect to have a tax liability next year, the law requires you to give your employer a new Form W-4 by December 1.

Employee Acknowledgment of Responsibility for Confidentiality of College Records and Computer Passwords

The security and confidentiality of student records are matters of concern to all college employees, including student employees, and to any other persons having access to the information. Employees may be given access to college records, including student and employee records, as warranted by their job responsibilities. Since conduct on and off campus may affect or threaten the security and confidentiality of college records, each student employee is expected to adhere to the following:

1. I will not permit access to or unauthorized use of any information maintained, stored, or processed by any office on the campus.
2. I will not seek personal benefit or allow others to benefit personally from knowledge of any information regarding college records that has come by virtue of my work assignment.
3. I will not exhibit or divulge the contents of any college records or report to any person except in the conduct of my work assignment.
4. I will not knowingly include or cause to be included in any records or reports a false, inaccurate, or misleading entry. I also will not knowingly delete or cause to be deleted any records, reports, or data entry.
5. I will not remove any official record or report (or copy thereof) from the office where it is maintained except in the performance of my work assignment.
6. I will not aid, abet, or act in conspiracy with another to violate any part of this document.
7. I understand that district computer passwords are confidential and are to be used by the assigned employee only. I will not share, loan, or make known my password to any other individual. I will log on under my own password every time I access the system. When I leave a computer workstation for any period of time (lunch, breaks, meetings, etc.), I will log off of the computer.
8. I will refer any requests for the release of information in event of an emergency to my supervisor or manager. I will refer any questions concerning the release of information to my supervisor or manager.

State and Federal law and college and District procedures prohibit the release of student records verbally, in writing, or by any other means, without the written consent of the student, a court order, or a lawfully issued subpoena. (Family Educational Rights and Privacy Act, PL 93-380; California Education Code §76200 et seq.; Title 5 California Code of Regulations §54600 et seq.)

By my signature below, I acknowledge that I have received a copy of, have read, do understand, and will comply with this Acknowledgement. I agree to protect the security and confidentiality of all college records, including those of students and employees, and to prevent unauthorized or inappropriate disclosure of such records. I understand that violation of this statement may lead to disciplinary action up to and including termination of my employment and may subject me to criminal and civil penalties as imposed by law.

Employee Signature

Date

Print Name



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

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


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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
ZIP Code			Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	
Employee's E-mail Address		Employee's Telephone Number				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>
<p>QR Code - Section 1 Do Not Write In This Space</p> 

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code



Employer Completes Next Page






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		<div>QR Code - Section 2 Do Not Write In This Space</div> 
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name De Anza College	
Employer's Business or Organization Address (Street Number and Name) 21250 Stevens Creek Boulevard	City or Town Cupertino	State CA	ZIP Code 95014

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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