



# NEW EMPLOYEE INFORMATION CALIFORNIA

## EMPLOYEE DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Marital Status:  Single  Married      Gender:  F  M  Other: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
(Needed for benefits eligibility notice)

Driver's License \_\_\_\_\_ State issued \_\_\_\_\_

**PLEASE PROVIDE RESIDENTIAL ADDRESSES FOR THE LAST 7 YEARS.**

Current Address: \_\_\_\_\_  
City      State      ZIP How long here? \_\_\_\_\_

Former Address: \_\_\_\_\_  
City      State      ZIP How long here? \_\_\_\_\_

Former Address: \_\_\_\_\_  
City      State      ZIP How long here? \_\_\_\_\_

## EMPLOYEE EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
City      State      ZIP Emergency Telephone: (\_\_\_\_) \_\_\_\_\_

## REPORTING EMPLOYEE QUESTIONNAIRE FOR SELF-IDENTIFICATION (Form EE01)

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be issued to accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported data will not identify a specific individual. If you choose not to self-identify your race/ethnicity at this time, the federal government requires Public Outreach to determine this information by visual survey and/or other available information.

- I accept and will complete the self-identification form  
 I decline and will not complete the self-identification portion

RACE/ETHNICITY	VETERAN STATUS	<input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Vietnam Veteran
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Other Veteran	
<input type="checkbox"/> White			
<input type="checkbox"/> Black or African American	<input type="checkbox"/> None	<input type="checkbox"/> Mental or Physical Disability	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
<input type="checkbox"/> Asian (Not Hispanic or Latino)			
<input type="checkbox"/> American Indian or Alaska Native			
<input type="checkbox"/> Two or More Races	GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female



# BACKGROUND CHECK:

## Request, Authorization, Consent & Release

I understand that in conjunction with my application for employment, **PUBLIC OUTREACH** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **PUBLIC OUTREACH**. **PUBLIC OUTREACH** uses Backgrounds Online, a consumer-reporting agency, as an agent to perform background verifications. Backgrounds Online will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, and professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **PUBLIC OUTREACH**, and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **PUBLIC OUTREACH** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **PUBLIC OUTREACH**. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to *Backgrounds Online*, 1915 21st Street, Sacramento, CA 95811, phone: 800-838-4804.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE PUBLIC OUTREACH AND ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.**

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Printed Name

Signed

Today's Date

Other names you have used or are also known as \_\_\_\_\_



**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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td></tr></table>				-			-				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 (See <i>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): _____<br>Some aliens may write "N/A" in the expiration date field. (See <i>instructions</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.

- |   |
|---|
| 1. Alien Registration Number/USCIS Number: _____<br><b>OR</b>   |
| 2. Form I-94 Admission Number: _____<br><b>OR</b>               |
| 3. Foreign Passport Number: _____<br>Country of Issuance: _____ |

QR Code - Section 1  
Do Not Write In This Space

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

- |  |   |
|--|---|
| <input type="checkbox"/> I did not use a preparer or translator. | <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.<br>(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*



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A  Documents that Establish Both Identity and Employment Authorization	OR	LIST B  Documents that Establish Identity	AND	LIST C  Documents that Establish Employment Authorization
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:            a. Foreign passport; and            b. Form I-94 or Form I-94A that has the following:            (1) The same name as the passport; and            (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>		<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:            (1) NOT VALID FOR EMPLOYMENT            (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION            (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security</p>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Form W-4 Department of the Treasury Internal Revenue Service		2019
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. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."
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 800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		5 <input type="checkbox"/> \$
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 <input type="checkbox"/> \$
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

9 First date of employment

10 Employer identification number (EIN)

Public Outreach 668 S LaFayette Park PI LA CA 90057

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

<b>Personal Allowances Worksheet (Keep for your records.)</b>		
<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b> _____
<b>D</b>	Enter "1" if: { • You're single, or married filing separately, and have only one job; or • You're married filing jointly, 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.	<b>D</b> _____
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .	<b>E</b> _____
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .	<b>F</b> _____
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter the total here . . . . . ► <b>H</b> _____	
<b>For accuracy, complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the <b>Deductions, Adjustments, and Additional Income Worksheet</b> below. • If you <b>have more than one job at a time</b> or are <b>married filing jointly and you and your spouse both work</b> , and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 4 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 above.		
<b>Deductions, Adjustments, and Additional Income Worksheet</b>		
<b>Note:</b> Use this worksheet <i>only</i> 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 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	1 \$ _____
2	Enter: { \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately } . . . . .	2 \$ _____
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3 \$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	4 \$ _____
5	<b>Add</b> lines 3 and 4 and enter the total . . . . .	5 \$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	6 \$ _____
7	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	7 \$ _____
8	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	8 _____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	9 _____
10	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	10 _____

## Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

### Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



This form can be used to manually compute your withholding allowances, or you can electronically compute them at [www.taxes.ca.gov/de4.pdf](http://www.taxes.ca.gov/de4.pdf).

## 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 2018

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 Public Outreach 672 S LaFayettte Park Pl Unit 668 Los Angeles, CA 90057	California Employer Payroll Tax 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.

