

1021 Hourly Hire Request Coversheet

Please complete this coversheet and attach the required documents listed below. Completed forms should be sent to the attention of Ruby Andrews in the District Office. **All forms must be completed and received in the Human Resources office by 4:00 pm, on the Tuesday prior to the date of the board meeting.** Please note, late or incomplete forms will not be submitted to the board. Should you have questions or concerns, please call (510) 466-7288. Thank you for your cooperation.

Candidate Name: _____

Site: **BCC** _____ Board Date: _____

Submitted By: _____ **on behalf of the Office of Instruction**

Please indicate which forms are attached by checking the corresponding box.

- Personnel Action Form (* to be completed by staff)
- SEIU 1021 Compliance Form
- 1021 Employee Calendar (for 65 day seasonal employees only)
- On-line Employment Application (for new employment hires)
<http://peraltaccd.peopleadmin.com/postings/159>
- Resume
- W-4
- Unofficial Transcripts
- Live Scan and TB test (will be required for intake)
- Applicant Survey
- Budget (*staff)
- Employer Expense Benefits Rates (*staff)
- Classified Hourly Submission Spreadsheet (*staff)

PERALTA COMMUNITY COLLEGE DISTRICT
Acknowledgement form for SEIU 1021 short-term hourly employees for July 1, 2015 – June 30, 2016
Form must be completed & submitted with an ePAF

I acknowledge (by signature below) that I am being recommended for hire in the position checked below for the maximum number of allowable days of service. I understand my employment will not commence until all HR employee intake procedures are fulfilled and verified, including fingerprinting. I also acknowledge that the duration of my employment may be subject to change by management.

Instructional Assistant/ (Discipline) under 500 hours per Fiscal Year

- **BOARD APPROVAL REQUIRED**
- Any person who is employed on a short-term basis to perform a Continuing Service for no more than 500 hours per Fiscal Year
- Must be approved by the VPI and College President as one of the 85 district-wide allocated positions
- **Hours must be monitored by the Immediate Manager and timesheets should be reviewed to ensure compliance.**

Short-Term (Continuing Service) Employee "Seasonal Employee" up to 65 working days per Fiscal Year"

- **BOARD APPROVAL REQUIRED**
- Any person who is employed on a short-term basis to perform a Continuing Service for no more than 65 Days
- "Only one per position per Department – Employee cannot exceed 65 days district-wide in any seasonal position."
- **A calendar of actual dates to be worked must be sent to HR. Days must be monitored by the Immediate Manager.**

Short-Term (Continuing Service) Employee "Seasonal Employee" up to 65 working days per Fiscal Year

- **BOARD APPROVAL REQUIRED**
- **APPLICABLE FOR A&R, Assessment, Financial Aid & Cashiers' Office**
- The District may simultaneously employ Short-Term (Continuing Service) Employees, each for no more than an aggregate of 65 Days in any Fiscal Year, to perform a Continuing Service pursuant to the same job titles working in the same department if the peak demands of the work in such department reasonably require additional employees working simultaneously to timely complete it, so long as such Short-Term (Continuing Service) Employees are different persons.
- Please see HR for clarification.
- **A calendar of actual dates to be worked must be sent to HR. Days must be monitored by the Immediate Manager.**
- Seasonal employees hired within the same department should share the same working days (calendars must be identical).

Short-Term Non Continuing Service Employee (up to 184 working days per Fiscal Year)

- **BOARD APPROVAL REQUIRED**
- **PLEASE CONTACT HR FOR CLARIFICATION BEFORE YOU SUBMIT THIS CATEGORY OR IT WILL NOT BE APPROVED**
- Non-Continuing Service means a service which is not a Continuing Service, and upon the completion of which, the service required or similar services will not be extended or needed on a continuing basis. "Position was not utilized last fiscal year by Department and individual to be recommended was not employed district-wide in same position or similar capacity previous year.
- **POSITION** - Not needed last fiscal year or next fiscal year.
- **PERSON** - Individual did not work as a 184 working employee in same position or performed similar duties last year on a district-wide basis
- **A calendar of actual dates to be worked must be sent to HR. Days must be monitored by the Immediate Manager.**

Short-Term (Continuing Service) Employee: Lifeguards (Laney Only) Less than 500 hours per Fiscal Year per individual.

