

EMPLOYEE CONFIDENTIAL DATA SHEET

(For new hires/re-hires)

EMPLOYEE INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Middle Name	Nick Name (if applicable)	Salutation
<input type="text"/>	<input type="text"/>			
Social Security Number	Date of Birth			

EMPLOYEE ADDRESS

<input type="text"/>		
Street		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

CONTACT INFORMATION

<input type="text"/>	<input type="text"/>
Cell Phone Number	Primary Email Address
<input type="text"/>	<input type="text"/>
Business Phone Number	Alternate Email Address (if applicable)
<input type="text"/>	
Home Phone Number	

EMERGENCY CONTACT

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Relationship	Cell Phone Number	Alternate Phone Number
Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip

Is there anything we should know before contacting this person with emergency information? ☐ Yes ☐ No

ALLERGIES

Please list known allergies in the box below (optional):

SIGNATURE

<input type="text"/>	<input type="text"/>
Signature	Date

Employee's Withholding Certificate

OMB No. 1545-0074

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ► **Give Form W-4 to your employer.**
 ► **Your withholding is subject to review by the IRS.**

2020**Step 1:
Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		► Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ► ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:
Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____

Multiply the number of other dependents by \$500 ► \$ _____

Add the amounts above and enter the total here **3** \$ _____

**Step 4
(optional):
Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$ _____

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$ _____

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . **4(c)** \$ _____

**Step 5:
Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

► **Employee's signature** (This form is not valid unless you sign it.) ► **Date**

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

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

- 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
- Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- 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	California Employer Payroll Tax Account Number

----- 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:

- 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,
- 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.

Voluntary EEO Self-Identification Record

The company is subject to Federal and State recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with provisions of the applicable laws, Executive Orders and regulations. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. Your cooperation will be appreciated in completing the following information.

The company believes all person are entitled to equal employment opportunities and does not decimates against applicants or employees because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Please check the EEO Identification Group that best applies to you:

- ☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- ☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

☐ Disabled ☐ Disabled Veteran ☐ Armed Forces Services Medal Veteran

☐ Active Duty Wartime or Campaign Badge Veteran ☐ Recently Separated Veteran

Reasonable Accommodation Requested, due to disability ☐ Yes ☐ No

Gender: ☐ Male ☐ Female

Name

Last

First

Middle

Signature

Date

If you should have any questions regarding this form, please contact Human Resources.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

TO: All CSUDH Auxiliary Employees

FROM: Amanda Dodd
Director of Human Resources and Payroll

RE: Conflict of Interest Statement

The California Education Code has specific requirements for employees of an auxiliary organization regarding avoiding conflicts of interest. One of these requirements is the monitoring of conflicts of interest between the California State University Dominguez Hills (CSUDH) Foundation and its employees. The CSUDH Foundation has adopted the procedure of requiring all employees to sign a conflict of interest statement upon initial employment.

CA Education Code Section 89006

It is unlawful for any person to utilize any information, not a matter of public record, that is received by that person by reason of his or her employment by, or contractual relationship with, the trustees, the California State University, or an auxiliary organization of the California State University, for personal, gain, not contemplated by the terms of the employment contract, regardless of whether the person is or is not so employed or under contract at the time the gain is realized.

An actual or potential conflict of interest occur when an employee is in a position to influence a decision, which may result in a personal gain for that employee or a relative as a result of the Foundation's business activities.

I have read section 89006 of the California Education Code and represent that to the best of my knowledge, I am not currently in violation of the conflict of interest provisions included in the Foundation's Employee Handbook or Section 89006, nor to the best of my knowledge does the potential for such a conflict exist, except as set forth below. Please state "None" if such is the case. I also pledge to promptly disclose any actual or potential violations.

Name (First and Last)

Date

Signature

Date

Position/Title

Date

STATEMENT ACKNOWLEDGING REQUIREMENT
TO REPORT CHILD ABUSE AND NEGLECT
[USE FOR GENERAL REPORTERS ONLY]

INSTRUCTION FOR HUMAN RESOURCES: Provide this form, as well as Attachments A and B of Executive Order 1083 Revised July 21, 2017, to employees who are identified as General Reporters*. Retain the completed form in the employee's official personnel file.