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

**EXEMPTION FROM WITHHOLDING** (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (i) your spouse is a member of the armed forces present in California in compliance with military orders; (ii) you are present in California solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under this act, check the box on Line 3. You may be required to provide proof of exemption upon request.

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**IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FRANCHISE TAX BOARD (FTB).**

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES

1-800-852-5711 (voice)  
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES (Not Toll Free)      1-916-845-6500

The *California Employer's Guide, DE 44*, provides the income tax withholding tables. This publication may be found on the Employment Development Department (EDD) website at [www.edd.ca.gov/Payroll\\_Taxes/Forms\\_and\\_Publications.htm](http://www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the FTB website at [www.ftb.ca.gov/individuals/index.shtml](http://www.ftb.ca.gov/individuals/index.shtml).

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**NOTIFICATION:** If the IRS instructs your employer to withhold federal income tax based on a certain withholding status, your employer is required to use the same withholding status for state income tax withholding.

The burden of proof rests with the employee to show the correct California Income Tax Withholding. Pursuant to Section 4340-1(e) of [Title 22, California Code of Regulations \(CCR\)](#), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

**PENALTY:** You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by Section 13101 of the [California Unemployment Insurance Code](#) and Section 19176 of the [Revenue and Taxation Code](#).

## INSTRUCTIONS — 1 — ALLOWANCES\*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

**TWO-EARNERS/MULTIPLE INCOMES:** When earnings are derived from more than one source, underwithholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer. Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 or Form W-4 filed for the highest paying job and zero allowances are claimed for the others.

**MARRIED BUT NOT LIVING WITH YOUR SPOUSE:** You may check the "Head of Household" marital status box if you meet **all** of the following tests:

- (1) Your spouse will not live with you at **any time** during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; **and**
- (3) You will file a separate return for the year.

**HEAD OF HOUSEHOLD:** To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

### WORKSHEET A

### REGULAR WITHHOLDING ALLOWANCES

- (A) Allowance for yourself — enter 1 . . . . . (A) \_\_\_\_\_  
(B) Allowance for your spouse (if not separately claimed by your spouse) — enter 1 . . . . . (B) \_\_\_\_\_  
(C) Allowance for blindness — yourself — enter 1 . . . . . (C) \_\_\_\_\_  
(D) Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1 . . . . . (D) \_\_\_\_\_  
(E) Allowance(s) for dependent(s) — do not include yourself or your spouse . . . . . (E) \_\_\_\_\_  
(F) Total — add lines (A) through (E) above . . . . . (F) \_\_\_\_\_

## INSTRUCTIONS — 2 — ADDITIONAL WITHHOLDING ALLOWANCES

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

### WORKSHEET B

### ESTIMATED DEDUCTIONS

1. Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 . . . . . 1. \_\_\_\_\_
2. Enter \$8,472 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(en) with dependent(s) or \$4,236 if single or married filing separately, dual income married, or married with multiple employers . . . . . – 2. \_\_\_\_\_
3. Subtract line 2 from line 1, enter difference . . . . . = 3. \_\_\_\_\_
4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) . . . . . + 4. \_\_\_\_\_
5. Add line 4 to line 3, enter sum . . . . . = 5. \_\_\_\_\_
6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) . . . . . – 6. \_\_\_\_\_
7. If line 5 is greater than line 6 (if less, see below);  
Subtract line 6 from line 5, enter difference . . . . . = 7. \_\_\_\_\_
8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number  
Enter this number on line 1 of the DE 4. Complete Worksheet C, if needed. . . . . 8. \_\_\_\_\_
9. If line 6 is greater than line 5;  
Enter amount from line 6 (nonwage income) . . . . . 9. \_\_\_\_\_
10. Enter amount from line 5 (deductions) . . . . . 10. \_\_\_\_\_
11. Subtract line 10 from line 9, enter difference . . . . . 11. \_\_\_\_\_  
**Complete Worksheet C**

\*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of Section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

## WORKSHEET C

## TAX WITHHOLDING AND ESTIMATED TAX

1. Enter estimate of total wages for tax year 2018 . . . . . 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 2018 tax rate schedules below . . . . . 8. \_\_\_\_\_
9. Enter personal exemptions (line F of Worksheet A x \$125.40) . . . . . 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 2018. 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 2018. 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 2018 . . . . . 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 2018 ONLY

SINGLE PERSONS, DUAL INCOME MARRIED WITH MULTIPLE EMPLOYERS			
IF THE TAXABLE INCOME IS		COMPUTED TAX IS	
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS
\$0	\$8,223 . . .	1.100%	\$0 \$0.00
\$8,223	\$19,495 . . .	2.200%	\$8,223 \$90.45
\$19,495	\$30,769 . . .	4.400%	\$19,495 \$338.43
\$30,769	\$42,711 . . .	6.600%	\$30,769 \$834.49
\$42,711	\$53,980 . . .	8.800%	\$42,711 \$1,622.66
\$53,980	\$275,738 . . .	10.230%	\$53,980 \$2,614.33
\$275,738	\$330,884 . . .	11.330%	\$275,738 \$25,300.17
\$330,884	\$551,473 . . .	12.430%	\$330,884 \$31,548.21
\$551,473	\$1,000,000 . . .	13.530%	\$551,473 \$58,967.42
\$1,000,000	and over...	14.630%	\$1,000,000 \$119,653.12