- **BOARD APPROVAL REQUIRED**

Interpreters and Instructional Assistants/DSPS – up to 184 working days per Fiscal Year

- **BOARD APPROVAL REQUIRED**

Substitute - Recruitment (Effective July 1, 2007 - 90 calendar days allowed from first date of hire)

- Used when recruiting for permanent employees. The request to advertise must be approved before an individual can work in this category

Substitute - Temporary Leave of Duty (up to 184 working days per Fiscal Year)

- Means any person who is employed to replace any Classified Employee who is temporarily absent from duty.

Returning Retiree – up to 960 hours per fiscal year

- **BOARD APPROVAL REQUIRED**
- Means any person who is retired from the CalPERS retirement system. 180 day wait period from date of retirement required.

Name of applicant (Please Print) _____

Signature of recommended applicant for hire: _____

Date: _____

Signature of Immediate Manager (Non-Classified Staff) _____

Date: _____

College Approval(s) _____

Date: _____

Calendar of Working Days for Peralta Short-term Hourly Employees

INSTRUCTIONS: Circle days employee is scheduled to work; provide a copy to employee as authorized days to work. Please forward the form to the attention of Ruby Andrews in Human Resources via interoffice mail or fax. The HR fax number is 466-7280. The form should be submitted within the first week of employment. Please maintain a copy for your records.

2015-2016 FISCAL YEAR	EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:
	POSITION TITLE:	MANAGER:

FIRST QUARTER

JULY 2015

Su	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 2015

Su	M	T	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SEPTEMBER 2015

Su	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

of Working Days: _____

of Working Days: _____

of Working Days: _____

SECOND QUARTER

OCTOBER 2015

Su	M	T	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER 2015

Su	M	T	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2015

Su	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

of Working Days: _____

of Working Days: _____

of Working Days: _____

THIRD QUARTER

JANUARY 2016

Su	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2016

Su	M	T	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

MARCH 2016

Su	M	T	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

of Working Days: _____

of Working Days: _____

of Working Days: _____

FOURTH QUARTER

APRIL 2016

Su	M	T	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

MAY 2016

Su	M	T	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

JUNE 2016

Su	M	T	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

of Working Days: _____

of Working Days: _____

of Working Days: _____

If seasonal, complete fiscal total days only, for substitute-recruitment the above not applicable

TOTAL WORKING DAYS:		TOTAL NOT TO EXCEED 184 WORKING DAYS
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Form W-4 (2015)

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 2015 expires February 16, 2016. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

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

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

Head of household. Generally, you 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 2015. 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: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$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. • If your total income will be less than \$65,000 (\$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 \$65,000 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 _____	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 2015	
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 _____		6 \$ _____		7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.	
• 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.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)	

PERALTA COMMUNITY COLLEGE DISTRICT

333 EAST EIGHTH STREET * OAKLAND, CA 94606

Website: <http://www.peralta.edu>

Berkeley City College

College of Alameda

Laney College

Merritt College

APPLICANT SURVEY FORM

Chapter 60, Parts 60-1 and 60-2, hereby permit a California Community College District to solicit the collection of the below data from each applicant and/or employee in order to comply with State/Federal reporting requirements. Completion of this form is voluntary. **Information will be kept confidential to the extent provided for by law and will be processed separately from your application materials.**

Name (First MI Last):	Date:
Position Applied For:	

How did you find out about the position? (Please Check ONE to help us assess our recruitment efforts.)

