

DESERT/MOUNTAIN SELPA PROJECT WORKABILITY | GRANT

Teacher Packet



Please send/deliver the complete packet to the address below.
Thank you.

Desert/Mountain SELPA
17800 Highway 18
Apple Valley, CA 92307-1221
(760) 552-6700
Jenae Holtz, Chief Executive Officer

WorkAbility Student Application Packet

Student/parent must complete the following forms attached:

- Student/Parent Release Form
- W-4
- I-9 Form
- Student Emergency Card
- Oath of Allegiance
- Student's Residential Status and Current Service Providers
- Ethnicity Form
- Payroll Notification Form
- If Your Student/Employee is Injured... Signature Page

Student/parent must provide a copy of the student's:

- Social Security Card (must be signed social security card)
- Birth Certificate
- Picture ID (current School ID/ California ID)
- IEP (please attach CURRENT IEP)
- Psycho-Educational Evaluation (please attach CURRENT evaluation, within 3 years)

Please note that incomplete application packet will be returned for completion.

Thank you.

DESERT/MOUNTAIN SPECIAL EDUCATION LOCAL PLAN AREA

17800 HIGHWAY 18 • APPLE VALLEY, CA 92307

(760) 552-6700 • (760) 242-5363 FAX

**WorkAbility Program
Parent/Student Permission Slip/Release**

Dear Parent/Guardian:

If your son/daughter has your permission to participate in the WorkAbility Program (WAI), please complete, sign, and date the consent below.

Student Name: _____ **Social Security No.:** _____

I hereby give consent for my son/daughter to participate in the WorkAbility Program and in part-time employment. I will give support for my student to maintain good work habits. Yes No

I hereby give my consent to the County Superintendent of Schools to take, or authorize others to take still pictures, motion pictures, videotapes, or voice recordings. I understand that these may be used for educational, public interest, or informational purposes through the media, radio, television, newspaper, or firm (not required for participation). Yes No

I hereby consent to and authorize the Desert/Mountain SELPA to:

1. Obtain from you or the district in which your student attends all psychological, medical, educational, vocational assessment, IEP, and any other pertinent records. Yes No
2. Are you a client of Inland Regional Center (IRC)? If yes, please provide the name of the Case Worker.
Case Worker: _____ Yes No
3. Permission to contact and communicate with Inland Regional Center (IRC) Case Worker. Yes No
4. Are you eligible to receive Medi-Cal services? If yes, please provide Medi-Cal#: _____ Yes No
5. Permission to verify dates of employment. Yes No

**AS PART OF THE WORKABILITY PROGRAM (WAI), "PAID WORK EXPERIENCE" HOURS
MAY BE AUTHORIZED FOR JOB TRAINING.**

**THIS CONSENT FORM IS SUBJECT TO REVOCATION AT ANY TIME AND WILL EXPIRE THREE YEARS FROM
THE DATE OF SIGNATURE OR JUNE 30, 2017 (WHICHEVER DATE COMES FIRST)**

PLEASE SIGN BELOW TO INDICATE THAT YOU UNDERSTAND THAT IT IS YOUR RESPONSIBILITY TO:

1. Keep an accurate timesheet (processing of my first paycheck will take a minimum of 4 weeks).
2. Have my timesheet completed and signed no later than the 20th of each month (in order to avoid a delayed paycheck).
3. Keep track of my hours and not work more than the number of hours authorized (I will not be paid for any hours I work in addition to the authorized hours).

Signed By: _____ Date: _____
Parent/Guardian (only if student is under 18)

Signed By: _____ Date: _____
Student

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

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		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 \$ _____		
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)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			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):

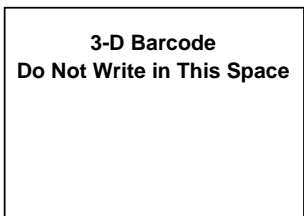
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)		City or Town	State Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

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

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Independent Living Technician	
Last Name (Family Name) Wilkins	First Name (Given Name) Ivan	Employer's Business or Organization Name SBCSS		
Employer's Business or Organization Address (Street Number and Name) 760 E. Brier Dr.	City or Town San Bernardino	State CA	Zip Code 92408	

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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STUDENT EMERGENCY CARD

Name (Legal): Last		First	MI	Birthdate	Sex	School Site	Teacher
Address:		City/Zip	Home Phone	Social Security #	Grade Level	Program	
Father: Last		First	MI	Employer			
Father: Address			City/Zip	Home Phone ()	Business Phone ()		
Mother: Last		First	MI	Employer			
Mother: Address			City/Zip	Home Phone ()	Business Phone ()		
Care Home or Guardian:		Address:			City/Zip	Phone ()	
Health Plan/Insurance:		<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Blue Cross	Health Plan/Medi-Cal ID#	Physician	Phone ()	
		<input type="checkbox"/> Kaiser	<input type="checkbox"/> Other (Specify)				

I give the school permission to bill for medical services rendered at the school site: Yes No Initials _____

List local person(s) who may act for parents when parent or guardian cannot be reached for illness or emergency. This (these) person(s) should be able to provide transportation when needed, or make arrangements.