MARRIED FILING JOINT OR QUALIFYING WIDOW(ER) TAXPAYERS			
IF THE TAXABLE INCOME IS		COMPUTED TAX IS	
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS
\$0	\$16,446 . . .	1.100%	\$0 \$0.00
\$16,446	\$38,990 . . .	2.200%	\$16,446 \$180.91
\$38,990	\$61,538 . . .	4.400%	\$38,990 \$676.88
\$61,538	\$85,422 . . .	6.600%	\$61,538 \$1,668.99
\$85,422	\$107,960 . . .	8.800%	\$85,422 \$3,245.33
\$107,960	\$551,476 . . .	10.230%	\$107,960 \$5,228.67
\$551,476	\$661,768 . . .	11.330%	\$551,476 \$50,600.36
\$661,768	\$1,000,000 . . .	12.430%	\$661,768 \$63,096.44
\$1,000,000	\$1,102,946 . . .	13.530%	\$1,000,000 \$105,138.68
\$1,102,946	and over	14.630%	\$1,102,946 \$119,067.26

UNMARRIED HEAD OF HOUSEHOLD			
IF THE TAXABLE INCOME IS		COMPUTED TAX IS	
OVER	BUT NOT OVER	OF AMOUNT OVER . . .	PLUS
\$0	\$16,457 . . .	1.100%	\$0 \$0.00
\$16,457	\$38,991 . . .	2.200%	\$16,457 \$181.03
\$38,991	\$50,264 . . .	4.400%	\$38,991 \$676.78
\$50,264	\$62,206 . . .	6.600%	\$50,264 \$1,172.79
\$62,206	\$73,477 . . .	8.800%	\$62,206 \$1,960.96
\$73,477	\$375,002 . . .	10.230%	\$73,477 \$2,952.81
\$375,002	\$450,003 . . .	11.330%	\$375,002 \$33,798.82
\$450,003	\$750,003 . . .	12.430%	\$450,003 \$42,296.43
\$750,003	\$1,000,000 . . .	13.530%	\$750,003 \$79,586.43
\$1,000,000	and over	14.630%	\$1,000,000 \$113,411.02

IF YOU NEED MORE DETAILED INFORMATION, SEE THE INSTRUCTIONS THAT CAME WITH YOUR LAST CALIFORNIA RESIDENT INCOME TAX RETURN OR CALL THE FTB:

IF YOU ARE CALLING FROM WITHIN THE UNITED STATES 1-800-852-5711 (voice)  
1-800-822-6268 (TTY)

IF YOU ARE CALLING FROM OUTSIDE THE UNITED STATES  
(Not Toll Free) 1-916-845-6500

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, Section 4340-1, and the California Revenue and Taxation Code, including Section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.



# SIGNATURE PAGE:

## Review & Adherence to Public Outreach Policies

Please initial each section to signify that you have read and understood the policies contained in this packet:

\_\_\_\_\_ **Code of Conduct:** I have read and understand the Public Outreach Code of Conduct. I understand what is expected out of me and will conduct myself in an appropriate and respectful manner at all times. Failure to follow the Code of Conduct may result in disciplinary action up to and including termination.

\_\_\_\_\_ **Zero Tolerance Substance Use Policy:** I agree to uphold and honor the Zero Tolerance Substance Use Policy. I understand that failure to do so will result in immediate termination of employment.

\_\_\_\_\_ **Online Communications Guidelines:** I have read and understand the Public Outreach Online Communications Guidelines. I understand what is expected of me and will conduct myself in an appropriate and respectful manner.

\_\_\_\_\_ **Handheld Liability Waiver:** I have read and understood the guidelines dictating appropriate usage of Public Outreach handheld devices.

\_\_\_\_\_ **Acknowledgment of Staff Handbook & Employment-At-Will Statement:** I read and understood that I have access to the Staff Handbook in any Public Outreach office and that Public Outreach is an At-Will Employer.

\_\_\_\_\_ **Non-Harassment Policy, Sexual Harassment Policy & Complaint Procedure:** I have on this day received a copy of the company's Non-Harassment and Sexual Harassment policies which includes the Complaint Procedures. I understand that I am responsible for reading the policies and procedures. I agree to abide by these policies and procedures. I understand that the policies and procedures may be added to, deleted or changed by the company at any time. If I have any questions regarding the content or interpretation of these policies or procedures, I will bring them to the attention of my supervisor or any member of management.

Please print your name, sign and date this document as an acknowledgement of your understanding of the aforementioned Public Outreach Policies.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

---

### TO BE COMPLETED BY EMPLOYER

New Hire

Rehire

Hire Date: \_\_\_\_\_

PTO Date: \_\_\_\_\_

Benefit Date: \_\_\_\_\_

(1 month from Hire Date)

(5 months from Hire Date, then 1st of following month)

Office: \_\_\_\_\_

EE01 Employer Identify if Employee Declined: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Employee Payroll Frequency: BIWEEKLY \_\_\_\_\_



**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				
Issuing Authority		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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 Public Outreach	
Employer's Business or Organization Address (Street Number and Name) 672 S LaFayettte Park Pl, Unit 668	City or Town Los Angeles	State CA	ZIP Code 90057

**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)	

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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# CODE OF CONDUCT

Public Outreach fully recognizes the importance of the conduct of its employees as the "public face" of our clients. Each employee has an obligation to observe and follow the organization's policies and to maintain proper standards of conduct at all times. If an employee's behavior interferes with the orderly and efficient operation of Public Outreach, corrective disciplinary measures will be taken. Disciplinary action may include a verbal warning, written warning, suspension with or without pay, and/or discharge. The appropriate action imposed will be determined by Public Outreach. Public Outreach does not guarantee that one form of action will necessarily precede another.