- Asian Week
- California Community College Chancellor's Office website
- Career Builder
- Chronicle of Higher Education Online Newspaper
- Community College Times
- Craigslist
- Diverse Issues in Higher Education
- Hispanic Outlook in Higher Education
- Job Fair, Conference or Workshop _____
- Local Newspaper (Oakland Tribune, SF Chronicle, etc.)
- Peralta Jobs Website**
- Walk-In (PCCD Office of Human Resources)
- Women In Higher Education
- Word of Mouth
- 24-Hour Job Line
- Other, please specify _____

GENDER: Female Male

RACE/ETHNIC CATEGORY (Please Check ONE of the following)

- WHITE:** (Not of Hispanic origin): All persons having origins in any of the original people of Europe, North Africa, or the Middle East.
- AFRICAN AMERICAN/BLACK:** (Not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- AMERICAN INDIAN OR ALASKAN NATIVE:** All persons having origins in any of the cultural people of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN:** All persons having origins in any of the original people of the following (Check One):
 - CHINA INDIA JAPAN CAMBODIA
 - LAOS VIETNAM KOREA OTHER ASIAN COUNTRY _____
- FILIPINO:** All persons having origins in the Philippine Islands.
- PACIFIC ISLANDER:** All persons having origins in any of the original people of the following (Check One):
 - GUAM HAWAII SAMOA OTHER PACIFIC ISLAND _____
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban or South American culture or origin, regardless of race.
- OTHER:** (e.g.: Multi-racial) _____



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1738

ORI (Code assigned by DOJ)

Employment

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Peralta Community College District

Agency Authorized to Receive Criminal Record Information

333 East Eighth Street

Street Address or P.O. Box

Oakland

City

CA 94606

State ZIP Code

02182

Mail Code (five-digit code assigned by DOJ)

Isabel Cabrera

Contact Name (mandatory for all school submissions)

(510) 466-7293

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias) Last

Date of Birth

Sex Male Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service:

DOJ

FBI

If re-submission, list original ATI number.
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

PERALTA COMMUNITY COLLEGE DISTRICT

Berkeley City College - College of Alameda - Laney College - Merritt College

APPLICATION PROCEDURES

Applicants for **Classified Management** positions must submit the following five (5) items:

- **Completed Peralta CCD Classified Employment Application.**
- **Brief letter of application (maximum five pages) that states specifically how you would address the challenges and opportunities of the position.**
- **Detailed current résumé of work experience, formal education, training and qualifications.**
- **Names, business and home telephone numbers of four recent professional references.** (Note: References will not be contacted without the applicant's permission.)
- **Copy of transcripts from fully accredited college or university institutions.*** (Copies of diplomas will not substitute for transcripts.) (Official transcripts from fully accredited college or university institutions will be requested and required upon employment.)

Applicants for other **Classified** positions must submit the following items:

- **Completed Peralta CCD Classified Employment Application Form.**
- **A résumé and cover letter is encouraged, but not required.** (Résumés do not substitute for the requested information on the Employment Application.)
- **Copy of transcripts (if a degree or college coursework is listed in the minimum qualifications).***
- **Copies of licenses, permits and other documents listed in the minimum and desirable qualifications.**

Information for applicants for all classified positions.

1. Applications may be either downloaded from our website or obtained in person at the Office of Human Resources between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. (Address below.)
2. All documents submitted with the Application Form will be considered for this position only. These documents become the property of the District and will not be returned, copied or considered for additional or future openings.
3. Travel costs and other expenses incurred during the selection process will be borne by the candidates.
4. Inquiries and all materials are to be mailed or delivered to the:

Office of Human Resources
Peralta Community College District
333 East Eighth Street, Oakland, CA 94606
Fax No. (510) 466-7280 or (510) 466-7397
Website: <http://www.peralta.edu>

* **Note:** A written evaluation by an official foreign credentials/transcripts evaluation and translation service must be submitted for Foreign Degree(s) by the application deadline date (permanent openings).