<input type="checkbox"/> Relative	Name	Address	City/Zip	Phone
<input type="checkbox"/> Neighbor				()
<input type="checkbox"/> Friend				
<input type="checkbox"/> Relative	Name	Address	City/Zip	Phone
<input type="checkbox"/> Neighbor				()
<input type="checkbox"/> Friend				
<input type="checkbox"/> Relative	Name	Address	City/Zip	Phone
<input type="checkbox"/> Neighbor				()
<input type="checkbox"/> Friend				

MEDICAL HEALTH ALERT

Health problems/physical conditions that emergency care contact person should know:

Medications taken at home:	Dosage:	I have provided the school with a 72-hour supply of medication for emergency use.	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
			<input type="checkbox"/> No	Initials _____

Allergies:

Medications taken at school:	Dosage:	I have completed the consent form and returned it to the school.	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Applicable
			<input type="checkbox"/> No	Initials _____

History of Seizures: No Yes, Explain: _____

I hereby authorize, pursuant to the provisions of Section 25.8 of the Civil Code of California, to give such attention as may be thought necessary by the physician/medical advisory in charge, in case of an emergency and I cannot be reached. I also authorize the hiring of an ambulance to transport child to a suitable place for medical care. I understand that the local police may be called in certain circumstances, in order to ensure emergency procedures.

Signature (Parent) _____ **Date** _____

Signature (Care Home or Guardian) _____ **Date** _____

SCHOOL USE ONLY

Health Care Plan:
 No Yes (please attach)

Student Transportation:
 Walk Bus Car

Medical Exemption Statement

**OATH OF ALLEGIANCE FOR PERSONS EMPLOYED BY A
SCHOOL DISTRICT OF THE STATE OF CALIFORNIA
(Required by Chapter 8, Division 4, Title 1 of Government Code)**

State of California
County of San Bernardino

I, _____, do
solemnly swear

[Type of Print Name]

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

[Signature of Employee]

San Bernardino County Superintendent of Schools

Ted Alejandre, Superintendent of Schools

EMERGENCY INFORMATION

NAME: _____

PLEASE LIST BELOW AT LEAST **THREE** PERSONS WHO MAY BE CALLED IN CASE OF SICKNESS OR ACCIDENT. IN THE EVENT THE FIRST PERSON IS NOT AVAILABLE, THE OTHER PERSON(S) ON THE LIST WILL BE CALLED.

1. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

2. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

3. NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

Student's Residential Status and Current Service Providers

Residential Status (please check one)

- Parent or Legal Guardian
- Living Independently
- Foster Home
- Licensed Group Home
- Other, explain _____

Other Providers (please check all that apply)

- Department of Rehabilitation
- Regional Center
- JTPA
- Social Security (SSI/SSDI)
- Mental Health
- ROP
- CA Children's Services
- EDD
- Department of Social Services
- School to Career System

SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS
Equal Employment Opportunity

Name (please print): _____

Your assistance in helping us comply with Equal Opportunity Guideline regulations would be appreciated. The data will be used solely to provide statistical information about applicants and employees to demonstrate that we meet equal opportunity requirements. Your completion of this form is voluntary, however, your cooperation in completing this form will enable our organization to meet its obligation under the regulations and help us determine whether our EEO goals and objectives are being met.

The information will be kept separate from your employment application and will be treated in a confidential manner. However, this information will be used to compile statistical reports and analyses for our EEO program and is available to government agencies responsible for the enforcement of civil rights, at their request.

Date: _____ Position Applied for: _____

Sex: Male Female

Ethnicity Are you Hispanic or Latino? (*Select only one*)

- No, not Hispanic or Latino
- Yes, Hispanic or Latino

The above part of the question is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your race to be.

Race What is your race? (*Select one or more*)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> White |

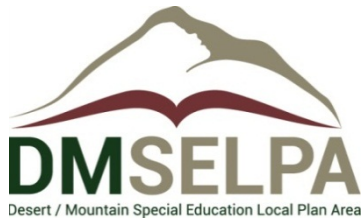
Do you have any physical condition that may hinder your ability to perform or advance in employment?

Yes No

If yes, what accommodations would you need?