1. **Tardiness or Absenteeism** - Tardiness is defined as a failure to report to work at the assigned/scheduled work time. At the discretion of manager, staff can be sent home based on tardiness in excess of 20 minutes. Absenteeism is defined as a missed work shift that was unscheduled/unapproved. Habitual tardiness/absenteeism of 3 or more occurrences in a biweekly period will be addressed by the management team.
2. **Alcohol, Drugs, Prescription Medicines** - Public Outreach has a zero tolerance of unauthorized substances being used by employees during working hours. Employees are prohibited from reporting to work or working while using illegal or unauthorized substances (alcohol or illegal drugs), including controlled substances (prescription medicines) except when the use is under a doctor's orders and the doctor advised the employee that the substance does not adversely affect the employee's ability to safely perform his/her job duties. Additionally, any activities that leave the impression of engaging in unauthorized substances during working hours are subject to disciplinary actions, up to and including discharge. Medical Marijuana use is not tolerated during working hours. *Bottom line, don't come to work if you are using a mind altering substance that adversely impacts your ability to do your job or will affect your and/or others' safety.* (For a comprehensive overview of this policy refer to the Zero Tolerance Substance Use Policy.)
3. **Reporting to work/working while unfit for work.** This includes being too fatigued to properly engage donors, inappropriately attired, or having poor hygiene;
4. **Theft;**
5. **Loss of Materials** - Keep Public Outreach materials on your person at all times. If you are leaving 'Turf' for any reason, leave Public Outreach materials with your supervisor.
6. **Leave the work place** (including a fundraising location) without first notifying their partner and supervisor;
7. **Willfully misstating information** contained in training materials pertaining to a client, or pertaining to monthly giving;
8. **Make inappropriate use of donations or donor information** or disclose personal information belonging to clients/donors/other staff members, including, but not limited to, identity, email addresses/telephone numbers/addresses/financial information (credit card or banking information)/birth dates;
9. **Smoke, use a cell phone, or engage in other inappropriate behavior while representing clients in public;**
10. **Harassment** - Behave in a way that a reasonable person would consider rude or amounting to harassment of the general public including complaints for excessive persistence while representing a



# CODE OF CONDUCT

client or other Public Outreach staff. This includes using threats, insults, profanities or sexual harassment while engaging the general public or with other Public Outreach employees.

11. **Sign up themselves, friends or a member of their immediate family for a monthly gift** on behalf of one of our clients (past or present) so that the monthly gift may be submitted to the client separately from gifts recruited from the general public.
12. **Willfully damage property or engage in other criminal conduct during working hours;**
13. **Violate a client confidentiality agreement.** This includes disclosure of any information to third parties that the client has described as being for "internal use only", or sharing of donor information such as names, phone numbers, etc. with third parties;
14. **Make a statement about Public Outreach or a client of Public Outreach** other than in a fundraising capacity to a government or media representative or other individual without the approval of the National Fundraising Director.



# NEW RECRUIT EVALUATION

You are starting your career in professional fundraising, representing the world's most respected non-profit organizations, while working alongside some of the most amazing people you will ever meet. Public Outreach is a for-profit Face-to-Face fundraising agency, working on behalf of our non-profit partners. We specialize in signing up large numbers of monthly donors across the country. By investing in Public Outreach our clients more than triple their investment over five years.

Simply put, your work as a face-to-face fundraiser will help our non-profit partners protect the planet, uphold human rights and save lives! Our motto **Honest-Respectful-Effective** is our guide in everything we do.

The purpose of the Evaluation Period is to determine if the New Recruit will be able to meet fundraising targets, prior to an offer of employment as Fundraising Representative, as determined by the agreement between Public Outreach and the Not for Profit that Public Outreach has agreed to represent.

## EVALUATION PERIOD

### DAY 0 & DAY 1: ORIENTATION & TRAINING

During this evaluation period New Recruits are paid an hourly wage of \$14.00 per hour. You will receive one day of training on the charity at our office.

#### DAY 0

"In Office" Orientation & Charity Training

#### DAY 1

Training on Turf with Regular Fundraising Crew

### How to Calculate PPH

$$\text{PAC Dollars Raised ($)} \div \text{Total Canvass Hours} = \text{PPH}$$

Example: In first 30 hours, the new recruit raised \$150 PAC Dollars.

$$\frac{\$150 \text{ Raised}}{30 \text{ Hours}} = 5.00 \text{ PPH}$$

### TERMS

**PAC**  
Pre Authorized Contribution

**PPH**  
PAC per Hour

### CANVASS HOURS

The evaluation period can be terminated at any time and can last as long as

**10 fundraising shifts.**

At least once per week you will have the opportunity to sit down with your Fundraising Coach before shift and review your fundraising results. If you are absent when results are reviewed it is your responsibility to ask your coach to provide you with your results to date the very next time you are working.