**Exception:* Non-Management Personnel Plan employees hired prior to January 1, 1985

California law **requires** certain people, known as "Mandated Reporters," to report known or suspected child abuse or neglect. You have been identified as a Mandated Reporter (General Reporter). As a General Reporter, you are required by the law to sign this statement acknowledging your legal reporting obligations.

A copy of the relevant provisions of the law explaining the definition of "Mandated Reporter" (Penal Code § 11165.7), the reporting obligations (Penal Code § 11166), penalty for failure to report abuse or impeding report (Penal Code § 11166.01), the contents of the reports, and the confidentiality of the Mandated Reporter's identity (Penal Code § 11167) is attached.

Online training is available to you at <https://ds.calstate.edu/?svc=skillsoft> (under keyword search "Mandated Reporter").

While it is not required, we strongly encourage you to take the training.

WHEN REPORTING ABUSE IS REQUIRED

As a Mandated Reporter (General Reporter), whenever in your professional capacity or within the scope of your employment you have knowledge of or observe a person under the age of 18 years whom you know or reasonably suspect has been the victim of child abuse or neglect, you must report the suspected incident, *no matter where it occurred* (Penal Code §§ 11166(a)).

PROCEDURE FOR REPORTING

To make a report, you **must** do the following:

- ***Immediately, or as soon as practically possible***, contact by phone one of the following: police or sheriff's department (including campus police, but not including a school district police or security department); a county probation department (if designated by the county to receive mandated reports); or the county welfare department (Child Protective Services or CPS).
- ***Within 36 hours of receiving the information concerning the incident***: complete Form SS 8572 (available online at http://ag.ca.gov/childabuse/pdf/ss_8572.pdf) per the instructions (available online at http://ag.ca.gov/childabuse/pdf/8572_instruct.pdf); and send, fax or electronically transmit it to the agency that was contacted by phone (Penal Code § 11166(a)).

Names and contact information for agencies that can accept reports are available online at the following websites:

California State University Police Departments (by campus):

<http://calstate.edu/strategicinitiatives/UPD/contacts.shtml>

Child Protective Services (by county):

http://www.hwcws.cahwnet.gov/countyinfo/county_contacts/hotline_numbers.asp

For Sheriffs' Departments (by county):

<http://www.calsheriffs.org/sheriffs-offices.html>

Note: Reporting to a supervisor, a coworker, or other person is not a substitute for making a mandated report to one of the agencies listed above.

ABUSE AND NEGLECT THAT MUST BE REPORTED

Physical abuse, meaning physical injury other than by accidental means inflicted on a child (Penal Code § 11165.6).

Sexual assault, including sex acts with a child, intentional masturbation in the presence of a child, child molestation, and lewd or lascivious acts with a child under 14 years of age or with a child under 16 years of age if the other person is at least ten years older than the child (Penal Code § 11165.1(a)(b)).

Sexual exploitation, including acts relating to child pornography, child prostitution, or performances involving obscene sexual conduct by a child (Penal Code § 11165.1(c)).

Statutory rape involving sexual intercourse between a child under 16 years of age and a person 21 years of age or older, which is also a form of "sexual assault" (Penal Code § 11165.1(a)).

Neglect, meaning the negligent treatment or maltreatment of a child by a parent, guardian or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare (Penal Code § 11165.2).

Willful harming or injuring or endangering a child meaning a situation in which any person inflicts, or willfully causes or permits a child to suffer unjustifiable physical pain or mental suffering, or causes or permits a child to be placed in a situation in which the child or child's health is endangered (Penal Code § 11165.3).

Unlawful corporal punishment, meaning a situation in which any person willfully inflicts upon a child cruel and inhuman corporal punishment or a physical injury (Penal Code § 11165.4).

WHAT IS NOT CHILD ABUSE OR NEGLECT?