Signature _____

Date _____



Desert / Mountain Special Education Local Plan Area
17800 Highway 18
Apple Valley, CA 92307-1219

P 760-552-6700
F 760-242-5363
W www.dmselpa.org

NOTICE

It is the student's responsibility to keep an accurate time sheet. Students should take note that the time sheets should be filled out and signed by the student no later than the 20th of each month. Failure to do this will postpone the processing and issuing of your check into the next pay period (one additional month).

Students should also be aware that the processing of their first check will take a minimum of four weeks.

Please follow the above instructions to ensure prompt issuing of your check!

***Reminder:** All timesheets **MUST** be signed by the 20th of each month to avoid delayed paychecks!

Parent Signature

Date

Student Signature

Date



SAN BERNARDINO COUNTY SUPERINTENDENT OF SCHOOLS

WorkAbility

SPECIAL PROJECTS STUDENT TIME SHEET

Student SS#: XXX-XX- **0101**

Student Name: **John Doe**

Student Address: **17800 Highway 18**

City & State: **Apple Valley, CA 92307**

Employer: **Best Buy**

Job Developer: **Ivan Wilkins**

Desert Mountain WorkAbility Program #0496

Hired By Employer

Not Hired by Employer

\$8.00/Min. Wage



INSTRUCTIONS: It is the **STUDENT'S** responsibility to see that the time sheet is submitted to his/her supervisor and the job developer on the last date worked in the pay cycle. (Example: Month: December/January last hours worked on January 20 and the timesheet is turned in at the end of the same day.)

Hours are to be recorded in quarter hour increments .25, .50, .75, or 1.00
TIMECARDS RECEIVED BY THE DUE DATE will be paid by the 9th of the next calendar month.

MONTH

Jun-12

Jul-12

Date	Hours Worked	#Hrs	Initials	SBCSS Use Only
21	: — :			
22	: — :			
23	: — :			
24	: — :			
25	: — :			
26	: — :			
27	: — :			
28	: — :			
29	: — :			
30	: — :			
31	: — :			

Date	Hours Worked	#Hrs	Initials	SBCSS Use Only
1	: — :			
2	: — :			
3	: — :			
4	: — :			
5	: — :			
6	: — :			
7	: — :			
8	: — :			
9	: — :			
10	: — :			
11	: — :			
12	: — :			
13	: — :			
14	: — :			
15	: — :			
16	: — :			
17	: — :			
18	: — :			
19	: — :			
20	: — :			
TOTAL HOURS:				

SBCSS Use Only Legend	
MD	Meal Deducted
SS	Split Shift
OT	Overtime Accepted

STUDENT SIGNATURE: ★

John Doe

DATE: July 20th, 2012

EMPLOYER SIGNATURE:

Timber Jones

DATE: 22-Jul-12

PROGRAM COORDINATOR SIGNATURE:

Adrienne Shepherd

DATE: 22-Jul-12

FOR PAYROLL ONLY

Payroll: _____

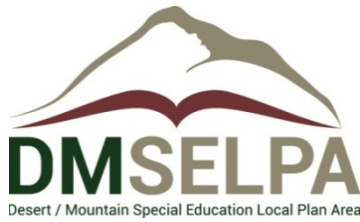
Date: _____

HOURS WORKED: _____

HOURLY RATE: _____

BUDGET: **01-6520-0-5001-2100-2928-000-0496**

TOTAL: _____



Desert / Mountain Special Education Local Plan Area
17800 Highway 18
Apple Valley, CA 92307-1219

P 760-552-6700
F 760-242-5363
W www.dmselpa.org

If Your Student/Employee is Injured...

During School Hours

- 1) Care for injured student and take to nearest emergency care facility if needed
- 2) Call Parent/Guardian or Emergency Contact (see attached EMERGENCY CONTACT FORM)
- 3) Call the Nurse Injury Hotline at 1-877-764-3574, this line is open 24 hours/7 days a week. Then notify Risk Management at (909) 386-9670, M – F, 7:30 a.m. – 4:30 p.m.
- 4) Call Ivan Wilkins at (760) 843-3982, extension 212
Independent Living Technician

After School Hours

- 1) Care for injured student and take to nearest emergency care facility if needed and let them know to call Nurse Injury Hotline at 1-877-764-3574. The next day phone Risk Management at (909) 386-9670 (*injury must be reported within 24 hours*)
- 2) Call Parent/Guardian or Emergency Contact (see attached EMERGENCY CONTACT FORM)
- 3) Call Ivan Wilkins and leave a message (phone number above)
Independent Living Technician
- 4) Independent Living Technician to call Risk Management at San Bernardino County Superintendent of Schools (909) 386-9670, M – F, 7:30 a.m. – 4:30 p.m. (*injury must be reported within 24 hours*)