Staff who do not successfully meet the minimum performance standards may be given the option of extending the evaluation period, OR may be given the option of restarting the evaluation period in a different fundraising medium (i.e. Street Fundraising or Door-to-Door Fundraising), OR may be let go.

New recruits who successfully meet the minimum performance standards may be offered employment with Public Outreach as a Fundraising Representative. If and when you are offered the position of Fundraising Representative, your pay rate will go up to \$14.00/hour, and will continue to go up based on your performance.

\* Wage change - starting wage is different in different cities ranging from \$16.50 - 18.50

Continued employment is determined on my ability to adequately fundraise during the Evaluation Period and thereafter.



# ZERO-TOLERANCE SUBSTANCE USE POLICY

Public Outreach has a ZERO TOLERANCE policy on the use or possession of any drugs (this includes illegal substances, controlled substances such as prescription medicines, and Over-the-Counter medicines) or alcohol during any work hours, or at any time before work that would cause an employee to be affected in any way during working hours.

What this means:

- **NO drug use will be tolerated during working hours.** Additionally, drug use prior to work that will affect one's behavior or be noticed in anyway by others will not be tolerated either.
- **NO drugs or drug paraphernalia are allowed to be in the possession of any employee** during working hours or in any Public Outreach space (including but not limited to offices, apartments, and/or vehicles, whether owned or rented by Public Outreach or private, but used to transport Public Outreach employees).
- **NO drug use, possession of drugs, or paraphernalia** will be tolerated in **ANY vehicle** that is being used to transport Public Outreach staff for the purposes of Public Outreach business.
- Prescription drugs that may slightly inhibit or affect behavior may be used with a Doctor's note and the approval of your manager. If there is a more significant effect of these prescription drugs, we reserve the right to send you home until fully recovered.
- **Marijuana is not an exception to this policy.** There will be no possession or use of medical/recreational marijuana during work. Medically prescribed cannabis that may slightly inhibit or affect behavior may be used with a Doctor's note and the approval of your manager and a formal medical accommodation plan. If there is a more significant effect of these prescription drugs, we reserve the right to send you home until fully recovered.
- **NO alcohol is to be used during working hours.** Additionally, alcohol use prior to work that will affect one's behavior or be noticed in any way by others will not be tolerated either.
- **NO alcohol can be consumed on breaks during a workday.**
- **You MUST report any behavior that is counter to this policy to the manager of the person who is engaging in this behavior immediately.**

**Additionally,** any activities that leave the impression of engaging in unauthorized substances during working hours are subject to disciplinary actions, up to and including immediate termination of employment.

Public Outreach will assist and support employees who voluntarily seek help for substance problems before becoming subject to discipline and/or termination under this or other Public Outreach policies. Such employees will be allowed to use accrued paid time off, may be placed on a leave of absence (when eligible), and/or referred to treatment providers.

**Bottom line - don't come to work if you are using a mind altering substance.**



# ONLINE COMMUNICATION GUIDELINES

Public Outreach recognizes the importance of the Internet in shaping public thinking about the work that we do, as well as our employees, and our non-profit partners. Public Outreach also recognizes the importance of our employees joining in and helping shape the fundraising conversation and direction through blogging and interaction in social media. So, Public Outreach is committed to supporting your right to interact knowledgeably and socially in the blogosphere and on the Internet through blogging and interaction in social media.

Consequently, these guidelines in this blogging and social media policy will help you make appropriate decisions about your work-related blogging and the contents of your blogs, personal Web sites, postings on the wikis and other interactive sites, postings on video or picture sharing sites, or in the comments that you make online on blogs, elsewhere on the public Internet, and in responding to comments from posters either publicly or via email. Our internal Internet and Email Policy remains in effect in our workplace.

These guidelines will help you open up a respectful, knowledgeable interaction with people on the Internet. They also protect the privacy, confidentiality, and interests of Public Outreach and our current non-profit partners, employees, donors, and competitors.

Note that these policies and guidelines apply only to work-related sites and issues and are not meant to infringe upon your personal interaction or commentary online.

## **Guidelines for Interaction about Public Outreach on the Internet**

- If you are developing a Web site or writing a blog that will mention Public Outreach and/or our current and potential non-profit partners, employees, donors or potential donors, identify that you are an employee of Public Outreach, and not our partner organization and that the view expressed on the blog or Web site are yours alone and do not represent the view of Public Outreach or any partner organizations.
- Unless given permission by the National Fundraising Director, you are not authorized to speak on behalf of Public Outreach, or our partner organizations, or to represent that you do so.
- If you are developing a site or writing a blog that will mention Public Outreach and/or our current and potential non-profit partners, employees, donors or potential donors, as a courtesy of Public Outreach, please let your Fundraising Manager know that you are writing them. Your Fundraising Manager may choose to visit from time to time to understand your point of view.

## **Confidential Information Component of the Blogging Policy**

- You may not share information that is confidential and proprietary about Public Outreach. This includes information about training, recruitment, sales, finances, potential non-profit clients, number of employees, company strategy, and any other information that has not been publicly released by Public Outreach.