The law does **not** consider the following child abuse or neglect for reporting purposes:

- Injuries caused by two children fighting during a mutual altercation (Penal Code § 11165.6)
- An injury caused by reasonable and necessary force used by a peace officer acting within the course and scope of his or her employment (Penal Code § 11165.6)
- Reasonable and necessary force used by public school officials to quell a disturbance threatening physical injury to person or damage to property, for self-defense, or to obtain possession of weapons or other dangerous objects under a child's control (Penal Code § 11165.4)

- Corporal punishment, unless it is cruel or inhumane or willfully inflicts a physical injury (Penal Code § 11165.4)
- Not receiving medical treatment for religious reasons (Penal Code § 11165.2(b))
- Acts performed for a valid medical purpose (Penal Code § 11165.1(b)(3))
- An informed and appropriate medical decision made by a parent, guardian or caretaker after consultation with a physician who has examined the child (Penal Code § 11165.2(b))

IMMUNITY AND CONFIDENTIALITY OF REPORTER

Mandated Reporters cannot be held civilly or criminally liable for their reports. Instead, they enjoy immunity from prosecution for their reporting of suspected child abuse (Penal Code § 11172(a)). Both the identity of the person who reports and the report itself are confidential and disclosed only among appropriate agencies (Penal Code § 11167(d)).

PENALTY FOR FAILURE TO REPORT ABUSE OR IMPEDING REPORT

A Mandated Reporter who fails to make a required report of abuse, or any administrator or supervisor who impedes or inhibits a report, is guilty of a misdemeanor punishable by up to six months in jail, a fine of \$1,000, or both (Penal Code Section 11166(c) and Section 11166.01(a)). Where the abuse results in death or great bodily injury, the Mandated Reporter who fails to make a required report or administrator or supervisor who impeded or inhibited the report is subject to punishment of up to one year in jail, a fine of \$5,000, or both (Penal Code Section 11166.01(b)).

ACKNOWLEDGMENT

I acknowledge being provided with copies of Penal Code Sections 11165.7, 11166, 11166.01, and 11167. I acknowledge and understand my responsibility and legal obligation to report known or suspected child abuse or neglect in compliance with Penal Code Section 11166.

Employee's Name: _____ Dept.: _____

Signature: _____ Date: _____

DESIGNATION OF PERSONAL PHYSICIAN (Optional)

An employee may be treated for a work-related illness or injury by a particular medical provider if CSUDH Foundation have been notified in writing prior to the date to the date of injury. If notification is not on file at the time of injury, the Foundation by law has the right for the first 30 days following that injury to direct medical care and treatment offered to the employee.

Name of Physician (Print)

Phone

Address of Facility

Physician Signature

Date

EMPLOYEE HANDBOOK AND FOUNDATION POLICY ACKNOWLEDGEMENT FORM

You can find the Employee Handbook and policies here: <http://www4.csudh.edu/foundation/policies>

This Employee Handbook describes important information about the California State University, Dominguez Hills Foundation. I acknowledge that I have received a copy of the Employee Handbook and understand it contains important information on the Foundation's general personnel policies and on my privileges and obligations as an employee. I acknowledge that I am expected to read, understand, and adhere to company policies found on the Foundation website (<https://www.csudhfoundation.com/policies>) and will familiarize myself with the information in the Employee Handbook. I understand I am governed by the contents of the Employee Handbook and the Foundation may change, rescind or add to any policies, benefits or practices described in the handbook from time-to-time in its sole and absolute discretion, with or without prior notice. The Foundation will advise employees of material changes within a reasonable time. I understand that revised policies may be published and distributed and that it is my responsibility to keep my Employee Handbook current with any published revisions of policy. I understand I should consult the Human Resources Department regarding any questions not answered in the Employee Handbook or on the Foundation policies web page.

Furthermore, I understand employment with the Foundation is not for a specified term and is at the mutual consent of the employee and the Foundation. Accordingly, either the employee or the Foundation can terminate the employment relationship at will, with or without cause, at any time.

I agree to read the Employee Handbook, **whether in paper form (by request only) or electronic form** (<https://www.csudhfoundation.com/policies>), read all changes in a timely manner, and agree to comply with the policies contained in the Employee Handbook and any revisions made to it (including, but not limited to, Drug Free Workplace and Harassment sections).

Employee Signature

Date

Employee Name (Print)



CSU Policy Acknowledgement

The California State University (CSU) Responsible Use Policy (RUP); ICSUAM 8105.00, defines user (e.g., faculty, staff, students, third parties, etc.) and CSU responsibilities with respect to the use of CSU information assets in conjunction with the CSU Information Security Policy.