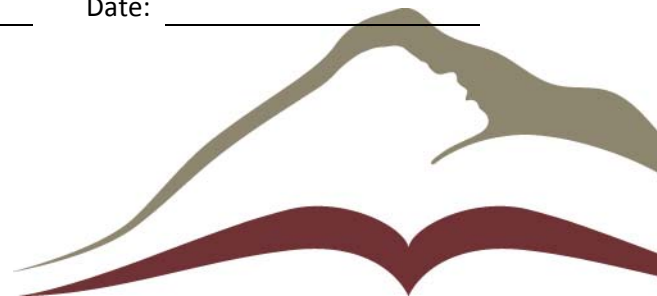
By signing this form I am agreeing that I have received a copy and will follow proper emergency procedures as noted above.

Signed By: _____
Parent/Guardian

Date: _____

Signed By: _____
Student

Date: _____



KEEP THIS COPY
For Your Record

If Your Student/Employee is Injured...

During School Hours

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By signing this form I am agreeing that I have received a copy and will follow proper emergency procedures as noted above.

Signed By: _____ Date: _____
Parent/Guardian

Signed By: _____ Date: _____
Student



Work Permit

If you would like to work and you are not yet 18 years of age, you must have a work permit. The State of California enforces strict rules regarding the issuance of work permits



Questions and Answers:

What is a Work Permit? A Work Permit is a verification of your age, birth date, enrollment, and attendance in school that you are required by California Labor Laws to provide to your employer. California State Law requires that a minor be enrolled and attending full-time school before a Work Permit can be issued. If the minor drop out or otherwise does not attend school, the Work Permit automatically becomes null and void. Your Work Permit must be signed by your school to ensure that school is your top priority and that your job will not interfere with your schooling.

Do I need a Work Permit? YES! If you want to work and you are not 18, graduated from high school or been awarded the certificates of proficiency you need a Work Permit.

What is the purpose of the Work Permit?

It verifies the minor's age for the employer and enables the employer to comply with State and Federal Labor Laws. This holds your employer (where you work) accountable for employing a minor. It ensures that your rights will be upheld—that they will respect the hours you are allowed to work and will not ask you to do things that are not age-appropriate.

Are there requirements to hold a Work Permit?

Yes. The schools require a student to maintain at least a 2.0 G.P.A., with no F's in any class, attend school regularly, and maintain a good discipline record.

When does a work permit expire? A work permit is job specific! So, if you quit or leave a job you will need to apply for a new permit. A new work permit application must be filled out for each new job. In addition, all work permits in the state of California expire five days after the opening of school in the fall. This is to insure that all minors report to school in the fall before continuing to work after summer vacation. The expiration date appears on the Work Permit.

Can a work permit be taken away? Yes, the work permit can be cancelled and taken away at any time by a high school administrator. In addition, a work permit can be cancelled at a parent's request with good reason. Good reasons for canceling a work permit include: job does not fit legal requirements for minors, hours scheduled create a

truancy or absence problem for the student, or demands of job are causing student to fail classes at school.



How to Obtain a Work Permit:

Step 1: Get a Job

You must first be OFFERED a job position before you can obtain your Work Permit (B1-4).

- Before you GET A JOB, you need to FIND A JOB!
- If you WANT a job, you have to ASK FOR IT!
- Before someone can hire you, they need to know
- To GET A JOB...You Have To APPLY!
- Sell yourself! Be PREAPRED for anything!!
- You Had the Interview, Now FOLLOW-UP!

Step 2: Get a Work Permit Application (B1-1)

You can pick up an application at your high schools career center. If school is not in session check with the school district office.

Step 3: Fill out your Information

There is a section that says: "For Minor to Complete" at the top of your work permit. This is YOU. Fill in your name, social security number, date of birth, age, address, and telephone number

Step 4: Have your Parent/ Legal Guardian Sign

At the very bottom of the Work Permit Request, there is a spot for your parent or guardian to sign to verify that they approve of you getting a job with this company.

Step 5: Take to your Employer to fill out

Take your Work Permit Request to your employer (whoever offered you the job). Ask them to fill out and sign the section that says: "For Employer to Complete"

Step 6: Return your application form B1-1:

After submitting the completed form the School will verify that the employer is in compliance with Child Labor Laws and that you have maintained at least a 2.0 G.P.A., with no F's in any class, attend school regularly, and maintain a good discipline record. Every effort will be made to approve and process permits quickly. Allow up to three school days for permit processing. Only the requesting student may pick up the official work permit as they have to sign for its release.

Step 7: Take the ACTUAL Work Permit back to your employer

You must turn in your ACTUAL Work Permit (B1-4) to your job so that they may hire you