# ONLINE COMMUNICATION GUIDELINES

- These are given as examples only and do not cover the range of what Public Outreach considers confidential and proprietary. If you have any question about whether information has been released publicly or doubts of any kind, speak with your Fundraising Manager before releasing information that could potentially harm Public Outreach, or our current and potential non-profit partners, employees, donors and potential donors.
- Public Outreach logo and trademarks, or the logo and trademarks of our partner non-profit organizations may not be used without explicit permission in writing from Public Outreach or our non-profit partner. This is to prevent the appearance that you speak for or represent Public Outreach or our non-profit clients officially.

## **Respect and Privacy Rights Components of the Blogging Policy**

- Speak respectfully about Public Outreach and our current and potential non-profit partners, our current and potential employees, donors and potential donors, as well as our competitors. Do not engage in name-calling or behavior that will reflect negatively on Public Outreach's reputation. Note that the use of copyrighted materials, unfounded or derogatory statements, or misrepresentation is not viewed favorably by Public Outreach and can result in disciplinary action up to and including employment termination.
- Public Outreach encourages you to write knowledgeably, accurately, and using appropriate professionalism. Despite disclaimers, your Web interaction can result in members of the public forming opinions about Public Outreach and its employees, and partner non-profits.
- Honor the privacy rights of our current employees by seeking their permission before writing about or displaying internal company happening that might be considered to be a breach of their privacy and confidentiality.

## **Your Legal Liability Component of the Blogging Policy**

- Recognize that you are legally liable for anything you write or present online. Employees can be disciplined by Public Outreach for commentary, content, or images that are defamatory, pornographic, proprietary, harassing, libelous, or that can create a hostile work environment. You can also be sued by company employees, competitors, and any individual or company that views your commentary, content, or images as defamatory, pornographic, proprietary, harassing, libelous or creating a hostile work environment.

## **Media Contact Component of the Blogging Policy**

Media contacts about Public Outreach and our current and potential non-profit partners, employees, donors and potential donors, and competitors should be referred for coordination and guidance to the National Fundraising Director or Client Services Department. This does not specifically include your opinions, writing, and interview on topics aside from Public Outreach and our current and potential non profit partners, employees, donors and potential donors.



# HANDHELD LIABILITY POLICY

You are being issued access to the use of our handheld devices as part of your employment with Public Outreach Fundraising. This device is for **BUSINESS USE ONLY**.

While you have possession of this device, you are expected to:

1. Keep the device on your person at all times.
2. Protect the device at all times; Androids, iPhones, and iPads are frequently targets of thieves!
3. Do not add, delete or alter any of the settings or applications on the device.
4. Beyond entering data into the provided donation processing system, do not save or record any donor data on the device. (Using any media: notes app, audio/video recording, screen shot, etc)
5. Do not place phone calls with the Android or iPhone.
6. Do not text with the Android, iPhone, or iPad.
7. Personal and/or Unauthorized data use on the Android, iPhone, or iPad is not allowed.
8. Emergency calls are an acceptable use of the iPhone or Android.

Failure to adhere to any of the above policies may result in disciplinary action.

Public Outreach understands that accidents do happen, however; if we find that the device has been damaged due to your negligence, or intentionally damaged or destroyed, you may be held responsible. As a user of our handheld device, you are responsible at all times for its security; mobile devices should not be left unattended.

Your signature on the Policy signing page will indicate that you have read and understand these guidelines. If you have any questions about proper iPhone or iPad use, please contact the IT Department at [its@publicoutreachgroup.com](mailto:its@publicoutreachgroup.com) or at **1-888-442-4149** option 2.



## ACKNOWLEDGEMENT OF STAFF HANDBOOK & EMPLOYMENT-AT-WILL STATEMENT

This is to acknowledge that a copy of the Public Outreach Fundraising, LLC Staff Member Handbook is available in every office by request and that it contains information about the employment policies and practices of the organization. I agree to read and comply with this Staff Member Handbook. I understand that the policies outlined in the Staff Member Handbook are management guidelines only, which in a developing business require changes from time to time. I understand the organization retains the right to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the staff members and the organization. I understand that this Staff Member Handbook supersedes and replaces any and all prior Staff Member Handbooks and any inconsistent verbal or written policy statements.

I understand that except the policy of at-will employment, which can only be changed by the Managing Director of the organization in a signed written contract, the organization reserves the right to revise, delete and add to the provisions of this Staff Member Handbook at any time without further notice. All such revisions will be in writing and will be signed by the Director of People and Culture of the organization. I understand that no oral statements or representations can change the provisions of this Staff Member Handbook.

I understand that this Staff Member Handbook is not intended to create contractual obligations with respect to any matters it covers and that the Staff Member Handbook does not create a contract guaranteeing that I will be employed for any specific time period.