The CSU RUP policy is intended to define, promote, and encourage responsible use of CSU information assets among members of the CSU community. This policy is not intended to prevent, prohibit, or inhibit the sanctioned use of CSU information assets as required to meet the CSU's core mission and campus academic and administrative purposes.

The California State University Dominguez Hills (CSUDH) Acceptable Use Policy (AUP) sets the policy of the university regarding the use of CSUDH Information Technology Services & Resources and the University's electronic mail systems or services. The campus policy serves five primary purposes:

- 1) To set policy on privacy, confidentiality and security in the use of information technology resources
- 2) Ensure that information technology resources are used for purposes appropriate to the university's mission
- 3) Inform the university community about the applicability of laws and University policy regarding information technology resources
- 4) Ensure that technology resources are utilized in compliance with federal and state laws
- 5) Avoid the misuse of the university's information technology resources

The CSU Responsible Use Policy, as defined in ICSUAM 8105.00, can be reviewed, along with all pertinent CSU Information Security Policies at:

<http://www.calstate.edu/icsuam/documents/Section8000.pdf>

The CSUDH Acceptable Use Policy is contained in CSUDH Presidential Memo (PM) 09-12 and can be reviewed at:

<https://www.csudh.edu/Assets/csudh-sites/pm/docs/2009-12.pdf>

By signing below, you are acknowledging that you have read and understand the CSU RUP and CSUDH AUP.

Name (print):

Date:

Signature:



EMPLOYEE ACKNOWLEDGEMENT FORM

I, _____ (employee's full name) acknowledge that I have received a copy the California required notices and understand that they are located on the Foundation website for future reference. The notices provided to me include:

- Transgender Rights in the Workplace
- Your Rights and Obligations as a Pregnant Employee
- Workplace Discrimination and Harassment
- Rights of Victims of Domestic Violence, Sexual Assault and Stalking
- Sexual Harassment
- Disability Insurance Provision
- California Paid Family Leave
- EDD "For Your Benefit"
- New Health Insurance Marketplace Coverage
- New Hire Notice (Workers' Comp MPN)

Name

Date

Signature



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

FOUNDATION

NEW HIRE DOCUMENT CHECKLIST

- ☐ Signed offer letter (If applicable)
- ☐ Employee Confidential Data Sheet
- ☐ Voluntary EEO Self-Identification Record
- ☐ Voluntary Self-Identification of Disability
- ☐ I-9 Supporting Documents
- ☐ Direct Deposit Form with voided check
- ☐ W-4 Federal Tax Form
- ☐ DE4 State Withholding Tax Form
- ☐ Conflict of Interest Statement (Memo)
- ☐ Acknowledgment of Mandated Reporter Status
- ☐ Employee Handbook Acknowledgement
- ☐ Notice to Employee
- ☐ CSU Policy Acknowledgement
- ☐ Employee Acknowledgement of Required Notices
- ☐ Arbitration Agreement

Name

Date

Signature

HR Representative

Date

1. _____ ("Employee") and the California State University, Dominguez Hills Foundation ("Employer") agree to resolve all claims, disputes or controversies arising out of or relating to Employee's employment and/or the cessation of employment exclusively by final and binding arbitration to the extent permitted by law.
2. By signing this Agreement, the parties are voluntarily giving up their respective rights to a jury trial. The arbitrator shall apply the substantive law (and the law of remedies, if applicable) in the state in which the claim arose, or federal law, or both, as applicable to the claim(s) asserted. The arbitrator shall conduct the arbitration proceedings pursuant to the California Arbitration Act ("CAA") in accordance with the Employment Dispute Resolution Rules of the American Arbitration Association. If required by law, the Company shall bear the costs of the arbitration, including the arbitrator's fees. Each party shall be responsible for compensating their own attorneys and witnesses unless the arbitrator orders otherwise.
3. This Agreement shall governed by the Federal Arbitration Act ("FAA") to the extent applicable; if the FAA is not applicable, the CAA shall govern this Agreement.
4. If the parties cannot agree upon an arbitrator, the Los Angeles County Superior Court shall appoint the arbitrator.
5. This Agreement does not restrict Employee from exercising his or her statutory right to file a complaint, claim or unfair labor practice charge with the California Department of Fair Employment and Housing ("DFEH"), the U.S. Equal Employment Opportunity Commission ("EEOC"), the National Labor Relations Board ("NLRB"), the Agricultural Labor Relations Board ("ALRB"), and/or any other federal, state or local government agency that has jurisdiction over such claim. This Agreement does not affect the right of any federal, state or local government agency with jurisdiction over Employee's claim from prosecuting a civil action in such agency's name. However, any litigation brought by the Employee is subject to this arbitration agreement.
6. In addition to any other consideration, each party's promise to resolve disputes by arbitration in accordance with the provisions of this Agreement, rather than through the courts or other forums, is consideration for the other party's like promise.
7. Employee understands this is an important document that affects his/her legal rights and Employee has been given the opportunity to discuss this Agreement with private legal counsel. This Agreement supersedes any prior or contemporaneous agreement on the subject, shall survive the termination of Employee's employment, and may only be mutually revoked or modified in a signed written document. Any provision of this Agreement that is adjudged to be void or unenforceable shall not affect the validity of the remainder of the Agreement. The Arbitrator has exclusive authority to resolve any dispute concerning the formation, meaning or enforceability of the Agreement.

Employee Name (Print)_____
Employee Signature_____
Date_____
Foundation Executive Director or designee_____
Date



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

FOUNDATION

DIRECT DEPOSIT AUTHORIZATION

Foundation Use Only

Mar 11, 2019

Date printed

Foundation Employee ID #

Campus Employee ID#

EMPLOYEE INFORMATION

Last

First

M.I.

Campus E-mail Address

Phone #

Address

Street

City

State

Zip

BANK ACCOUNT INFORMATION

Account Type:

Bank Name:

Routing No.

Account No.

TERMS AND CONDITIONS

I authorize the California State University, Dominguez Hills Foundation to initiate credit and/or debit entries into the account and financial institution indicated above.

I understand and agree that this enrollment applies to all payroll and accounts payable transactions.

I and agree that the origination of any and all ACH transactions must comply with the applicable provisions of U.S. law.

I understand and agree that future disbursements made to me will be processed through electronic ACH once this form is received and processed. I understand that this cannot be modified except through deactivation of my enrollment.

I understand that deposits will be made to the account and financial institution approximately two (2) business days after the processing date described above, and that any delays in this process are outside of the control of the California State University, Dominguez Hills Foundation.

I understand and agree that this authorization will remain in full force and effect until the California State University, Dominguez Hills Foundation receives written notification from me of its termination (through the submission of this form with the "deactivate" selection) in such time and in such manner as to afford the California State University, Dominguez Hills Foundation and the banking institution indicated above a reasonable opportunity to act on it.

I understand and agree that this authorization and agreement shall apply to all payments made by any of the auxiliary entities administered by the California State University Dominguez Hills Foundation, including the Associated Students, Inc., Loker Student Union and the Philanthropic Foundation.

AUTHORIZATION FOR DIRECT PAY AND DIRECT DEPOSIT☐ Activate☐ De-Activate

Name (Print)

Signature

Date

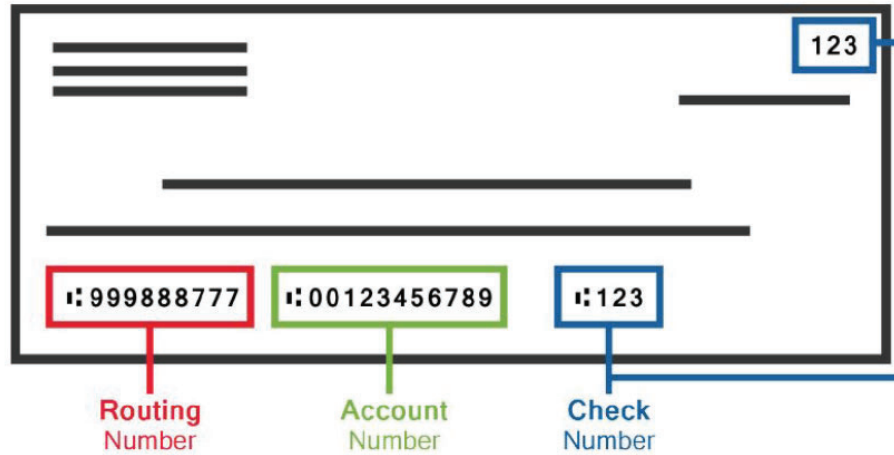
Please submit this form to:**CSUDH Foundation**