**THIS ORGANIZATION IS AN AT-WILL EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS STAFF MEMBER HANDBOOK, THE ORGANIZATION OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS STAFF MEMBER HANDBOOK OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, STAFF MEMBER OR REPRESENTATIVE OF THE ORGANIZATION IS AUTHORIZED TO ENTER INTO AN AGREEMENT - EXPRESS OR IMPLIED - WITH ME OR ANY STAFF MEMBER FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE DIRECTOR OF PEOPLE AND CULTURE OF THE ORGANIZATION.**

I understand that this Staff Member Handbook refers to current benefit plans maintained by the organization and that I must refer to the actual plan documents and summary plan descriptions as these documents are controlling.



# NON- HARASSMENT POLICY AND COMPLAINT PROCEDURE

**Non Harassment Policy:** Public Outreach is committed to providing a working environment for employees that is free of abusive conduct and harassment and in which all employees are treated with respect and dignity.

We prohibit harassment and abuse of one staff member by another staff member, Supervisor or third party for any reason [“protected class”] (\*a complete lis of the protected classes for each state is found at the end of this section). Harassment of third parties by our staff members is also prohibited. Abuse is defined as conduct of an employer or employee in the workplace, with malice, that a reasonable person who find hostile, offensive, and unrelated to an employer’s legitimate business interests. Harassment is defined as conduct, verbal comments actions or gestures that demean, belittle, humiliate or harm another coworker.

The purpose of this policy is not to regulate the personal morality of staff members. It is to ensure that in the workplace, no staff member harasses another for any reason or in any manner. The conduct prohibited by this policy includes conduct in any form including but not limited to email, voicemail, chat rooms, Internet and social media use or history, text messages, pictures, images, writings, words or gestures. While it is not easy to define precisely what harassment is, it includes: slurs, epithets, threats, derogatory comments or visual depictions, unwelcome jokes and teasing.

Any staff member who feels that (s)he is a victim of such harassment should immediately report the matter to the Fundraising Manager of their office. If a staff member makes a report to any of these members of management and the manager either does not respond or does not respond in a manner the staff member deems satisfactory or consistent with this policy, the staff member is required to report the situation to one of the other members of management designated in this policy to receive complaints.

Staff members may contact any of the following members of the leadership team:

- Nikki Foster, Director of Human Resources, [nfoster@publicoutreachgroup.com](mailto:nfoster@publicoutreachgroup.com),  
1-888-326-5535 ext. 5804;
- Jerome Cheung, US Managing Director and Director of Business Services,  
[jerome.cheung@publicoutreachgroup.com](mailto:jerome.cheung@publicoutreachgroup.com)

The organization will investigate all such reports as confidentially as possible. Adverse action will not be taken against a staff member because he or she, in good faith, reports or participates in the investigation of a violation of this policy. Violations of this policy are not permitted and may result in disciplinary action, up to and including discharge.

**California Protected Classes** In California, the following are a **protected class**: race; religious creed; color; national origin; ancestry; physical disability; mental disability; medical condition, including genetic characteristics; marital status; sex; pregnancy, childbirth or related medical conditions; actual or perceived gender; gender identity; sexual orientation; civil air patrol membership; service in the military forces of the State of California or of the United States and age [40 or over]. Included in the definition of each protected category is the perception of membership in a protected category and an individual’s association with an actual or perceived member of a protected category.

**Massachusetts Protected Classes** In Massachusetts, the following are a **protected class**: race, color, religious creed, national origin, sex, pregnancy, sexual orientation, ancestry, age [over 40], veteran status, genetic information, handicap, admission to a mental facility, and military membership.

PLEASE KEEP FOR YOUR REFERENCE Non Harassment Policy Revised 3/2018



# NON- HARASSMENT POLICY AND COMPLAINT PROCEDURE

**Pennsylvania Protected Classes** In Pennsylvania, the following are a **protected class**: race; color; religious creed; ancestry; age [40 or over]; sex; pregnancy, childbirth and related medical conditions; national origin, non-job related handicap or disability, or the use of a guide or support animal.

**Washington Protected Classes** In Washington, the following are a **protected class**: sex, race; color; religious creed; national origin; sexual orientation; age [40 or over]; gender identity; honorably discharged veteran or military service; non-job related handicap or disability, or the use of a guide or support animal.

## Sexual Harassment Policy & Complaint Procedure

Any type of sexual harassment is against organization policy and may be unlawful. We firmly prohibit sexual harassment of any staff member by another staff member, Fundraising Coach or third party. Harassment of third parties by our staff members is also prohibited. The purpose of this policy is not to regulate the morality of staff members. It is to ensure that in the workplace, no staff member is subject to sexual harassment. While it is not easy to define precisely what sexual harassment is, it may include:

unwelcome sexual advances, requests for sexual favors, and/or verbal or physical conduct of a sexual nature including, but not limited to, sexually-related drawings, pictures, jokes, teasing, uninvited touching or other sexually-related comments. The conduct prohibited by this policy includes conduct in any form including but not limited to e-mail, voicemail, chat rooms, Internet use or history, text messages, pictures, images, writings, words or gestures.

Sexual harassment of a staff member will not be tolerated. Violations of this policy may result in disciplinary action, up to and including discharge. There will be no adverse action taken against staff members who report violations of this policy in good faith or participate in the investigation of such violations.

Any staff member who feels that (s)he is a victim of sexual harassment should immediately report such actions in accordance with the following procedure. All complaints will be promptly and thoroughly investigated as confidentially as possible.

1. Any staff member who believes that (s)he is a victim of sexual harassment or has been retaliated against for complaining of sexual harassment, should report the situation immediately to their fundraising manager. If a staff member makes a report to any of these members of management and the manager either does not respond or does not respond in a manner the staff member deems satisfactory or consistent with this policy, the staff member is required to report the situation to one of the other members of management designated in this policy to receive complaints.
2. The organization will investigate every reported incident immediately. Any staff member, Fundraising Coach or agent of the organization who has been found to have violated this policy may be subject to appropriate disciplinary action, up to and including immediate discharge.
3. The organization will conduct all investigations in a discreet manner. The organization recognizes that every investigation requires a determination based on all the facts in the matter. We also recognize the

**PLEASE KEEP FOR YOUR REFERENCE** Non Harassment Policy Revised 3/2018

serious impact a false accusation can have. We trust that all staff members will continue to act responsibly.

4. The reporting staff member and any staff member participating in any investigation under this policy have the organization's assurance that no reprisals will be taken as a result of a sexual harassment complaint. It is our policy to encourage discussion of the matter, to help protect others from being subjected to similar inappropriate behavior.

### ***Massachusetts State Policy***

Any type of sexual harassment is against organization policy and may be unlawful. Harassment of third parties by our staff members is also prohibited. The purpose of this policy is not to regulate the morality of staff members. It is to ensure that in the workplace, no staff member is subject to sexual harassment.

Sexual harassment of any kind will not be tolerated. Violations of this policy may result in disciplinary action, up to and including discharge. Retaliation against an individual who has reported or complained about sexual harassment and retaliation against individuals who cooperate in an investigation of a sexual harassment complaint is unlawful and will not be tolerated by this organization.

In Massachusetts, the legal definition for sexual harassment includes: "sexual harassment" means sexual advances, requests for sexual favors and verbal or physical conduct of a sexual nature when:

- submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment.

Under these definitions, direct or implied requests by a supervisor for sexual favors in exchange for actual or promised job benefits such as favorable reviews, salary increases, promotions, increased benefits or continued employment constitutes sexual harassment.

The legal definition of sexual harassment is broad and in addition to the above examples, other sexually oriented conduct, whether it is intended or not, that is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating or humiliating to male or female workers may also constitute sexual harassment. This may include the dissemination of sexually explicit voicemail, e-mail, graphics, downloaded material or websites in the workplace. The conduct prohibited by this policy includes conduct in any form including but not limited to e-mail, voice mail, chat rooms, Internet use or history, text messages, pictures, images, writings, words or gestures.

While it is not easy to define precisely what sexual harassment is, it includes:

Unwelcome sexual advances. Requests for sexual favors. Verbal or physical conduct of a sexual nature when submission to that conduct is made either explicitly or implicitly as a condition of employment. Verbal or physical conduct of a sexual nature when submission to or rejection of such conduct by an individual is used as a component of the basis for employment decisions affecting that individual. Verbal or physical conduct of a sexual nature that has the effect of interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. Examples of sexual harassment include but are not limited to sexually-related drawings, pictures, jokes, teasing, uninvited touching or other sexually-related comments.

**PLEASE KEEP FOR YOUR REFERENCE** Non Harassment Policy Revised 3/2018



# NON- HARASSMENT POLICY AND COMPLAINT PROCEDURE

Any staff member who feels that (s)he is a victim of sexual harassment should immediately report such actions in accordance with the following procedure. All complaints will be promptly and thoroughly investigated.

Any staff member who believes that (s)he is a victim of sexual harassment or has been retaliated against for complaining of sexual harassment, should report the situation immediately to their Fundraising Manager. If a staff member makes a report to any of these members of management and the manager either does not respond or does not respond in a manner the staff member deems satisfactory or consistent with this policy, the staff member is required to report the situation to one of the other members of management designated in this policy to receive complaints.

The organization will investigate every reported incident immediately. Any staff member, supervisor or agent of the organization who has been found to have violated this policy may be subject to disciplinary action, up to and including immediate discharge.

The organization will conduct all investigations in a discreet manner. Our organization recognizes that every investigation requires a determination based on all the facts in the matter. We also recognize the serious impact a false accusation may have. We trust that all staff members will continue to act responsibly.

The reporting staff member and any staff member participating in any investigation under this policy have the organization's assurance that no reprisals will be taken as a result of a sexual harassment complaint made in good faith. It is our policy to encourage discussion of the matter, to help protect others from being subjected to similarly inappropriate behavior. We strongly encourage our staff members to file a complaint of sexual harassment using our organization's complaint procedure. However, using our internal complaint process does not prohibit you from contacting one of the following agencies:

- Massachusetts Commission Against Discrimination Boston Office: One Ashburton Place, Room 601, Boston, MA 02108-1518, (617) 994-6000 (voice), (617) 994-6196 (TTY). Springfield Office: 436 Dwight Street, Room 220, Springfield, MA 01103, (413) 739-2145.
- Equal Employment Opportunity Commission, John F. Kennedy Federal Building, Government Center, 4th Floor, Room 475, Boston, MA 02203, (617) 565-3200 (voice), (617) 565-3204 (TTY). Complaints must be filed within 300 days of the adverse action.

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