1000 E. Victoria Street, Carson, CA 90747, SCC-2, Room 202



WHERE TO FIND ROUTING AND ACCOUNT NUMBER

The image below shows how to locate your account number and routing number.



The line of numbers and special symbols at the bottom of one of your personal checks contains the information you need to make your direct deposit election.

Routing/Transit Number Your routing/transit number is the nine digit number which appears furthest to the left at the bottom of your personal check.

Account Number Your account number usually appears to the right of the routing-transit number. It can be up to 17 positions in length and contains only digits and possibly hyphens. If the account number printed on your check contains spaces, you don't need to enter the spaces.

Note: Some banks display the check number to the left of the account number. Be sure you don't include the check number as part of the account number.

CSUDH CAMPUS MAP

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

BUILDING NAMES & ID NUMBERS

1. SMALL COLLEGE COMPLEX 1 (SCC-1)
2. SMALL COLLEGE COMPLEX 2 (SCC-2)
3. SMALL COLLEGE COMPLEX 3 (SCC-3)
4. SMALL COLLEGE COMPLEX 4 (SCC-4)
5. SMALL COLLEGE COMPLEX 5 (SCC-5)
6. SMALL COLLEGE COMPLEX 6 (SCC-6)
7. SMALL COLLEGE COMPLEX 7 (SCC-7)
8. SMALL COLLEGE COMPLEX 8 (SCC-8)
9. SMALL COLLEGE COMPLEX 9 (SCC-9)
10. SMALL COLLEGE COMPLEX 10 (SCC-10)
11. SMALL COLLEGE COMPLEX 11 (SCC-11)
13. SMALL COLLEGE COMPLEX 13 (SCC-13)
14. COLLEGE OF EDUCATION (COE)
20. LEO F. CAIN LIBRARY (LIB)
- 20A. LIBRARY ADDITION (LIB)
23. JAMES L. WELCH HALL (WH)
25. STUDENT HEALTH CENTER (SHC)
26. LOKER STUDENT UNION (LSU)
30. SOCIAL AND BEHAVIORAL SCIENCES (SBS)
40. LACORTE HALL (LCH)
45. UNIVERSITY THEATRE (UT)
50. NATURAL SCIENCES AND MATHEMATICS (NSM)
52. SCIENCE AND INNOVATION (SI)
60. GYMNASIUM (GYM)
61. FIELD HOUSE (FH)
63. SWIMMING POOL (SP)
70. PUEBLO DOMINGUEZ (SH-1)
71. PUEBLO DOMINGUEZ (SH-2)
80. PHYSICAL PLANT (PP)
87. CENTRAL PLANT (CP)
102. SOUTH ACADEMY COMPLEX 2 (SAC-2)
103. SOUTH ACADEMY COMPLEX 3 (SAC-3)
106. EXTENDED EDUCATION (EE)
107. CALIFORNIA ACADEMY OF MATHEMATICS AND SCIENCE (CAMS)
111. BASEBALL/SOFTBALL STORAGE
116. EAST ACADEMIC COMPLEX (EAC)
118. CALIFORNIA ACADEMY OF MATHEMATICS AND SCIENCE (CAMS)
120. CHILD DEVELOPMENT CENTER (CDC)
121. INFANT TODDLER CENTER (ITC)



- Handicapped Parking
- Parking Permit Dispenser (\$8 Day Pass)
- Emergency Call Box Stations
- Fire Hydrants
- Police (CSU Police) - Open 24 Hours
Located in James L. Welch Hall (Building #23), For
Emergency, Dial 911
- Jogging Trail with 12 Stretching Stations
- Information Booth